

AFFIDAVIT

2012 085256

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

TAX# 45-12-10-306-006.000-030

Margaret C. Lewandowski, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Donald Frank Lewandowski**, died (without leaving a will) (~~leaving a will~~) on April 22, 2008 AT Merrillville, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as ~~Husband~~ and Wife in the following described real estate:

**LOT 10 IN BLOCK 6 IN SANTRY'S MANOR , AS PER PLAT THE RECORD RECORDED IN PLAT 31 PAGES 89 AND 90 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY.**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant sayeth not.

*Margaret C. Lewandowski*  
Margaret C. Lewandowski

Subscribed and sworn to before me, a Notary Public this 30 day of November, 2012..

My Commission Expires: 5/9/17  
County of Residence: Lake



*Elizabeth B. Kinzie*  
Notary Public

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No 9534-45  
No legal opinion given or rendered All information used in preparation of document was supplied by title company

**FILED**

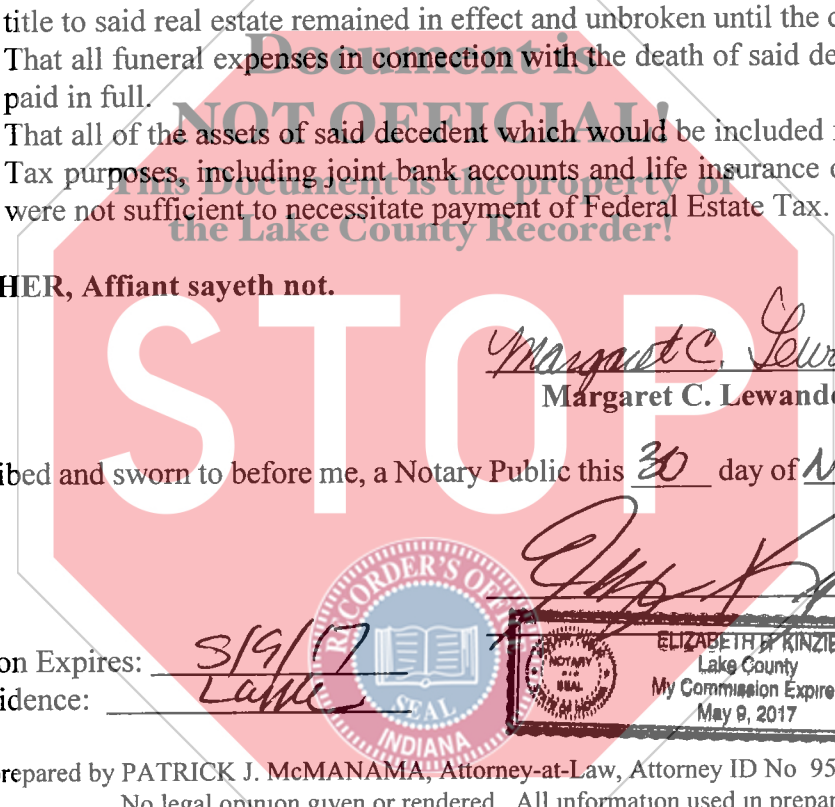
DEC 04 2012

**PEGGY HOUNGAKATONA**  
LAKE COUNTY AUDITOR

005170

COMMUNITY TITLE COMPANY  
FILE NO 123412

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
REC'D  
2012 DEC -4 AM 10:44

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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 1624-08

State No.

1 Decedent's Legal Name (First, Middle, Last) <b>DONALD FRANK LEWANDOWSKI</b>				1a Maiden Last Name (if Female) <b>N/A</b>		2 Sex <b>Male</b>	3 Time Of Death <b>5:05 PM</b>	4 Date Of Death (Month/Day/Year) <b>April 22, 2008</b>	
5 Social Security Number <b>[REDACTED]</b>	6a Age - Yrs <b>69</b>	6b Under 1 Year Month <b>None</b>	6c Under 1 Month Days <b>None</b>	6d Under 1 Day Hours <b>None</b>	6e Under 1 Hour Minutes <b>None</b>	7 Date Of Birth (Month/Day/Year) <b>July 5, 1938</b>		8 Birthplace (City And State Or Foreign Country) <b>Gary, Indiana</b>	
9 (Was In U.S. Armed Forces?) <input checked="" type="checkbox"/> Yes <input 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 <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) <b>Methodist Hospital - Southlake</b>	
12 City Or Town, State, And Zip Code <b>Merrillville Indiana 46410</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"/> Neverwed <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15 Birthing Mother's Name <b>Margaret C. Lewandowski</b>		15a (If Wife) Give Maiden Last Name <b>Bertram</b>		16 Decedent's Usual Occupation <b>Roller</b>		17 Kind Of Business/Industry <b>U.S. Steel Co</b>			
18 Residence - State <b>Indiana</b>		18a County <b>Lake</b>		18b City Or Town <b>Merrillville</b>		18c Street And Number <b>35 E. 67th Avenue</b>		18d Apt No <b>None</b>	
18e Zip Code <b>46410</b>		18f Under 1 Year <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19 Decedent's Education <b>High School Graduate or GED</b>		20 Decedent Of Record Origin <b>No</b>		21 Decedent's Race <b>White</b>	
22 Father's Name (First, Middle, Last) <b>Frank J Lewandowski</b>			23 Mother's Name (First, Middle, Last) <b>Helen Lewandowski</b>			23a Mother's Maiden Last Name <b>Braziak</b>			
24 Informant's Name <b>Margaret C. Lewandowski</b>		24a Relationship To Decedent <b>Wife</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>35 E. 67th Avenue, Merrillville, Indiana 46410</b>					
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) <b>Kelly-Carroll Cremation Services</b>		25c Location - City, Town, And State <b>Gary, Indiana</b>					
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>Prozin Brothers Funeral Service, 6360 Broadway, Merrillville, Indiana 46410</b>				27a Funeral Home License Number <b>FH 83002453</b>			
27b Registrar's (Indiana) Signature <i>[Signature]</i>		27c License Number (Of Licensee) <b>1009893</b>							
20 Part I Enter The Chain Of Events—Disease, 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 <b>acute Cardiorespiratory arrest</b> B <b>cardiogenic shock</b> C <b>acute Cardiorespiratory myocardial infarction</b> D Part II Enter Other Medical Conditions, Complications, Or Details Not Showing In The Underlying Cause Given In Part I <b>chronic alcoholism</b>								Approximate Interval, Onset To Death	
21 Did You Ever Use Cocaine To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No		22 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death		23 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		24 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Date Of Injury (Month/Day/Year)		25 Time Of Injury		26 Place Of Injury (E.S., Decedent's Home, Construction Site, Manufacturing, Wooded Area)		27 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28 Location Of Injury - State		28a City Or Town		29 Description How Injury Occurred <b>THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b> <b>APR 30 2008</b>					
30 Description How Injury Occurred		31 Signature, Of Person Certifying Cause Of Death <i>[Signature]</i>		32 Certified (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		33 Cause Number <b>01026051</b>			
33 Name, Address And Zip Code Of Person Certifying Cause Of Death <b>Vilay Dave 200 East 80th pt Place ind 46410</b>		34 Signature <b>Susan J Best so.</b>		35 Date Filed (Month/Day/Year) <b>April 30, 2008</b>		36 Date Certified <b>4/29/08</b>			

State Form 18110 (R7/08) ATTENTION: ESTATE: The Social Security # is to be reported by the rate of pay & used to purge the taxpayer's responsibility. (Business is voluntary and there will be no penalty to report the records in this state) ARE CONFIDENTIAL PER 6.1-1-10