

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 046453

2014 AUG -4 AM 9:10

MICHAEL B. BROWN
RECORDER

Case # 920142261

SURVIVORSHIP AFFIDAVIT

Comes now Denise Wasilowski, who being duly sworn upon her oath, deposes and says:

That, Denise Wasilowski is the surviving spouse of Joseph K. Wasilowski, deceased who died domiciled in Lake County, Indiana, on 5-14-12.

That Denise Wasilowski and Joseph K. Wasilowski acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 138 in Novo-Selo Unit No. 3, in the Town of Schererville, as per plat thereof, recorded in Plat Book 48 page 67, in the Office of the Recorder of Lake County, Indiana.
Property No. 45-11-14-103-028.000-036

Affiant states that Denise Wasilowski and Joseph K. Wasilowski 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 Joseph K. Wasilowski'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 Denise Wasilowski.

Executed: 7-21-14

Signature Denise Wasilowski
Denise Wasilowski



STATE OF INDIANA

COUNTY OF LAKE

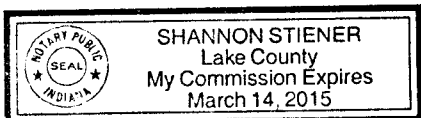
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AUG 01 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public, in and for said County and State on this 21st day of July, 2014, Denise Wasilowski personally appeared and acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal on this 21st day of July, 2014.



Shannon Stiener
Notary Public: Shannon Stiener
Resident of Lake County
My Commission expires: 3/14/2015

Prepared by: Denise Wasilowski

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Shannon Stiener.

13.1
DN

FIDELITY NATIONAL
TITLE COMPANY

92014-2261

014366



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 24116

Local No 001529

EDR No 00000260446

State No 022051

1. Decedent's Legal Name (First, Middle, Last) JOSEPH K WASILOWSKI JR				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 06:55 AM		4. Date Of Death (Month/Day/Year) 05/14/2012		
5. Social Security Number		6a. Age - Yrs 74		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) 11/16/1937		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN		
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 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 checked="" 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE												
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321						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 DENISE WASILOWSKI				15a. (If Wife) Give Maiden Last Name BEDARD				16. Decedent's Usual Occupation LTV STEEL WORKER		17. Kind Of Business/Industry STEEL INDUSTRY		
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town SCHERERVILLE				
18c. Street And Number 844 FARMER COURT						18d. Apt. No.		18e. Zip Code 46375		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JOSEPH K WASILOWSKI SR				23. Mother's Name (First, Middle, Last) ANN WASILOWSKI				23a. Mother's Maiden Last Name DELONG				
24. Informant's Name DENISE WASILOWSKI				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 844 FARMER COURT, SCHERERVILLE, IN 46375				
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 LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH88800070				
27b. Signature Of Indiana Funeral Service Licensee: ELI VUJKO, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01008300						
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. ADENOCARCINOMA OF THE LEFT LUNG WITH METASTASIS										Approximate Interval: Onset To Death MONTHS		
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. _____ Due to (Or As A Consequence Of):												
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. MULTIPLE SCLEROSIS						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 type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown/Insufficient 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 type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number 844 FARMER COURT				38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Drive-/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death: JAY C L PAIK, 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: JAY C L PAIK, 800 MACARTHUR BLVD, #15, MUNSTER, IN 46321						44. License Number 01030770A		45. Date Certified 05/16/2012				
46. Additional Funeral Service Provider:						47. *Akd:						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 18 2012						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

RAISED SEAL AFFIXED