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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 041416

2012 JUN 22 AM 10: 02

1200696

**SURVIVORSHIP AFFIDAVIT**

MICHELLE S. FAJMAN  
RECORDER

Comes now Adam G. Gawlikowski, who being duly sworn upon his oath, deposes and says:

That Mary Gawlikowski was the surviving spouse of Adam Gawlikowski, deceased, who died domiciled in Lake County, IN, on February 7, 2003

That affiant says that Mary Gawlikowski and Adam Gawlikowski acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

NORTH 50 FEET OF LOT 17 IN BLOCK 16 AND THE SOUTH 30 FEET OF LOT 18 IN BLOCK 16, INCLUDING THE WEST HALF OF VACATED ALLEY ADJACENT THERETO, WICKER PARK, MUNSTER, AS SHOWN IN PLAT BOOK 20, PAGE 40, IN LAKE COUNTY, INDIANA.

Parcel No.: 45-07-26-328-005.000-027  
8527 Crestwood Avenue, Munster, IN 46321;

Affiant states that Mary Gawlikowski and Adam Gawlikowski continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Adam Gawlikowski's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the above-described real estate to Jaclyn J. Blitzstein.

Executed this June 13, 2012.

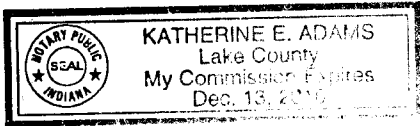
*Adam G. Gawlikowski, Trustee*

Adam G. Gawlikowski, Trustee of the Mary Gawlikowski Trust

STATE OF INDIANA

COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 13th day of June, 2012.



*Kath. A.*

Notary Public / Katherine E. Adams  
My Commission Expires: 12/13/2016  
My County of Residence: Lake

This document prepared by:  
Adam G. Gawlikowski  
10224 Birchwood Circle  
Highland, Indiana 46322  
File No. 1200696

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Kevin Zaremba

AMOUNT \$ 13  
CASH CHARGE CF  
CHECK # \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY AD

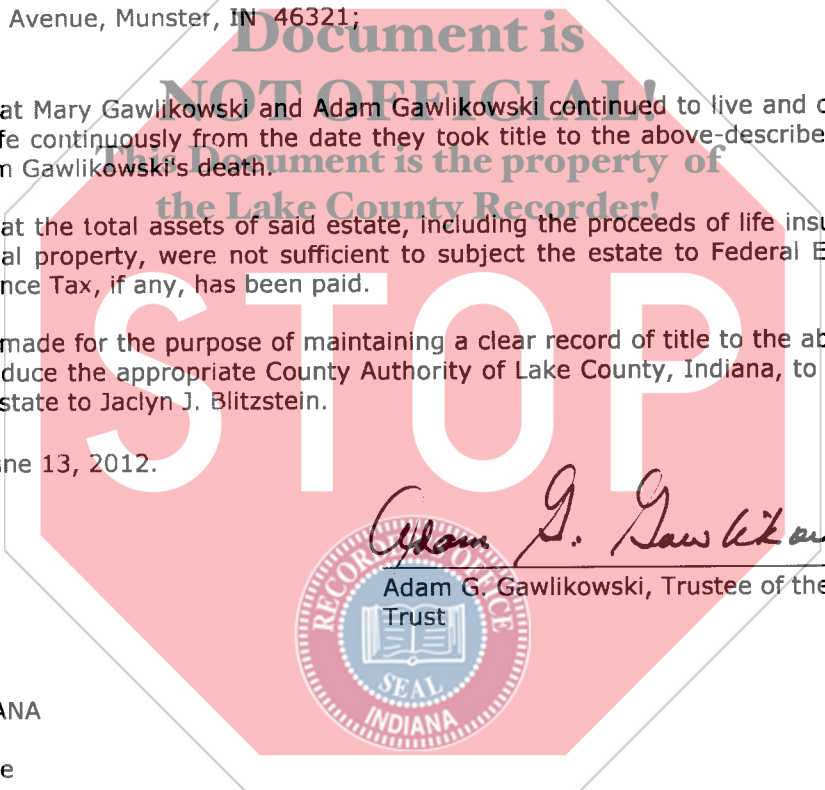
DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

JUN 21 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

002568

CHICAGO TITLE INSURANCE COMPANY



①

1200686  
ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ....

