3

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

1401083 Tax ID #45-07-21-360-003.000-026

2014 024602

On this 4/24/2014 before me personally appeared Stanley T. Wasiak
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is son of owner
(state interest of affiant in the above premises as "owner," son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Eva Wasiak and _____

4. Said Eva Wasiak
(fill in name of co-tenant who died)
died on 11/9/2013
leaving NO will;
(insert "a" or "no"; if will left, attach a copy

5. The legal description of the premises in question is:
Lot Six (6) Block Two (2), Auwerda's Second Addition to the Town of Highland, as shown in plat book 29 page 73 in Lake County, Indiana

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? ☐ Yes ☒ No

If yes, then estimated taxes due are $ _____

The taxes due are ☐ paid or ☐ unpaid..

01558

FILED
APR 29 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

16 non CT AM

CHICAGO TITLE INSURANCE COMPANY

2014 MAY -2 AM 10:24
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was son

Signature: Stanley T. Wasiak

Printed Name Stanley T. Wasiak

Address: 709 Northgate Dr.
Dyer, IN 46311

Subscribed and sworn to before me by the affiant

This 4/24/2014
(insert date)

Karen Craig
Notary Public

KAREN CRAIG
Lake County
My Commission Expires
November 4, 2014

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____

This instrument prepared by Stanley T. Wasiak

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.T. WASIAK

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 00813

Local No 003697 EDR No 000000352572 State No

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
EVA WASIAK	CMILEWSKI	FEMALE	01:00 AM	11/09/2013

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	97					06/10/1916	CHICAGO, IL

9. Ever in U.S. Armed Forces?	10. If Death Occurred In A Hospital:	10a. If Death Occurred Somewhere Other Than A Hospital
☐ Yes ☒ No ☐ Unknown	☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival	☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number)
DYER NURSING AND REHABILITATION CENTER

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
DYER, IN, 46311	LAKE	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
		HOMEMAKER	OWN HOME

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	DYER

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
601 SHEFFIELD AVENUE	122	46311	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
8TH GRADE OR LESS	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
STANLEY CMILEWSKI	LOTTIE CMILEWSKI	MACKIEWICZ

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
STANLEY T WASIAK	SON	708 NORTHGATE DRIVE, DYER, IN 46311

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☐ Cremation ☒ Donation ☐ Entombment ☒ Removal From State ☐ Other (Specify)	HOLY CROSS CEMETERY	CALUMET CITY, IL

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☒ Yes ☐ No	ANTHONY & DZIADOWICZ FUNERAL HOME, INC -MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321	FH83002916

27b. Signature Of Indiana Funeral Service Licensee	27c. License Number (Of Licensee)
LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE	FD01001447

Cause Of Death (See Instructions And Examples)

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.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. CONGESTIVE HEART FAILURE UN KOWN ETIOLOGY	1-2WEEKS
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.	
	C.	
	D.	

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I

ADULT FAILURE TO THRIVE

29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ 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

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: ☐ Driver/Operator ☐ Passenger

41. Signature Of Person Certifying Cause Of Death:
RAJARAJESWARI MAJETY , 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:	44. License Number	45. Date Certified
RAJARAJESWARI MAJETY , 2050 N. MAIN STREET SUITE F, CROWN POINT, IN 46307	01055226A	11/13/2013

46. Additional Funeral Service Provider:	47. Area:

48. Signature Of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year)
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	NOV 14 2013

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.

THIS IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
NOV 14 2013
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS RAISED SEAL AFFIXED

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.