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2013 091324

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 DEC 13 AM 10:28

SURVIVORSHIP AFFIDAVIT

MICHAEL B. BROWN
RECORDER

Comes now Bogdan Grotowski, who being duly sworn upon his oath, deposes and says:

That Bogdan Grotowski is the surviving spouse of Krystyna Grotowski, deceased, who died domiciled in Lake County, IN, on December 30, 2010

That affiant and Krystyna Grotowski acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

THE NORTH HALF OF LOT "G", SECOND SOUTH HAMMOND ADDITION TO THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 12, PAGE 8, IN LAKE COUNTY, INDIANA.

Tract ID# 45-06-12-451-004.000-023

7118 Harrison Avenue, Hammond, IN 46324;

Affiant states that Bogdan Grotowski and Krystyna Grotowski 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 Krystyna Grotowski'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 Nancy Rodriguez.

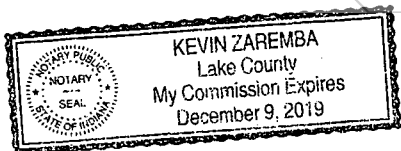
Executed this December 05, 2013.

Bogdan Grotowski
Bogdan Grotowski

STATE OF INDIANA

COUNTY OF LAKE

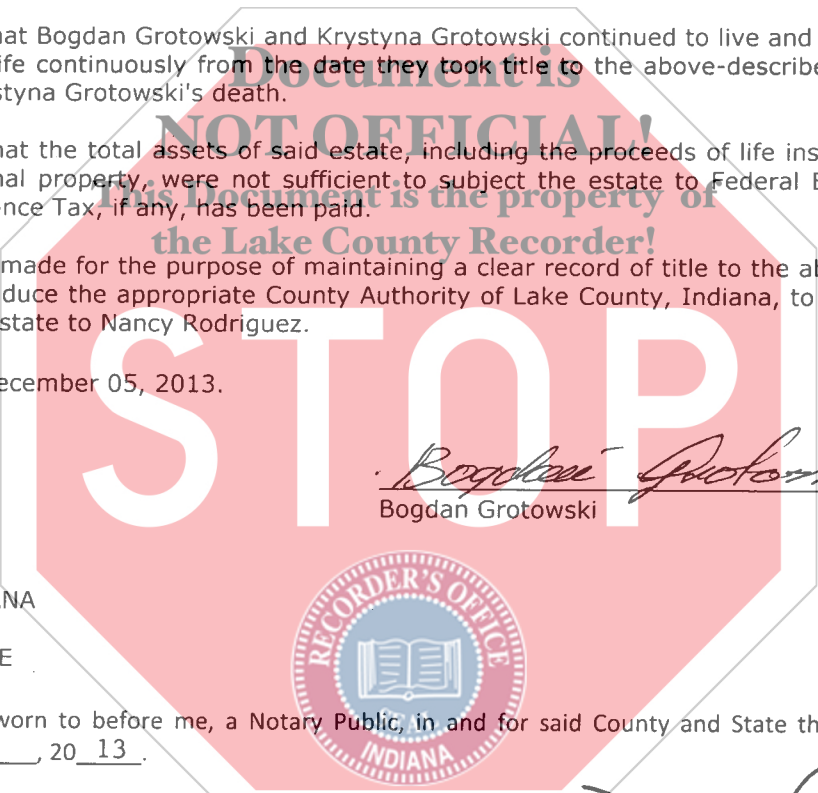
Subscribed and sworn to before me, a Notary Public, in and for said County and State this 5th day of December, 2013.



Kevin Zarembo
Notary Public / Kevin Zarembo
My Commission Expires: 12/9/2019
My County of Residence: Lake

This document prepared by:
Bogdan Grotowski
File No. 1306755

CHICAGO TITLE INSURANCE COMPANY



FILED

DEC 11 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

28417

*#13⁰⁰
CT
28*



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-06-12-451-004.000-023

Local No. 463-10

State No. _____

1. Decedent's Legal Name (First, Middle, Last) KRY STYNA Grotowski				1a. Maiden Last Name (if Female)		2. Sex FEMALE		3. Time Of Death 6:30P		4. Date Of Death (Month/Day/Year) DECEMBER 30 2010	
5. Social Security Number		6a. Age - Yrs 63		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) March 25, 1947						8. Birthplace (City And State Or Foreign Country) Poland					
9. Ever In U.S. 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 Not Institution, Give Street And Number) St. Margaret Mercy Hospital											
12. City Or Town, State, And Zip Code Hammond, IN 46320						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 Bogdan Grotowski				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home	
18. Residence - State IN			18a. County Lake			18b. City Or Town Hammond					
18c. Street And Number 7118 Harrison Ave.						18d. Apt. No.		18e. Zip Code 46324		18f. In Fed City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12			20. Decedent Of Hispanic Origin No			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Wladyslaw Mroz				23. Mother's Name (First, Middle, Last) Helen Mroz				23a. Mother's Maiden Last Name Posciak			
24. Informant's Name Bogdan Grotowski			24a. Relationship To Decedent Husband			24b. Mailing Address (Street And Number, City, State, Zip Code) 7118 Harrison Ave. Hammond, IN 46324					
25. Place Of Disposition											
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 Burns-Kish Funeral Home 5840 Hohman Ave. Hammond, IN 46320						27a. Funeral Home License Number: 3002819			
27b. Signature Of Indiana Funeral Service Licensee: <i>Brian T. Burns</i>						27c. License Number (Of Licensee): 8601763					
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. Myocardial infarction											
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. Ischemic myocardial infarction											
C. _____											
D. _____											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings 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 checked="" 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					
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			35. 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 <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. Beauregard 5454 Hohman Ave Hammond IN 46320						44. License Number 01052692A		45. Date Certified 1/7/11			
46. Additional Funeral Service Provider:						47. *Aka's:					
48. Signature of Local Health Officer: <i>Susan W. But. DO.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): January 10, 2010					