9

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

STATE OF INDIANA 20 | 3 048502) ss:

2013 JUL -3 AM 9: 29

MICHAEL B. BROWN RECORDER

## **AFFIDAVIT OF HEIRSHIP**

- I, Lorraine Brown, being duly sworn, state as follows:
- 1. She is the daughter of Janina Ablazej who died September 17, 2011, a resident of Lake County, Indiana. Janina Ablazej died intestate.
- 2. Janina Ablazej had three (3) children; Lorraine Brown, Sophie Anderson and Irene Wojtowicz. Both of her parents predeceased her. All three children survived her. There are no Indiana Inheritance Taxes or income taxes due and unpaid as a result of the death of Janina Ablazej.
- 3. This affidavit is made for the purpose of showing that the sole heirs of Janina Ablazej are Sophie Anderson, Irene Wojtowicz and your affiant Lorraine Brown and that title to the real estate of Janina Ablazej, commonly known as 4707 Johnson Avenue, Hammond, Lake County, Indiana, vested equally in Sophie Anderson, Irene Wojtowicz and Lorraine Brown upon Janina's death on September 17, 2011. The legal description of said real estate is:

Lot 31 and the North 8 feet of Lot 32 in Block "F" in Hoffman's Second Addition to Hammond, as per plat thereof, recorded in Plat Book 1, page 98 in the Office of the Recorder of Lake County, Indiana.

