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Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 8/10/12 before me personally appeared ROSE A. SZABLEWSKI
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is OWNER
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by MICHAEL W. SZABLEWSKI and ROSE A. SZABLEWSKI

4. Said MICHAEL W. SZABLEWSKI
(fill in name of co-tenant who died)
died on 8-29-09

leaving A will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

16924 White OAK AVE
LOWELL, IN 46356

Lot 1 in Hickory Lane Estates, as Recorded in Plat Book 65, Page 47, in the Office of the Recorder of Lake County, Indiana.

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

SEP 12 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

26065

012 064991

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDER
2012 SEP 17 AM 9:50

#14
CT
CWA
NON
CONF

①

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was SPOUSE

Signature: Rose A. Szablewski

Printed Name ROSE A. SZABLEWSKI

Address: 16924 White Oak Ave
Lowell, IN 46356

Subscribed and sworn to before me by the affiant

This

1007 DAY OF August 2012
(insert date)

Notary Public

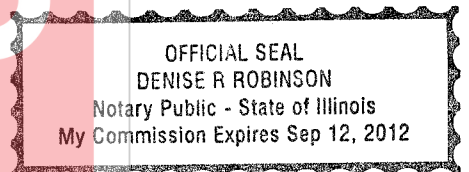
Printed Name DENISE ROBINSON

My County of Residence is: COOK

In the State of ILLINOIS

My Commission Expires 09/12/2012

This instrument prepared by Rose A Szablewski



45 19-18-400-013. 00-037

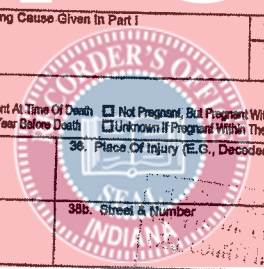
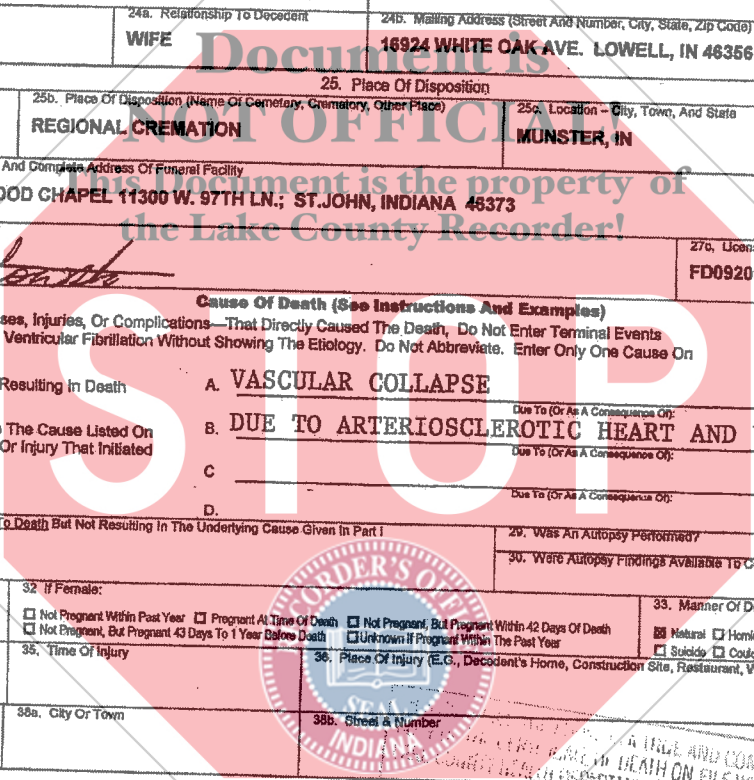


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3061-09

State No. _____

1. Decedent's Legal Name (First, Middle, Last) MICHAEL W. SZABLEWSKI				1a. Maiden Last Name (If Female)		2. Sex M	3. Time Of Death 1:22 PM	4. Date Of Death (Month/Day/Year) AUGUST 29, 2009
5. Social Security Number 357-48-7781	5a. Age Yrs 54	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) SEPTEMBER 30, 1954	8. Birthplace (City And State Or Foreign Country) CHICAGO, IL	
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 type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) ST. ANTHONY MEDICAL CENTER								
12. City Or Town, State, And Zip Code CROWN POINT				13. County Of Death LAKE		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 ROSE SZABLEWSKI			15a. (If Wife) Give Maiden Last Name HIRSCH		16. Decedent's Usual Occupation PRESIDENT		17. Kind Of Business/Industry BEST BUILT FABRICATING CO.	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LOWELL				
18c. Street And Number 16924 WHITE OAK AVE.				18d. Apt. No.		18e. Zip Code 46356		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education Some college credit, but no degree		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) FRANK SZABLEWSKI SR.				23. Mother's Name (First, Middle, Last) N/A		24a. Mother's Maiden Last Name N/A		
24. Informant's Name ROSE SZABLEWSKI		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 16924 WHITE OAK AVE. LOWELL, IN 46356				
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) REGIONAL CREMATION			25c. Location - City, Town, And State MUNSTER, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL 11300 W. 97TH LN.; ST. JOHN, INDIANA 46373					27a. Funeral Home License Number: 19900052	
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) FD09200077		
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 On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. VASCULAR COLLAPSE B. DUE TO ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE C. _____ D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last								Approximate Interval: Onset To Death UNKNOWN
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						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 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			
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)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred								
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DONNA MELYON, DEPUTY CORONER, 2900 WEST 93RD AVENUE, CROWN POINT, INDIANA 46307						44. License Number N/A		45. Date Certified AUG. 31, 2009
46. Additional Funeral Service Provider:								
48. Signature of Local Health Officer: <i>[Signature]</i>						47. *AKAS:		
49. For Registrar Only - Date Filed (Month/Day/Year): August 31, 2009								



ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-29-2009 BY 60322 UCBAW/STP