

 Chicago Title Insurance Company

DT 120672

SURVIVORSHIP AFFIDAVIT

45-11-08-451-085-000-036

On this SEP 21 2012 before me personally appeared Mary J. Kuygunka
(insert date)

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 Daughter of 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 Mary J. Kuygunka and _____

- 4. Said Mary J. Kuygunka
(fill in name of co-tenant who died)
died on May 30, 2012
leaving a will;
(insert "a" or "no"; if will left, attach a copy)

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

See Attached legal

- 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..

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2012 SEP 28 AM 9:38

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



FILED

SEP 27 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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Chicago Title Insurance Company

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 Daughter

Signature: Mary J. Krygowski

Printed Name MARY J. KRYGOWSKI

Address: _____

Subscribed and sworn to before me by the affiant

This 9/21/12 (insert date) This Document is the property of the Lake County Recorder!

Karen Craig
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____



This instrument prepared by Mary J. Krygowski

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.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001676

EDR No 00000262981

State No 024069

1. Decedent's Legal Name (First, Middle, Last) MARY L HARRISON
1e. Maiden Name (If female) BLOMGREN
2. Sex FEMALE
3. Time Of Death 10:41 PM
4. Date Of Death (Month/Day/Year) 05/30/2012
5. Social Security Number [REDACTED]
8a. Age - Yrs 93
7. Date of Birth (Month/Day/Year) 06/01/1918
8. Birthplace (City and State or Foreign Country) GALESBURG, IL
10. If Death Occurred In A Hospital: [] Inpatient [] Emergency Department Outpatient [] Dead on Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: [] Hospice Facility [X] Decedent's Home [] Nursing Home/Long-term Care Facility [] Other (Specify)
11. Facility Name (If Not Institution, Give Street and Number) 1173 TIMBERWOOD LANE
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46373
13. County Of Death LAKE
14. Marital Status At Time Of Death [] Married [] Married, But Separated [] Divorced [X] Widowed [] Never Married [] Unknown
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation HOMEMAKER
17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town SCHERERVILLE
18c. Street And Number 1173 TIMBERWOOD DRIVE
18d. Apt. No.
18e. Zip Code 46375
18f. Inside City Limits? [X] Yes [] No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Or Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) CARL BLOMGREN
23. Mother's Name (First, Middle, Last) MARJORIE WHITEMAN BLOMGREN
23a. Mother's Maiden Last Name DUNCAN
24. Informant's Name JACKIE KRYGOWSKI
24a. Relationship To Decedent DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code) 11425 VENTURA TRAIL, SAINT JOHN, IN 46373
25. Place Of Disposition
25a. Method Of Disposition [X] Burial [] Cremation [] Donation [] Entombment [] Removal From State [] Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN CEMETERY
25c. Location - City, Town, And State EVERGREEN PARK, IL
26. Was Coroner Contacted? [] Yes [X] No
27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373
27a. Funeral Home License Number: FH19900052
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE
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. LUNG CANCER
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
B.
C.
D.
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? [] Yes [X] No
30. Were Autopsy Finding Available To Complete The Cause Of Death? [] Yes [] No
31. Did Tobacco Use Contribute To Death? [] Yes [] Probably [] No [X] Unknown
32. If Female: [] Not Pregnant Within Past Year [] Pregnant At Time Of Death [] Not Pregnant, But Pregnant Within 42 Days Of Death [] Not Pregnant, But Pregnant 43 Days To 1 Year Before Death [] Unknown If Pregnant Within The Past Year
33. Manner Of Death: [] Natural [] Suicide [] Accident [] Pending Investigation [] Homicide
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, etc.) LAKE COUNTY HEALTH DEPARTMENT
37. Street & Number
38. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify: [] Driver/Operator [] Passenger [] Pedestrian [] Other (Specify)
41. Signature, Of Person Certifying Cause Of Death: CHERYL ANTHONY-WORIX, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One) [X] Certifying Physician [] Coroner [] Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: CHERYL ANTHONY-WORIX, 919 MAIN STREET, SUITE 102, DYER, IN 46311
44. License Number 01048045B
45. Date Certified 05/31/2012
46. Additional Funeral Service Provider:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAY 31 2012

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.

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

UNIT 1, IN BUILDING 54, IN LAKEWOOD ESTATES CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, CREATED BY A DECLARATION OF CONDOMINIUM, RECORDED DECEMBER 20, 2002, AS DOCUMENT NO. 2002 118268, INCLUDING BUT NOT LIMITED TO THE SIXTEENTH AMENDMENT THERETO, RECORDED NOVEMBER 21, 2003 AS DOCUMENT NO. 2003 123905 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AND LIMITED COMMON AREAS APPERTAINING THERETO.