\*\*Exy ## 45-02-25-476-002-000-023

4. There are no claims by any creditor against Janina Ablazej.

Lorraine Brown

92013-1511

FIED

JUL 0 1 2013

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

13443

\$15.00

FN



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

11. Facility Name (if Not Institution, Give Street and Number)   12. City Or Town, State, And Zip Code	Local No 002835					EDI	EDR No 000000219673				State No 040761					
S. dead section further (in A. App. 1).  5. dead for the land in	1		odie, Last)					ne (If female)				Time Of	Death		, , ,	
Value   Document   D			e - Yrs	6b. Under 1 Y	ear 6c. Und	ler 1 Month		6e. Under 1 Hour	7. Date						00/11/20//	
Source   Service   Process   Proce	,	_		Monthe			-		-	•	- ,	1				
Test   No.	9. Ever in U.S. Armed Ford					· · · · · · · · · · · · · · · · · · ·	Hours	10a. If Death Occ		ewhere Othe	r Than A Hospi	tal	· · · · · · · · · · · · · · · · · · ·			
DYER NURSING AND REHABILITATION CENTER	☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)															
DYER, IN, 46311	DYER NURSING	AND R	EHAB		CENTER	₹ .										
LAKE   Secretary Stemans   Sec. () Wildly Given Marker Last Name   Sec. () Wildly Gi	12. City Or Town, State, Ar	nd Zip Coo	le					13. County	Of Death							
The Residence - Since   The County   The C	DYER, IN, 46311 15. Surviving Spouse's Nat	me				15a	. (If Wife)Give Maide			16. Dece	dent's Usual Oc	Ø	Widowed	☐ Neve	r Married Unknown	
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19. Decedent's Fauce					W.C.			THOME			18d. Apt. No	Э.	18e. Zip (	Code	18f. Inside City Limits?	
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22 Mether's Name (First, Middle, Last)   23a Mether's Name   24s Relationship to Decoder   25h Made (SCSTTYLA   25a Mether's Name   24s Relationship to Decoder   24s Relationship to Decoder   3111 DULUTH STREET, HIGHLAND, IN 46322   25a Mether's Name   24s Relationship to Decoder   3111 DULUTH STREET, HIGHLAND, IN 46322   25a Mether's Name	19. Decedent's Education			········	20. Deceder	nt Of Hispan	ic Origin	21.	Decedent's	s Race			100	, <u></u>	<u> </u>	
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DAUGHTER   3111 DULUTH STREET, HIGHLAND, IN 46322		Α											WIND	ARZ		
28. Nethod Of Disposition   28. Place of Disposi						,	o Decedent	, and the second			,	,				
25a. Meritor Of Disposition   25b. Place of Disposition; (Name Of Cemetry, Cornatory, Other Pace)   25c. Location - Cit.; Town, And State	LORRAINE BROV	VN			DAUC	HTER	OF Dia	<del></del>	H STR	EET, HI	<u>GHLAND,</u>	IN 46	322		7.0	
COMMUNITY CREATION SERVICE   SCHEREVILLE, IN	25a. Method Of Disposition		ъ П га		. Place Of Disp	osition (Na			) 25c. L	ocation - City	y, Town, And St	tate	7.11			
28. Was Corner Contacted? 27. Name And Complete Applies of Fueral Facility ANTHONY & DZIADOWCZ FURRAL HOME, INC (HAMMOND), 4404 CAMERON AVE, HAMMOND, IN 46327  28. Part L. Enter The Chain of Exercise Signature. Or Confidential State S	Removal From State															
ANTHON & DZIADOWICZ FUNERAL HOME, INC (HAMMOND), 4404 CAMERON AVE,   FH83002835	Other (Specify): 26, Was Coroner Contacted	1?	27.	Name And Com	MMUNIT	Y CRE	MATION SER	VICE	SCH	ERERV	ILLE, IN			27a Eur	oral Hama Licanca Number	
27. Separative Of Indiana Funeral Service Learnesce:    Cause Of Death (See Instructions And Examples)			AN HA	THONY &	DZIADOV			ME, INC (HAN	MONE	), 4404	CAMERO	n ave	Ξ,			
28. Part I. Enter The Chain Of Events - Diseases Injunes Or Contributations - That Dreath Questions -	27b. Signature Of Indiana F KEITH D. ANTHOI	uneral Se	rvice Lice	nsee:		IRFOC	umant	is the ni	20106				f Licensee):			
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Sequentially List Conditions. If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Of Injury That Initiated The Events Resulting in Death)  B. CONGESTIVE HEART FAILURE    Disease Of Injury That Initiated The Events Resulting in Death (Disease Of Injury That Initiated The Events Resulting in Death)   Disease Of Injury That Initiated The Events Resulting in Death (Disease Of Injury That Initiated The Events Resulting in Death)   Disease Of Injury That Initiated The Events Resulting in Death (Disease Of Injury That Initiated The Events Resulting in Death)   Disease Of Injury That Initiated The Events Resulting in Death (Disease Of Injury That Initiated The Events Resulting in Death (Disease Of Injury That Initiated The Events Resulting in Death (Disease Of Injury That Initiated The Events Resulting in Death (Disease Of Injury That Initiated The Events Resulting in Death (Disease Of Injury That Initiated The Events Resulting In Death (Disease Of Injury That Initiated The Events Resulting In Death (Disease Of Injury That Initiated The Events Resulting In Death (Disease Of Injury That Initiated The Events Resulting In Death (Disease Of Injury That Initiated The Events Resulting In Death (Disease Of Injury That Initiated The Events Resulting In Death (Disease Of Injury That Initiated The Events Resulting In Death (Disease Of Death)   Ves	Such As Cardiac Arrest, A Line. Add Additinal Li	Respiratines If Ne	cessary.	t, Or Ventricula	s, Or Complic ir Fibrillation \	Vithout Sho	owing The Etiology.	Do Not Abbreviate	Enter Fer e. Enter Or	nly One Cau	se On	GERATE GERATE	NUDVE IS A CATE OF D L DEFARMA	l IRUE AN EATH ON I	() (i) Interval: Onset	