Local No. 339-03

143973  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 Parcel No.: 45-07-20-328-005.000-027

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| 1 DECEASED—NAME (First Middle, Last)<br><b>Adam Gawlikowski</b>   |  |  | 2 SEX<br><b>Male</b>   | 3a TIME OF DEATH<br><b>6:26P M</b>  | 3b DATE OF DEATH (Month, Day, Yr)<br><b>February 7, 2003</b>                |
| 4 *SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>  | 5a AGE—Last Birthday (Years)<br><b>88</b>  | 5b UNDER 1 YEAR<br>Months Days   | 5c UNDER 1 DAY<br>Hours Minutes  | 6 DATE OF BIRTH (Mo, Day, Yr)<br><b>April 24, 1914</b>  | 7 BIRTHPLACE (City and State or Foreign Country)<br><b>East Chicago, IN</b> |
| 8a WAS DECEDENT A U.S. VETERAN?<br><b>No</b>  | 8b YEAR LAST SERVED IN U.S. ARMED FORCES?<br><b>None</b>   | 9a PLACE OF DEATH (Check only one. See instructions)<br>HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence |  |   |   |
| 9b FACILITY NAME (If not institution, give street and number)<br><b>8527 Crestwood</b>  |  |  | 9c CITY, TOWN, OR LOCATION OF DEATH<br><b>Munster</b>  |   | 9d COUNTY OF DEATH<br><b>Lake</b>   |
| 10 MARITAL STATUS (Specify)<br><b>Married</b>   | 11 SURVIVING SPOUSE (If wife, give maiden name)<br><b>Mary Kubik</b>   | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>General Foreman</b>   |  |   | 12b KIND OF BUSINESS/INDUSTRY<br><b>Inland Steel</b>                        |
| 13a RESIDENCE—STATE<br><b>IN</b>  | 13b COUNTY<br><b>Lake</b>  | 13c CITY, TOWN, OR LOCATION<br><b>Munster</b>  |  | 13d STREET AND NUMBER<br><b>8527 Crestwood</b>  |   |
| 13e ZIP CODE<br><b>46321</b>  | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 14 CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   | 15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) |   | 16 RACE—American Indian, Black, White, etc (Specify)<br><b>White</b>        |
| 17 DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>2</b>  |  |  | 18 FATHER'S NAME (First, Middle, Last)<br><b>Konstanty Gawlikowski</b>   |   |   |
| 19 MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Sophie Piwiewicz</b>   |  |  | 20a INFORMANT'S NAME (Type/Print)<br><b>Mary Gawlikowski</b>   |   |   |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>8527 Crestwood Munster, IN 46321</b>   |  |  | 20c Relationship<br><b>Wife</b>  |   |   |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)  |  | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>February 10, 2003<br/>Holy Cross Cemetery</b>  |  | 21c LOCATION—City or Town, State<br><b>Calumet City, IL</b>   |   |
| 22a EMBALMER'S NAME<br><b>Brian T. Burns</b>  |  | 22b EMBALMER'S LICENSE NO.<br><b>8601763</b>   |  | 23 WAS DEATH REPORTED TO CORONER?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                          |   |
| 24a SIGNATURE OF FUNERAL DIRECTOR<br><i>Thomas J. Burns</i>   |  | 24b LICENSE NUMBER (of Licensee)<br><b>1045184</b>   |  | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME<br><b>Burns-Kish Funeral Home#3004968<br/>8415 Calumet Munster, IN 46321</b> |   |
| 26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.<br><b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b><br>a <b>Vascular collapse</b><br>b <b>Due to arteriosclerotic heart and vascular disease</b><br>c<br>d<br><b>Conditions, if any which gave rise to the immediate cause, stating the underlying cause last</b>   |  |  |  |   | Approximate Interval Between Onset and Death<br><b>Unknown</b>              |
| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I   |  |  |  |   |   |
| 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)<br><b>NO</b>  |  | 28a WAS AN AUTOPSY PERFORMED? (Yes or no)<br><b>NO</b>   |  | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)<br><b>---</b>                              |   |
| 29a CERTIFIER (Check only one)<br><b>Deputy</b><br><input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated<br><input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated<br><input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated |  |  |  |   |   |
| 29b SIGNATURE AND TITLE OF CERTIFIER<br><i>Paul R. Castro</i><br><b>Paul R. Castro, Deputy Coroner</b>  |  |  |  | 29c MEDICAL LICENSE NO.<br><b>N/A</b>   |   |
| 29d DATE SIGNED (Month, Day, Year)<br><b>Feb. 11, 2003</b>  |  |  |  |   |   |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)<br><b>Paul R. Castro, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>   |  |  |  |   |   |
| 31 HEALTH OFFICER'S SIGNATURE<br><i>Susan J. But...</i>   |  |  |  |   | 32 DATE FILED (Month, Day, Year)<br><b>February 12, 2003</b>                |
| 33 MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide<br><input type="checkbox"/> Could not be Determined  |  | 34a DATE OF INJURY (Month, Day, Year)  | 34b TIME OF INJURY   | 34c INJURY AT WORK? (Yes or no)   | 34d DESCRIBE HOW INJURY OCCURRED  |
| 34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)  |  | 34f LOCATION (Street and Number or Rural Route Number, City or Town, State)  |  |   |   |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year)<br><b>February 7, 2003</b>  |  | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.<br><b>I affirm, under the penalty for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Katherine Adams</b>   |  |   |   |