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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 020192

2013 MAR 18 AM 9:10

MICHAEL B. BROWN  
RECORDER

Case # 920130531

**SURVIVORSHIP AFFIDAVIT**

Comes now Nikolaus Georgijewski, who being duly sworn upon his oath, deposes and says:

That, Nikolaus Georgijewski is the surviving spouse of Eileen Georgijewski, deceased who died domiciled in Cook County, Illinois on January 16, 2010

That Eileen Georgijewski and Eileen Georgijewski acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 9 and the North 21.25 feet of Lot 8, Ridgeway Addition to Munster, as show in Plat Book 20 page 55, in Lake County, Indiana.

Parcel No.: 45-07-19-278-036-000.027 Property Address: 8428 Kraay Av, Munster IN 46321

Affiant states that Nikolaus Georgijewski and Eileen Georgijewski continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Eileen Georgijewski's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Nikolaus Georgijewski.

Executed: March 1, 2013

Signature Nikolaus Georgijewski  
Nikolaus Georgijewski

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 1st day of March, 2013.

Witness my hand and Notarial Seal on this 1st day of March, 2013.

[Signature]  
Notary Public Dawn Stanley  
Resident of Lake County  
My Commission expires: 7/29/2018

Prepared by: Nikolaus Georgijewski

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Nikolaus Georgijewski

FIDELITY - HIGHLAND

FIDELITY NATIONAL  
TITLE COMPANY

92013-0531

21617

FILED

MAR 13 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

\$13  
FN  
CW

# CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

<b>CHICAGO, ILLINOIS</b>				<b>MEDICAL CERTIFICATE OF DEATH</b>	
STATE FILE NUMBER 2010 0004032				DATE ISSUED 02/26/2010	
DECEDENT'S LEGAL NAME EILEEN GEORGIJEWSKI			SEX FEMALE	DATE OF DEATH JANUARY 16, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 66 YEARS		DATE OF BIRTH SEPTEMBER 22, 1943		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE BRADDOCK PA	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME NIKOLAUS GEORGIJEWSKI		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8428 KRAAY AVENUE		APT. NO.	CITY OR TOWN MUNSTER		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46321	FATHER'S NAME RAYMOND CONNELL		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANNA MYERS
INFORMANT'S NAME NIKOLAUS GEORGIJEWSKI		RELATIONSHIP HUSBAND	MAILING ADDRESS 8428 KRAAY AVENUE, MUNSTER, IN 46321		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION JANUARY 20, 2010	
FUNERAL HOME AERO REMOVALS, 919 N. GARFIELD, LOMBARD, IL 60148					
FUNERAL DIRECTOR'S NAME MARLENA JUREK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014772		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 20, 2010		
CAUSE OF DEATH PART I: INTERSTITIAL LUNG DISEASE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
Due to (or as a consequence of)					
Due to (or as a consequence of)					
Due to (or as a consequence of)					
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					
				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED					
IF TRANSPORTATION INJURY, SPECIFY					
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 16, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 07:00 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED JANUARY 16, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. A. MANIKKAN, 251 EAST HURON, CHICAGO, ILLINOIS, 60611				PHYSICIAN'S LICENSE NUMBER 036124189	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health



*David Orr*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**