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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 057513

2012 AUG 24 AM 10:12

RECORDER

Case # 1202916 SURVIVORSHIP AFFIDAVIT

Comes now Elaine M. Wangercyn, who being duly sworn upon her oath, deposes and says: That she is the Administrator of the Estate of Kenneth P. Collins, her father, Estate No. 45C01-1007-EU-00147, Lake Circuit Court, Crown Point. Kenneth P. Collins died on June 2, 2010, and was the surviving spouse of Adeline H. Collins, deceased, who died domiciled in Lake County, Indiana, on June 20, 2009. #45-11-08-451-062.000-036 That during their marriage, Kenneth P. Collins and Adeline H. Collins acquired title to certain real estate as tenants by the entireties, said real estate being described as follows: UNIT 2 IN BUILDING 48 LAKEWOOD ESTATES CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, CREATED BY DECLARATION OF CONDOMINIUM RECORDED DECEMBER 20, 2002, AS DOCUMENT NO. 2002 118268, AND ALL AMENDMENTS THERETO, INCLUDING BUT NOT LIMITED TO, THE TWENTY-FIRST AMENDMENT RECORDED MARCH 10, 2004 AS DOCUMENT NO. 2004 020263, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON ELEMENTS APPERTAINING THERETO Affiant states that Kenneth P. Collins and Adeline H. Collins 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 Adeline H. Collins'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 there was no Indiana Inheritance Tax in connection with the death of Kenneth P. Collins. 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 Kenneth Broholm and Margaret Broholm, husband and wife

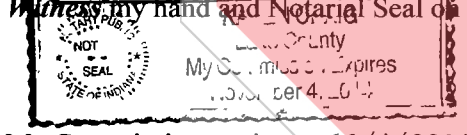
Executed. August 21, 2012.

Signature *Elaine M. Wangercyn*  
ELAINE M. WANGERCYN

STATE OF INDIANA  
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 21st day of August, 2012.

Witness my hand and Notarial Seal of this 21st day of August, 2012.



Signed: *Karen Craig*  
Printed: Karen Craig, Notary Public

My Commission expires: 11/4/2014

Notary Residence Lake County, Indiana

This Instrument prepared by: James R. Bielefeld, Attorney at Law.

I affirm, under penalties for perjury, that I have taken reasonable care to reflect the Social Security number in this document, unless required by law. Signed: *James R. Bielefeld*

AMOUNT \$ 13

RECEIVED TO: CHARGE *CF*

CHECK# \_\_\_\_\_

OVERAGE \_\_\_\_\_

COPY \_\_\_\_\_

NON-CONF \_\_\_\_\_

DEPUTY \_\_\_\_\_ *AP*

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FILED

AUG 23 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 049-09 # 45-11-08-451-062-000-096

1 Decedent's Legal Name (First, Middle, Last) <b>ADELINE H COLLINS</b>				1a Maiden Last Name (if Female) <b>FLESZEWSKI</b>		2 Sex <b>F</b>	3 Time Of Death <b>11 26 PM</b>	4 Date Of Death (Month/Day/Year) <b>JUNE 20, 2009</b>	
5 Social Security Number <b>343-16-6529</b>	6a Age Yrs <b>86</b>	6b Under 1 Year Months:	6c Under 1 Month Days:	6d Under 1 Day Hours:	6e Under 1 Hour Minutes:	7 Date Of Birth (Month/Day/Year) <b>MARCH 4, 1923</b>	8 Birthplace (City And State Or Foreign Country) <b>CHICAGO, IL</b>		
9 Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a If Death Occurred Somewhere Other Than A Hospital Term Care Facility <input type="checkbox"/> Other (Specify)		10b Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long		
11 Facility Name (If Not Institution, Give Street And Number) <b>COMMUNITY HOSPITAL</b>									
12 City Or Town, State, And Zip Code <b>MUNSTER</b>				13 County Of Death <b>LAKE</b>		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15 Surviving Spouse's Name <b>KENNETH COLLINS</b>			15a (If Wife) Give Maiden Last Name			16 Decedent's Usual Occupation <b>HOMEMAKER</b>		17 Kind Of Business/Industry <b>OWN HOME</b>	
18 Residence - State <b>INDIANA</b>		18a County <b>LAKE</b>		18b City Or Town <b>SCHERERVILLE</b>		18c Zip Code <b>46375</b>		18d Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education <b>9-12th grade, no diploma</b>		20 Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>		21 Decedent's Race <b>White</b>					
22 Father's Name (First, Middle, Last) <b>JACOB FLESZEWSKI</b>			23 Mother's Name (First, Middle, Last) <b>MARIANNE</b>			23a Mother's Maiden Last Name <b>STASIAK</b>			
24 Informant's Name <b>KENNETH COLLINS</b>		24a Relationship To Decedent <b>HUSBAND</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>1418 LAKEWOOD LN SCHERERVILLE, IN 46375</b>					
25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>HOLY CROSS CEMETERY</b>		25c Location - City, Town, And State <b>CALUMET CITY</b>					
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>ELMWOOD CHAPEL 11300 W 97TH LN ; ST JOHN, INDIANA 46373</b>					27a Funeral Home License Number <b>19900052</b>		
27b Signature Of Indiana Funeral Service Licensee <i>James B. Rothauski</i>						27c License Number (Of Licensee) <b>FD09200077</b>			
28 Part I Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death. Approximate Onset Date. If Multiple Causes, List In Order Of Primary Cause. Enter Date Of Death In File With Death Certificate. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Bilateral pneumonia</b> Due To (Or As A Consequence Of) B. <b>JUN 23 2009</b> Due To (Or As A Consequence Of) C. <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> Due To (Or As A Consequence Of) D. <b>SMOKING</b>									
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>COPD, Harswell cell lung cancer</b>						29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32 If Female <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33 Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area)			38a City Or Town		
38 Location Of Injury - State		38b Street & Number		38c Apt. No.		38d Zip Code			
39 Describe How Injury Occurred						40 If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41 Signature Of Person Certifying Cause Of Death <i>Karen Amy</i>						42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43 Name, Address And Zip Code Of Person Certifying Cause Of Death									