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Not Pregnant, But Pregnant, But Pregnant & Days To 1 year Before Death   Unknown (lignegrant within The Peat Year   Suicide   Could Not Be Determined   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?   Yes   No   No   No   No   No   No   No   N	31. Did Tobacoo Use Contr	ribute To E	eath?								33. Manne	r Of <b>Pea</b> t	th:			
38. Location Of Injury - State  38a. City Or Town  38b. Street & Number  38c. Apt. No.  38c. Apt. No.  38d. Zip Code  39. Describe How Injury Occurred  40. If Transportation Injury, Specify: Oriver/Operator Peasenger Pedestrian Other (Specify)  41. Signature, Of Person Certifying Cause Of Death: FRED ADLER, BY ELECTRONIC SIGNATURE  42. Certifier (Check Only One) Certifying Physician Coroner Heath Officer  43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  44. License Number  45. Date Certified  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): SEP 19 2011	- · -	_	nknown					CT CALL TO SERVICE OF THE SERVICE OF							Pending Investigation	
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39. Describe How Injury Occurred    40. If Transportation Injury, Specify:   Driver/Operator   Passenger   Pedestrian   Other (Specify)	38. Location Of Injury - Stat	te		38a. Cit	ty Or Town		38b. St	reet & Number					38c Ant No			
41. Signature, Of Person Certifying Cause Of Death: FRED ADLER , BY ELECTRONIC SIGNATURE  42. Certifier (Check Only One)													000. Apt. NC	, 300	a. Zip Gode	
41. Signature, Of Person Certifying Cause Of Death:  FRED ADLER, BY ELECTRONIC SIGNATURE  42. Certifier (Check Only One)  Certifying Physician Coroner Health Officer  43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  FRED ADLER, 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 46321  46. Additional Funeral Service Provider:  47. *Akas:  48. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  42. Certifier (Check Only One)  Certifying Physician Coroner Health Officer  44. Liconse Number  45. Date Certified  46. Additional Funeral Service Provider:  47. *Akas:  48. For Registrar Only - Date Filed (Month/Day/Year):  SEP 19 2011	39. Describe How Injury Oc	curred					E 1.0	AL ST	<del></del>		40. If Trans	sport <u>atio</u> r	Injury, Spec	ify:		
FRED ADLER , BY ELECTRONIC SIGNATURE  42. Certifier (Lheck Only Onle) Coroner Heath Officer  43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  44. License Number  45. Date Certified  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):  SEP 19 2011	44 Signature Of Dames C	Samie da a C	) Of D	No. 46			Very ND	IANA			Driver/Open	ator Pa	ssenger Peo	lestrianOtr	ner (Specify)	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  44. License Number  45. Date Certified  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):  SEP 19 2011	FRED ADLER, BY	/ ELEC	TRON	IIC SIGNA			THE STATE OF THE S	IIIII						. 🗆	Heath Officer	
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48. Signature of Local Health Officer:  49. For Registrar Only - Date Filed (Month/Day/Year):  SEP 19 2011	FRED ADLER , 80	OO MAG	CARTI	HUR BLVD	STE 2, 1	JUNST	ER, IN 46321	h*		75.0			Α		09/19/2011	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  SEP 19 2011			51.								47. *	Akas:				
OLI 10 2011			FCTR	ONIC SIG	NATURE					49. For Re	egistrar Only					
		• 17 \ LL		.5,110 010		MENDMEN	T TO CERTIFICAT	E OF DEATH (EN	TRY OR C	RIGINAL)		<u>S</u>	EP 19 20	JTT		
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

STATE OF INDIANA	)
	) SS:
COUNTY OF LAKE	)

Before me, a Notary Public in and for said County and State, personally appeared Lorraine Brown, who acknowledged the execution of the foregoing Affidavit of Heirship, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this Sal this day of May, 2013.

My commission expires:

8/7/14

County of residence:

**Notary Public** 

I affirm, under the penalties for perjury, that I have taken reasonable care to react each Social Security number in this document unless required by law. Gary P Bonk

This instrument prepared by Gary P. Bonk, 900 Parker Place, Suite A, Schererville, Indiana 46375, Attorney-at-Law

