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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 006985

2014 FEB -5 AM 10:55

MICHAEL B. BROWN  
RECORDER

**Send Tax Statements to**

Michael Baczynski  
1207 W. Fred Street  
Whiting, IN 46394

**Return Recorded Document to:**

Attorney Lisa A. Kmak  
1022 - 119<sup>th</sup> Street  
Whiting, IN 46394



**FILED**

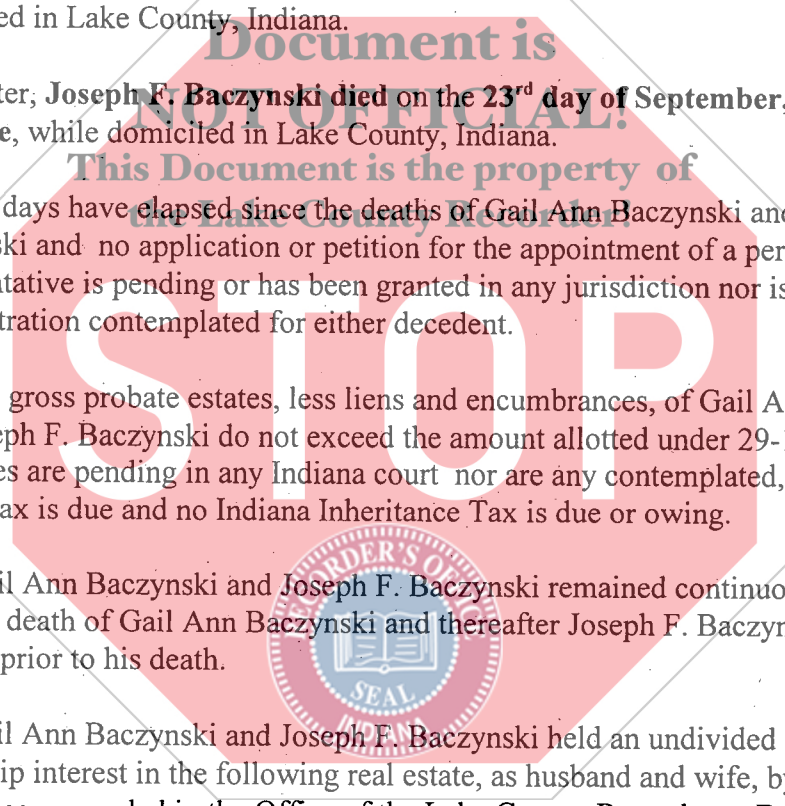
FEB 05 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

**SURVIVORSHIP, HEIRSHIP  
AND  
AFFIDAVIT TO TRANSFER REAL ESTATE**

Stephen E. Gormley, an interested person, being duly sworn upon his oath, says:

1. That Gail Ann Baczynski died on the 14<sup>th</sup> day of June, 2011, intestate, while domiciled in Lake County, Indiana.
2. Thereafter, Joseph F. Baczynski died on the 23<sup>rd</sup> day of September, 2012, intestate, while domiciled in Lake County, Indiana.
3. That 45 days have elapsed since the deaths of Gail Ann Baczynski and Joseph F. Baczynski and no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated for either decedent.
4. That the gross probate estates, less liens and encumbrances, of Gail Ann Baczynski and Joseph F. Baczynski do not exceed the amount allotted under 29-1-8-1 and that no estates are pending in any Indiana court nor are any contemplated, no Federal Estate Tax is due and no Indiana Inheritance Tax is due or owing.
5. That Gail Ann Baczynski and Joseph F. Baczynski remained continuously married until the death of Gail Ann Baczynski and thereafter Joseph F. Baczynski did not remarry prior to his death.
6. That Gail Ann Baczynski and Joseph F. Baczynski held an undivided one-half ownership interest in the following real estate, as husband and wife, by a deed having been recorded in the Office of the Lake County Recorder as Document No. 2004-14548 recorded on February 20, 2004, said real estate commonly known as



104  
20<sup>th</sup>  
2050  
RM

010592

1204 - 121<sup>st</sup> Street, Whiting, Indiana 46394, and more particularly described as follows:

Lot Numbered 20 in the Citizens Company's First Addition to Hammond, as per plat thereof, recorded in Plat Book 15, page 15, in the Office of the Recorder of Lake County, Indiana.

**Parcel No. 45-03-07-401-001.000-023**

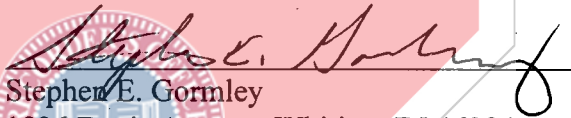

7. That pursuant to the laws of intestacy in the State of Indiana, the following individuals are the heirs at law of Joseph F. Baczynski and the shares of the estate to which they are entitled to said real estate:

<u>Relation</u>	<u>Name</u>	<u>Address</u>	<u>Entitlement</u>
Son	Michael Baczynski	1207 W. Fred Street Whiting, IN 46394	100%

8. That Joseph F. Baczynski left no other child or children or descendants of any other predeceased child or children, and that all survivors are competent adults who have been notified by the affiant as to their respective shares and that title to the decedents' undivided one-half interest in said real estate now vests fee simple in the heir-at-law of Joseph F. Baczynski, namely: Michael Baczynski.

9. That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing heirship of Joseph F. Baczynski, deceased, the ownership of the undivided one-half interest in the real estate described above, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the undivided one-half interest in the real estate described above, fee simple, to **Michael Baczynski, 1207 W. Fred Street, Whiting, IN 46394.**

Further your Affiant sayeth not.

