

2 STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2012 086845

AFFIDAVIT OF SURVIVORSHIP

KATHY A., KWIATKOWSKI, upon her oath, states:

1 That this affidavit is made upon her personal knowledge

2. That she is the same person who is the owner as Tenant by Entireties with **MARK J. KWIATKOWSKI** on real estate described as

Lot 2 in Boomsma Addition, an Addition to the Town of Highland, as per plat thereof, recorded in Plat book 78, page 89, in the Office of the Recorder of Lake County, Indiana

Commonly known as 8904-8906 Hook Street, Highland, IN 46322.
Parcel Number 45-07-28-126-003.000-026

3. That **MARK J. KWIATKOWSKI** is deceased having died on April 26, 2012 and a copy of his death certificate is recorded herewith

4. That at the time of his death, **MARK J. KWIATKOWSKI** and **KATHY A. KWIATKOWSKI** was husband and wife.

5 That this affidavit is made for the purpose of removing **MARK J. KWIATKOWSKI'S** name from the title to the real estate because of his death.

6 Further affiant sayeth not

Date: 11-11-12, 2012

State of Indiana.)
) SS
County of Lake)

28223

DEC 10 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Before me, the undersigned, A Notary Public, in and for said County and State, this 12 day of November, 2012, personally appeared **KATHY A. KWIATKOWSKI**, who acknowledged the execution of the same to be her free and voluntary act and deed, for the purposes herein mentioned.

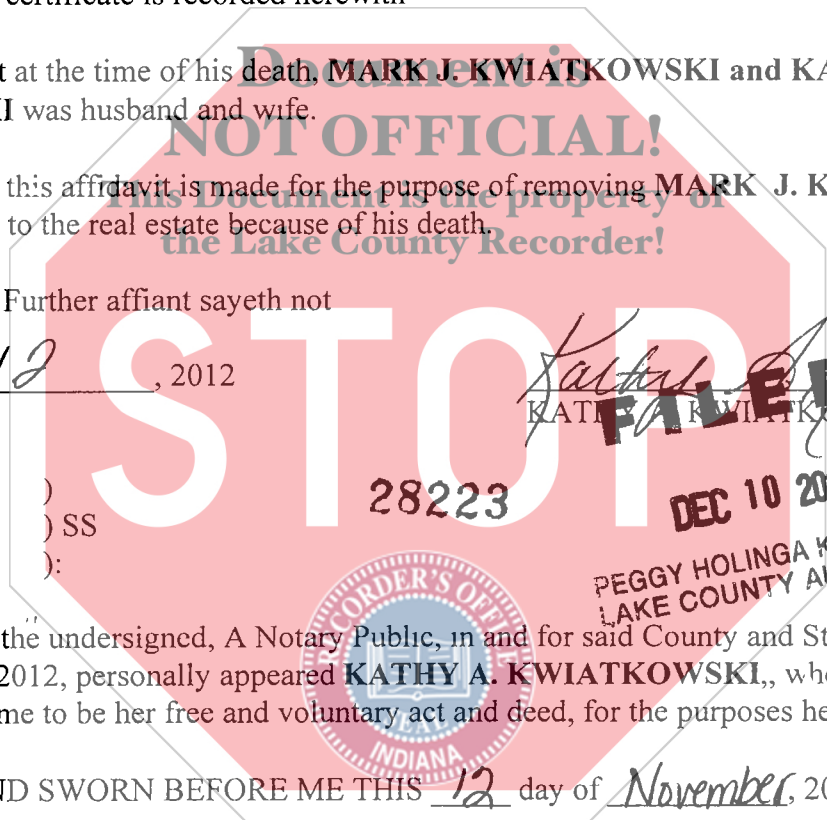
SUBSCRIBED AND SWORN BEFORE ME THIS 12 day of November, 2012.

[Signature]
Notary Public
My Commission Expires. 7-10-2020

MARIANNA BELKO
Notary Public, State of Indiana
Lake County
Commission # 636715
My Commission Expires
July 10, 2020

14-11-12
#22452
SS

This instrument was prepared by **STANLEY W. PAGOREK**, IN Attorney Number #25948-45, 425 US Route 30, Suite 124, Dyer, IN 46321 Office. (219) 864-8399 Fax: (219) 864-8353



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 DEC 10 PM 2:05
OFFICE OF THE RECORDER
JAMAN

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **001285**

EDR No **000000257429**

State No **018908**

1. Decedent's Legal Name (First, Middle, Last) MARK J KWIAKOWSKI		1a Maiden Name (if female)		2 Sex MALE	3 Time Of Death 01 57 PM	4 Date Of Death (Month/Day/Year) 04/26/2012	
5 Social Security Number [REDACTED]	6a Age - Yrs 55	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) 03/17/1957	8 Birthplace (City and State or Foreign Country) BLUE ISLAND, IL
9 If Ever In 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 <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 Institution Give Street and Number) COMMUNITY HOSPITAL				12 City Or Town, State And Zip Code MUNSTER IN 46321		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 KATHY KWIAKOWSKI		15a (If Wife) Give Maiden Last Name MALIA		16 Decedent's Usual Occupation BUSINESS OWNER	
17 Kind Of Business/Industry PLUMBING		18 Residence - State INDIANA		18a County LAKE		18b City Or Town SCHERERVILLE	
18c Street And Number 1243 SOUTHVIEW DRIVE		18d Apt No		18e Zip Code 46307		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20 Decedent Of Hispanic Origin NOT HISPANIC		21 Decedent's Race White			
22 Father's Name (First, Middle, Last) THEODORE KWIAKOWSKI		23 Mother's Name (First, Middle, Last) RITA KWIAKOWSKI		23a Mother's Maiden Last Name SOLDANO			
24 Informant's Name KATHY KWIAKOWSKI		24a Relationship To Decedent WIFE		24b Mailing Address (Street And Number City State, Zip Code) 1243 SOUTHVIEW DRIVE, SCHERERVILLE, IN 46307			
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) HEIGHTS CREMATORY		25c Location - City, Town And State CHICAGO HEIGHTS, IL			
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311				27a Funeral Home License Number FH10900001	
27b Signature Of Indiana Funeral Service Licensee CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE		27c License Number (Of Licensee) FD20700033				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 SEPTIC SHOCK		Due to (Or As A Consequence Of)		Approximate Interval Onset To Death 2 DAYS	
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 ALTAIA-STREPTOCOCCAL BACTEREMIA		Due to (Or As A Consequence Of)			
C		D		Due to (Or As A Consequence Of)			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I NONE		29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30 Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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		37. Injury At Work? <input type="checkbox"/> Yes <input 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)		37. Injury At Work? <input type="checkbox"/> Yes <input 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		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 NITIN S SARDESAI, BY ELECTRONIC SIGNATURE		42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44 License Number 01029300A		45 Date Certified 04/27/2012	
43 Name Address And Zip Code Of Person Certifying Cause Of Death NITIN S SARDESAI, 9307 CALUMET AVENUE STE D 1, MUNSTER, IN 46321		46 Additional Funeral Service Provider		47 *Akas.			
48 Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49 For Registrar Only - Date Filed (Month/Day/Year) APR 30 2012					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)