2011 069270

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 DEC -2 AM 8: 40

MICHELLE S. FAUMAN RECORDER

STATE OF INDIANA)
OUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 2 day of 2011, before me personally appeared CAROLYN BOIARSKY to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is surviving spouse of CLEMENT S. STACY.
- 3. The following real estate was formerly owned as joint tenants with rights of survivorship by Clement S. Stacy and Carolyn R. Boiarsky:

The East 112 feet of Lot 5, except the South 25 feet thereof, in Block 3 in South View Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 12, page 32, in the office of the Recorder of lake County, Indiana.

Commonly known as 8 Vine Street, Hammond, Indiana 46324

4. Clement S. Stacy died on the 1st day of November, 2011

CAROLYN BOIARSKY

8 Vine Street

Hammond, IN 46324

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this day of ________, 2011.

My Commission Expires: 2/10/15
Resident of Lake County

This document prepared by:

KENNETH M. WILK (#1242-45) RUBINO, RUMAN, CROSMER, SMITH, SERSIC & POLEN 275 Joliet Street, Suite 330

Dyer, IN 46311 (2982 -822) D

NOV 30 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

004503

AMOUNT \$ 1300

CASH _____ CHARGE ___
CHECK # ___ 15288

OVERAGE ____
COPY ___
NON-COM ___
CLERK ______

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

TITE OF	Local No 003352 EDR No 00000227053								53	State No 047868								
Decedent's Legal	Name (First, M	liddle, Last)				1a.	Maiden Nai	me (If fen	male)		2. Sex	'	3. Time Of	f Death	4. Date	Of Death (Month/Day/Year)		
5. Social Security N			6b. Under 1	Vear	6c. Under 1 M	onth 6d Ur	dor 1 Day	I 60 I	Jnder 1 Hour	T 7 Date	of Birth (M	ALE		0 PM		11/01/2011		
				Toar		_	ider / Day	+		/. Date	,	,				e or Foreign Country)		
323-30-90 9. Ever in U.S. Arm		76 10. If Deat	Months n Occurred In	A Hosp	Days ital:	Hours		Minute 10a.	les If Death Occu	urred Some	06/28/1 ewhere Othe			IICAGO,	<u>IL</u>			
☐ Yes 🗷 No [epartment Outpa	tient 🔲 Dea	ad on Arriva	—	ospice Facility ther (Specify)	_	ecedent's H	ome [Nursing Ho	ome/Long-terr	n Care Fac	sility		
11. Facility Name (ST ANTHON)																		
12. City Or Town, S		13. County Of Death							arital Status At Time Of Death									
CROWN POINT, IN, 46307 15. Surviving Spouse's Name					15a. (If Wife)Give Maider			en Last N	LAKE 16. Decedent's			dent's Usu	☐ Widowed			But Separated Divorced ver Married Unknown d Of Business/Industry		
CAROLYN BOIARSKY					ROSEN				PROFESSO									
18. Residence - Sta		_		18a. (County	RUSEN		188	b. City Or To	wn	PROFE	SSOR			TEAC	HING		
INDIANA				LAKE	<u> </u>			НА	MMOND)								
18c. Street And Nu	mber				-			<u></u>				18d. A	pt. No.	18e. Zip	Code	18f. Inside City Limits?		
8 VINE STRE			ш,	1 20	Decedent Of Hi	ionania Origin			1 24 1	Decedent's				46	324	X Yes □ No		
MASTER'S D	EGREE (N	MA, MS,	MENG,								Race							
MED, MSW, I 22. Father's Name (I		st)		NOT HISPANIC				White 23. Mother's Name (First, Mic			dle, Last)			23a. Mother's Maiden Last Name				
CLEMENT O	OTACY IS	.									,							
CLEMENT S 24. Informant's Nam		<u> </u>		I	24a. Relationsh	nip To Decede	ent		A STAC' lailing Addres		And Number	, City, Stat	e, Zip Code)	[LEO	NARD			
CAROLYN BO	DIARSKY	,		_	WIFE			8 VIN	NE STRE									
