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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006867

2014 FEB -4 PM 3:15

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

I, James M. Nowakowski, being duly sworn, state as follows:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is the Successor Trustee of the Irene M. Nowakowski Trust Dated July 7, 2011, the owner of the below listed real estate.
- 3. Said Irene M. Nowakowski (aka Irene Marie Nowakowski) died on May 12, 2013. See attached Death Certificate for Irene Nowakowski (aka Irene Marie Nowakowski).

4. The legal description of the premises in question is:

THE EAST ONE HUNDRED (100) FEET OF THE WEST TWO HUNDRED (200) FEET OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION EIGHTEEN (18), TOWNSHIP THIRTY-FIVE (35) NORTH, RANGE NINE (9), WEST OF THE SECOND PRINCIPAL MERIDIAN, LYING NORTH OF THE NORTHERLY RIGHT OF WAY LINE OF LINCOLN HIGHWAY.

Key No.: 45-11-18-226-002.000-034

Commonly Known As: 1451 Joliet Street, Dyer, IN 46311

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 and removal of the decedent as a Trustee.

7. Affiant's relationship to the deceased was her son.

James M. Nowakowski
James M. Nowakowski, Affiant
1340 Schilling Avenue
Chicago Heights, IL 60411

FILED

FEB 04 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



\$ 15

CK# 6906

Ca

00397

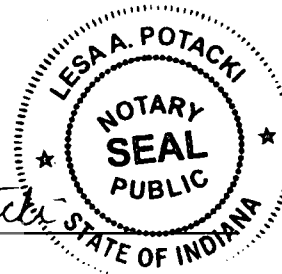
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 31ST day of January, 2014.

My commission expires: 2/13/2018

Signature: Lesa A. Potacki
LesA A. Potacki
Resident of: Lake County, Indiana



Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

"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

STOP

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**

Local No **001732**

EDR No **000000323336**

State No

1. Decedent's Legal Name (First, Middle, Last) IRENE MARIE NOWAKOWSKI				1a. Maiden Name (If female) SIUDA		2. Sex FEMALE		3. Time Of Death 03:00 AM		4. Date Of Death (Month/Day/Year) 05/12/2013		
5. Social Security Number [REDACTED]		6a. Age - Yrs 90		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) 09/26/1922				8. Birthplace (City and State or Foreign Country) CHICAGO, IL								
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 HEALTHCARE CENTERS-DYER												
12. City Or Town, State, And Zip Code DYER, IN, 46311						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town DYER			18d. Apt. No.		18e. Zip Code 46311	
18c. Street And Number 1451 JOLIET STREET								18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) FRANK SIUDA				23. Mother's Name (First, Middle, Last) UNKNOWN UNKNOWN				23a. Mother's Maiden Last Name UNKNOWN				
24. Informant's Name JOHN NOWAKOWSKI			24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 1451 JOLIET STREET, DYER, IN 46311						
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) KELLY-CARROLL CREMATION SERVICES				25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS INC, 1920 HART STREET, DYER, IN 46311						27a. Funeral Home License Number: FH83001504				
27b. Signature Of Indiana Funeral Service Licensee: LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01096015						
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 This IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT Approximate Interval: Onset To Death ONE WEEK												
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. SEPSIS Due to (Or As A Consequence Of):				B. DEMENTIA Due to (Or As A Consequence Of):				
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				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						
PLEASE SEE ABOVE						30. Were Autopsy Findings Available To Complete This Certificate? <input type="checkbox"/> Yes <input checked="" 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 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			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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: TRILOK PRADUMNA PATHAK, BY ELECTRONIC SIGNATURE						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: TRILOK PRADUMNA PATHAK, 5454 HOHMAN AVÉ, HAMMOND, IN 46320						44. License Number 01054411A			45. Date Certified 05/16/2013			
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): MAY 17 2013						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

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.