2014 003313

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STATE OF INDIAN LAKE COUNTY FILED FOR RECORD 2014 JAN 17 AM 8: 53

MICHAEL B. BROWN RECORDER

AFFIDAVIT

Cyndi Pierce, being duly sworn, states as follows:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is one of the Successor Co-Trustees of the Raymond and Margaret Wojcinski Living Trust Dated June 1, 2000.
- 3. Said Raymond J. Wojcinski died on April 16, 2013. See attached Death Certificate for Raymond J. Wojcinski.
 - 4. The legal description of the premises in question is:

LOT 19 IN BLOCK 3 IN MUNSTER MANOR ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 46 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA COUNTY Recorder!

Key No.: 45-06-24-401-009.000-027

Commonly Known As: 8552 Garfield Avenue, Munster, IN 46321

- 5. There is no Federal or State inheritance tax liability by reason of the death of said decedent.
 - 6. This affidavit relates to a Life Estate Interest.

7. Affiant's relationship to the deceased was his niece.

FILED

JAN 15 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOP

Cyndi Pierce, Affiant 18722 Pierce Road Lakeville, IN 46536

Region Title (FSCH-FR1312185)

REGION TITLE/FIDELITY

FR1312185

010253

1500 FW

STATE OF INDIANA) .
•) SS:
COUNTY OF LAKE	,) .

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Cyndi Pierce, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 10th day of January, 2014.

My commission expires:

3-14-15

Signature:

Shannon Stiener

Resident of: Lake County, Indiana

SHANNON STIENER
Lake County

My Commission Expires
March 14, 2015

Document is

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

This Document is the property of the Lake County Recorder!

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Midd	4-1-1		EDR No 000							
. Decedent's Legal Name (First, Midd	ile, Last)		1a. Maiden Na	ame (If female)		2. Sex	3. Tim	ne Of Death	4. Date 0	Of Death (Month/Da
RAYMOND J WOJCINSK 5. Social Security Number 6a. Age						MALE	0.	1:36 ÀM	1	04/16/2013
o. Social Security Hamber Ga. Age.	Yrs 6b. Under	r 1 Year 5c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Ho	ur 7. Date o	of Birth (Month/D	ay/Year)	8. Birthplace (Ci	ty and State	or Foreign Country)
9. Ever in U.S. Armed Forces? 10	Months If Death Occurred	Days	Hours	Minutes		04/18/1922		HAMMON	D, IN	
				Morning Con		where Other Than cedent's Home		g Home/Long-ten	m Care Facil	itv
11. Facility Name (If Not Institution, Gi			patient Dead on Arriva	al Other (Speci						•
COMMUNITY HOSPITAL		er)								
12. City Or Town, State, And Zip Code		-		13. Coun	ty Of Death			14. Marital Sta	atus At Time	Of Death
MUNSTER, IN, 46321			LAKE		☐ Married		☐ Married ☐ ☑ Widowed	d Married, But Separated Deed Never Married Dur		
15. Surviving Spouse's Name			15a. (If Wife)Give Maid		Т	16. Decedent's l	Jsual Occup			Of Business/Industr
						CHEMIST			DAINT	;
18. Residence - State	······································	18a. County		18b. City Or 1		ZI ILIVII S I			[PAINT]	MANUFACT
NDIANA		LAKE		MUNSTER	3					
18c: Street And Number				1.00110121	·	18d.	Apt. No.	18e. Zip	Code	18f. Inside City L
552 GARFIELD AVENUE							-	400	204	⊠ Yes 🗆 i
9. Decedent's Education SOME COLLEGE CREDIT	DUTNOT	20. Decedent Of	Hispanic Origin	21.	Decedent's R	ace		46.	321	<u> </u>
DEGREE	, BUI NOI A	NOT HISPA	NIC	Wh	ite					
2. Father's Name (First, Middle, Last)				23. Mother's Name		, Last)		23a. M	fother's Maid	len Last Name
HESTER J. WOJCINSKI				SYLVIA WO	ICINISKI			10/1/5	ZI INOZ	
4. Informant's Name		24a. Relations	ship To Decedent	24b. Mailing Addre	ess (Street And	Number, City, S	tate, Zip Cod	de)	KLINSKI	
YNTHIA G PIERCE		NIECE		18277 PIER	CE ROAD). LAKEVIL	LE. IN 4	6536		\rightarrow a_1
5a. Method Of Disposition		25b Place Of Disposition	25. Plac n (Name Of Cemetery, Cro	ce Of Disposition						
Burial Cremation Donation	Entombment □	or English	(Marie or cometery, cre	ematory, Other Place	296. LOC	ation - City, Town	And State			•
Removal From State Other (Specify):	S	T JOHN MAUS	SOLETIMO CIT	men	11000	IOND, IN				
6. Was Coroner Contacted?			CLLUIVI							
s. This Coroner Contacted?	27. Name And Co	omplete Address Of Fur	neral Facility			/			27a, Funer	al Home License N
Yes 🛛 No 'b. Signature Of Indiana Funeral Service FITH D. ANTHONY D. C.	ANTHONY HAMMOND te Licensee:	omplete Address Of Fur & DZIADOWIC , IN 46327	neral Facility Z FUNERAL HON	rric	MOND),	4404 CAM	nse Number	(Of Licensee):	FH8300	2835
☐ Yes ☑ No 'b. Signature Of Indiana Funeral Service	27. Name And Co ANTHONY of HAMMOND to Licensee: ELECTRONIC s - Diseases, Injur Arrest, Or Ventricusary.	omplete Address Of Fur & DZIADOWIC, IN 46327 C SIGNATURE ries, Or Complications ular Fibrillation Withou	neral Facility Z FUNERAL HON	Instructions And The Death, Do Not Do Not Abbreviate	Examples) Enter Termin	4404 CAM FD010 FD010 PallEventsTHE	nse Number	(Of Licensee):	FH8300	Approximate Interval: On: To Ceath
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