25a. Method Of Disp				5b. Plac	e Of Disposition	(Name Of C	25. Pla emetery, Cr	ce Of Dis ematory,	oposition Other Place)	25c. L	ocation - Cit	y, Town, A	nd State					
☐ Burial 🔀 Crem ☐ Removal From S	_	tion 🔲 Ente	ombment															
Other (Specify): 26. Was Coroner Co		1 07			ITS CREM		oci	<u> 111</u>	en	CHIC	AGO H	EIGHT	S, IL					
	macted?	21.1	Name And Co	ompiete	Address Of Fund	eral Facility									27a. Fu	neral Home License Number:		
Yes No No 27b. Signature Of In	diana Euporal S	BU	RNS-KIS	H FU	NERAL H	OME INC	C-HAMN	MOND.	, 5840 H	OHMA					FH830	002819		
BRIAN T. BU				IGNA					11		g-45	D0869	se Number (0 1783	Of Licensee):		- 614444		
28. Part I. Enter I Such As Cardiac	The <u>Chain Of E</u> Arrest, Respira	vents - Di	seases, Inju	ries, Or	Complications	- That Direct Showing Ti	tly Caused	The Dea	ath Do Not	Enter Ter	minal By		IE CERTIFIC	TE OF DE		William te Interval: Onset To Death		
A Line. Add Add	itinal Lines If N	ecessary.								Lincity	I) One de	ens On had	ika i izendei la	MPS SHOULD	*** T	10 Death		
Immediate Cause	e (Final Diseas	e Or Condi	tion Resultin	g In De	ath) A	END ST.	AGE CARE	DIAC DIS	SEASE	Due to (Or A	s A Consequent	ce Of):	N	V 04	2011	YEARS		
Sequentially List	Conditions, If	Any, Leadir	ng To The C	ause Li	sted On B	CHF				Due to (Or A	s A Consequenc	oe OU.	110	V 4 4	EUII	YEARS		
Line A. Enter The The Events Resu	ase Or Injur	y inati	nitiated C	COPD							:			YEARS				
						55111				Due to (Or A	s A Consequenc	oe Of):						
Part II. Enter Other \$	ignificant Condi	tions Contrib	outing to Dear	h But N	ot Resulting In T			in In Part	11	29. Was	An Autops	Performe	d?			YEARS		
END STAGE CARD	NAC DISEASE													☐ Yes	No Suse Of De			
31. Did Tobacoo Us	e Contribute To	Death?		Female	e: nt Within Past Year	Pregnant #1	Time Of Death	□ Not Pe	regnant Rut Proces	ant Within 42	Days Of Dooth		anner Of Dea		logidari I	Pending Investigation		
Yes Probab				lot Pregnar	nt. But Pregnant 43 Da	_	re Death	Unkno	own if Pregnant Wi	ithin The Past	Year	☐ Su	icide 🔲 Co	uld Not Be De	termined			
34. Date Of Injury (N	wormvoay/rear)	•	35.	Time Of	irijury		36. Plac	ce Of Injui	ry (E.G., Dec	edent's Ho	me, Constru	iction Site,	Restaurant,	Wooded Area	3	7. Injury At Work?		
38. Location Of Injur	y - State		38a.	City Or	Town		38b. S	treet & Nu	umber	1				38c. Apt. N	o. 3	8d. Zip Code		
39. Describe How In	jury Occurred							الحالا	21/			40 14	Transportation	on Injuny Sec	cify:			
41. Signature, Of Pe		Course Of D					EE	/WDIA	MA ALLEY	7		Drive	er/Operator F	on Injury, Spe Passenger Pe	city; destrian 🔲	Other (Specify)		
KATHRYN HE	NKLE MU	ILLIGAN	I, BY EL			SNATUR	E		Him			ertifying Ph		Coroner		Heath Officer		
43. Name, Address	And Zip Code O	f Person Ce	rtifying Cause	of Dea	ith:							4	4. License			5. Date Certified		
KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311 46. Additional Funeral Service Provider:													1052342	2A		11/02/2011		
									.,				47. *Akas:					
	48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE													9. For Registrar Only - Date Filed (Month/Day/Year): NOV 02 2011				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL														10 4 02 2	.011			
!																		

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.