	STATE OF INDIANA)	
\) SS: COUNTY OF LAKE)	20
	AFFIDAVIT OF SURVIVORSHIP	2
	KATHY A,. KWIATKOWSKI, upon her oath, states	086
	1 That this affidavit is made upon her personal knowledge	2489
	2. That she is the same person who is the owner as Tenant by Entireties with J. KWIATKOWSKI on real estate described as	MARK
	Lot 2 in Boomsma Addition, an Addition to the Town of Highland, as per recorded in Plat book 78, page 89, in the Office of the Recorder of Lake County, Indiana	plat thereof,
	Commonly known as 8904-8906 Hook Street, Highland, IN 46322. Parcel Number 45-07-28-126-003.000-026	DEC TO TOP
	3. That MARK J. KWIATKOWSKI is deceased having died on Apr £26, 2 a copy of his death certificate is recorded herewith	NDIAHA NDIAHA NDIAHA PP 2: 0
	4. That at the time of his death, MARK J. KWIATKOWSKI and KATHY KWIATKOWSKI was husband and wife.	A.
	That this affidavit is made for the purpose of removing MARK J. KWIAT name from the title to the real estate because of his death.	rkowski's
	6 Further affiant sayeth not	
	Date: 11-11-12, 2012 Xalfal RVIII ROWSK	i cat
	State of Indiana.) SS 28223 DEC 10 2012	
	County of Lake): Peggy Holinga Katona A Notary Public in and for said County and State, the	À
	Before me, the undersigned, A Notary Public, in and for said County and State, the Nounder, 2012, personally appeared KATHY A. KWIATKOWSKI,, who acknowledge execution of the same to be her free and voluntary act and deed, for the purposes herein me	owledged the
	SUBSCRIBED AND SWORN BEFORE ME THIS 12 day of November, 2012.	
(Notary Public My Commission Expires. Notary Public My Commission Expires. Notary Public My Commission Expires. Notary Public Lake County Commission # 636 My Commission Expires. July 10, 2020	Indiana 3715 pires / (

This instrument was prepared by STANLEY W, PAGOREK, IN Attorney Number #25948-45, #22452 425 US Route 30, Suite 124, Dyer, IN 46321 Office. (219) 864-8399 Fax: (219) 864-8353

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

For Mary Local No				<u> 00257429 </u>				
Decedents Legal Name (First Middle	i; Last)		1a Malden Name	e (If female)	2 Sex	3 Time Of Death	4 Date	Of Death (Month/Day∕Y
ARKU KWIATKOWSKI	er grø			San	MALE	01 57 PM		04/26/2012
Social Security/Number 166 Age -	Yns 6b Under 1 Y	fear 6c Under 1 Mo	onth 6d Under 1 Day	Be Under 1 Hour 7 Date	of Birth (Month/Day/Ye	ar) 8 Birthplace	(City and State	or Foreign Country)
55	Months	Days	Hours	Minutes	03/17/1957		LAND, IL	
Everamous Armed Forces?. (* 10	If Death Occurred in A	Hospital		10a If Death Occurred Son		spital Nursing Home/Long	warm Core Fac	illibu
lves ⊠ No □ Unknown ⊠		ncy Department Outpat	ient 🔲 Dead on Arrival	Other (Specify)	Decement's Home	IAGUSUND LIGHTON CONT	3-(01111 Cara 1 ac	y
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Procity Or Town State And Zip Gode				15 Cooling Or Docum			ed Married, E	Sut Separated . 🔲 Div
UNSTER IN 46321				LAKE		☐ Wido	wed Nev	er Married Di Unkno
Surviving Spouse s Name	1774	,	15a (If Wife)Give Maider	Last Name	16 Decedent's Usual	Occupation	17. Kind	Of Business/Industry
ATHY KWIATKOWSKI		į,	MALIA	1. () 数: 1 · ·	BUSINESS OW	/NER	PLUM	BÌNG
Residence State	100 4 7	18a County		18b. City Or Town				1.5
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Father's Name (First Middle Last)				TO MOUNT O LIBITION (LIEST MAC		'	-	
HEODOREKWIATKOWS	SKI		6 1	RITA KWIATKOWS			OLDANO	
Informant's Name	,	24a Relationsh	nip To Decedent	24b Mailing Address (Street	- ,			
THY KWIATKOWSKI		WIFE		1243 SOUTHVIEW		RERVILLE, IN	1 46307	
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(Others (Specify) (Contacted?)	27 Name And Cor	mplete Address Of Fun	ATORY eral Facility	ment is	CAGO HEIGHT	5, IL	27a Fu	ineral Home License Ni
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☐ Yes ⊠ No	CASTLE HIL	L FUNERAL H	OME, 1219 SHE	FFIELD AVE, DYEF	R, IN 46311		FH1,0	900001
b Signature Of Indiana Funeral Serv HRIST OPHER (CHEIRA)	ice Licensee NA BY FLFC	TRONIC SIGN	ATÜRE:		FD20700	Number (Of Licens 2033	588)	N. 20.2
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