  
Stephen E. Gormley  
1826 Davis Avenue, Whiting, IN 46394  


STATE OF INDIANA        )  
                                  ) SS.  
COUNTY OF                )

Before me, a Notary Public in and for said county and state, personally appeared Stephen E. Gormley, and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing Affidavit are true. Additionally, 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.

Signed and sealed this 3rd day of February, 2014.

My Commission  
Expires: 11/07/2017

  
Lisa A. Kmak, Notary Public  
Resident of Lake County



Prepared by: Attorney Lisa A. Kmak, 1022 - 119<sup>th</sup> St., Whiting, IN 46394. (219) 659-1355.  
Affidavit Page 3 of 3



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No 06498

Local No 001826

EDR No 00000204121

State No 026140

1. Decedent's Legal Name (First, Middle, Last) GAIL ANN BACZYNSKI		12. Maiden Name (If female) GORMLEY		2. Sex FEMALE		3. Time of Death 07:15 PM		4. Date of Death (Month/Day/Year) 06/14/2011	
5. Social Security Number [REDACTED]		6a. Age - Yrs 56		6b. Under 1 Year Months: Days: Hours: Minutes:		7. Date of Birth (Month/Day/Year) 08/23/1954		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. Death Occurred In A Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) 1207 WEST FRED STREET		12. City or Town, State, and Zip Code WHITING IN 46394	
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 JOSEPH FRANCIS BACZYNSKI		16. Decedent's Usual Occupation SALES		17. Kind of Business/Industry RETAIL	
18a. State INDIANA		18b. County LAKE		18c. City or Town WHITING		18d. Apt. No. [REDACTED]		18e. Zip Code 46394	
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) RICHARD ALOYSIUS GORMLEY	
23. Mother's Name (First, Middle, Last) MARIE CHRISTINE GORMLEY		23a. Mother's Maiden Last Name ISLWASSER		24. Informant's Name JOSEPH BACZYNSKI		24a. Relationship to Decedent HUSBAND		24b. Mailing Address (Street and Number, City, State, Zip Code) 1207 WEST FRED STREET WHITING IN 46394	
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 OWENS RUCICH FUNERAL HOME AND CREMATION SERVICE, 816 119TH STREET WHITING IN 46394	
27a. Funeral Home License Number FH10700040		27b. Signature of Indiana Funeral Service Licensee JAMES F SEEBERG BY ELECTRONIC SIGNATURE		27c. License Number of Licensee FD209000076		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 Noting the Underlying Cause. Do Not Abbreviate. Enter Only One Cause on a Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease or Condition Resulting in Death) LUNG CANCER (metastatic)		Approximate Interval: Onset to Death 2 YEARS 10 MONTHS	
29. Part II - Enter the Underlying Cause (Disease or Injury That Initiated the Events Resulting in Death) Last		30. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Were Autopsy Findings Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. 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		33. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date of Injury (Month/Day/Year)		35. Time of Injury		36. Location of Injury, State		37. City or Town		38. Street Number	
39. Describe How Injury Occurred		40. If In Transportation, Specify <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature of Person Certifying Cause of Death BALAGOPAL KERALAVARMA BY ELECTRONIC SIGNATURE		42. Certifier Checked Only by <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01052677A	
44. Name, Address and Zip Code of Person Certifying Cause of Death BALAGOPAL KERALAVARMA, 10110 DONALD POWERS DR STE 101B, MUNSTER IN 46321		45. Date of Death 06/15/2011		46. Additional Funeral Service Provider		47. Signature of Local Health Officer SUSAN W BEST VIA ELECTRONIC SIGNATURE		48. For Registrar Only - Date Filed (Month/Day/Year) JUN 15 2011	



NOT VALID UNLESS

01052677A

08/15/2011

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 002958

EDR No 00000281027

State No 041978

1. Decedent's Legal Name (First, Middle, Last) <b>JOSEPH FRANCIS BACZYNSKI</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>07:50 PM</b>	4. Date Of Death (Month/Day/Year) <b>09/23/2012</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>60</b>	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) <b>09/28/1951</b>		8. Birthplace (City and State or Foreign Country) <b>WHITING, IN</b>	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" 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) <b>1207 WEST FRED STREET</b>									
12. City Or Town, State, And Zip Code <b>WHITING, IN, 46394</b>					13. County Of Death <b>LAKE</b>			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 <b>ELECTRICIAN</b>		17. Kind Of Business/Industry <b>MANUFACTURING</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>WHITING</b>		18d. Apt. No.	18e. Zip Code <b>46394</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>1207 WEST FRED STREET</b>									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>HARRY JEROME BACZYNSKI</b>			23. Mother's Name (First, Middle, Last) <b>LORETTA LORRAINE BACZYNSKI</b>			23a. Mother's Maiden Last Name <b>HILOVER</b>			
24. Informant's Name <b>MICHAEL BACZYNSKI</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1207 WEST FRED STREET, WHITING, IN 46394</b>					
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) <b>HEIGHTS CREMATORY</b>			25c. Location - City, Town, And State <b>CHICAGO HEIGHTS, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>OWENS-RUZICH FUNERAL HOME AND CREMATION IS, 816-119TH STREET, WHITING, IN 46394</b>						27a. Funeral Home License Number: <b>FH10700040</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES F SEEBERG, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20900076</b>			
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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>LUNG CARCINOMA WITH BONE METASTASES</b> 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 B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Approximate Interval: Onset To Death									
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			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 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: <b>KIRITKUMAR TRIVEDI, BY ELECTRONIC SIGNATURE</b>						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: <b>KIRITKUMAR TRIVEDI, 5454 HOHMAN AVE, HAMMOND, IN 46320-1353</b>						44. License Number <b>01033282A</b>		45. Date Certified <b>09/24/2012</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>SEP 25 2012</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									