2014 051343

STATE OF MOVA LAKE COUNTY FILED FOR RECORD

2014 AUG 26 PM 12: 12

MICHAEL S. BROWN RECORDER

STATE OF INDIANA SS: COUNTY OF LAKE

TRANSFER ON DEATH SURVIVORSHIP AFFIDAVIT

Beverly Rutkiewicz, being first duly sworn upon her oath, deposes and says:

- That she is the daughter of Edgar W. Rosenquist and is personally aware of the facts attested to in this affidavit.
- 2. On April 20, 2012, Edgar W. Rosenquist executed a Transfer on Death Deed transferring to Beverly Rutkiewicz, Donna Godfrey, Edgar Rosenquist, Jr. and Delores Rosenquist, on the death of Edgar W. Rosenquist, the Owner's interest in the following described real estate, located in Lake County, Indiana, to-wit:

Lot 166, Imperial Heights Seventh Subdivision, in the City of Comment Point, as shown in Plat Book 41, page 149, in the Office of Recorder of Lake County, Indiana.

This Document is the property of
Commonly known as 1231 Maxwell Street, Crown Point, IN 46307

- 3. Such Transfer on Death Deed was recorded on April 24, in the Office of the Recorder of Lake County, Indiana, as Document No. 2012 027308.
- 4. That Edgar W. Rosenquist died on April 11, 2014, owning an interest in the above-described real estate. A certified copy of the death certificate of Edgar W. Rosenquist is attached to this Affidavit.
- 5. Beverly Rutkiewicz, Donna Godfrey, Edgar Rosenquist, Jr. Delores Rosenquist survived Edgar W. Rosenquist. The beneficiaries' names and addresses are:

Beverly Rutkiewicz, 10707 Martinique Lane, Crown Point, IN 46307 Donna Godfrey, 3629 Madison, Lansing, IL 60438 Edgar Rosenquist, Jr., 626 Imperial Drive, Crown Point, IN 46307 Delores (a/k/a Dolores) Rosenquist, 1042 Lincoln Street, Hobart, IN

6. This Affidavit is made, executed and recorded to comply with the requirements of I.C. $32-17-14-26\,(b)\,(20)$ to transfer on death the Owner's interest in the above-described real estate.

Beverly / Rutkiewicz

AFFIANT FURTHER SAYETH NOT.

22101 10

1011ANA TITLE NETWORK COMPANY

325 NORTH MAIN 2017 CROWN POINT, IN 46307 2014-55154-01

JOLENE A KRATOCHVIL Notary Public - Seal State of Indiana Lake County My Commission Expires Nov 13, 2021

STATE OF INDIANA))SS: COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared Beverly Rutkiewicz and acknowledged the execution of the foregoing affidavit, this day of way of 2014.

the Lake Cresident of Lake Count

MAIL TAX BILLS TO: Beverly Rutkiewicz

10707 Martinique Lane, Crown Point, IN 46307

TAX KEY NO(S): 45-16-17-405-006.000-042

GRANTEE(S) ADDRESS: 10707 Martinique Lane, Crown Point, IN 46307
THIS INSTRUMENT PREPARED BY: Douglas R. Kvachkoff #5575-56,
Attorney at Law, 325 N. Main Street, Crown Point, IN 46307
(219) 662-2977

File No. 2014-55154-01

File No. 2014-55154-UI

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.

Kratochvil

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 15472

	al No 001		EDR No 000			0037	9574		State I	No			
Decedent's Legal Name (ne (If female)		2. Sex	2. Sex 3. Time Of Dea		eath 4. Date Of Death (Month/Day/Year)			
EDGAR W ROSEN	QUIST SR							MA	ALE 0	6:00 PM		04/11/2014	
5. Social Security Number		6b. Under 1 Y	ear 6c. Under 1	Month 6d.	. Under 1 Day	6e. Under	1 Hour 7. Date	e of Birth (Mo	onth/Day/Year)	8. Birthplace	City and State	or Foreign Country)	
91 Months Days Hours					urs	Minutes		09/06/1922 CHICAGO, IL					
9. Ever in U.S. Armed Force	es? 10. If Deat	h Occurred in A	Hospital:		In Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility								
☑ Yes ☐ No ☐ Unknown ☑ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)													
11. Facility Name (If Not Institution, Give Street and Number)													
	ST ANTHONY MEDICAL CENTER OF CROWN POINT 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death												
										☐ Married	I ☐ Married, B	ut Separated 🔲 Divorced	
CROWN POINT, IN, 46307 15. Surviving Spouse's Name 15a. (If Wife)Give					460-100-14-14-1	LAKE en Last Name 16. Decedent's U			tanta Hausi Ossus				
15. Surviving Spouses Nam	15a. (If Wife)Give Maider			Lastivanie		IO. Decet	ients Osuai Occup	ii Occupation		Of Business/muustry			
						PIPEFITTER			TTER		LOCAL	597	
18. Residence - State			18a. County			18b. City	Or Town						
			AKE			CROWN POINT							
18c. Street And Number									18d. Apt. No.	18e. 2	ip Code	18f. Inside City Limits?	
1231 MAXWELL STREET										46307 ⊠ Yes		⊠ Yes □ No	
19. Decedent's Education			20. Decedent Of Hispanic Origin			21. Decedent's Race						<u> </u>	
8TH GRADE OR LE	NOT HISPANIC			,	White								
22. Father's Name (First, Middle, Last)			THO THE ZING			23. Mother's Name (First, Middle, Last)				23	a. Mother's Maid	other's Maiden Last Name	
AUGUST T POSENGUIST						DEDTUA	POSENO	HIST		01	SON		
AUGUST T ROSENQUIST 24. Informant's Name 24a. Relationship To Decedent						BERTHA ROSENQUIST OLSON 24b. Mailing Address (Street And Number, City, State, Zip Code)							
BEVERLY RUTKIEWICZ DAUGHTER							10707 MARTINIQUE LANE, CROWN POINT, IN 46307						
DEVERTED THE					25. Place	e Of Dispositio	n						
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐	Donation Entr		Place Of Dispositio	on (Name C	of Cemetery, Crer	matory, Other	Place) 25c. L	ocation - City	, Town, And State				
Removal From State	Donation [] Link	SINDSHOTE	/		0.0114	22.04	14 10						
Other (Specify):	1 07 1		RAHAM LING			CEMETE	RY ELW	OOD, IL			1 27a Fune	ral Home License Number:	
26. Was Coroner Contacted?	27. 1	vame And Comp	prete Address Of Fu	meral Facilit			CTA	TI			270. 7 0.10	rai Florite License Wallioti.	
☐ Yes ☒ No			HAPEL LTD	11300	W 97TH L	N, SAINT	JOHN, IN	46373			FH1990	00052	
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE 127c. License Number (Of Licensee): FD09200077													
				Cause (Of Death (See	Instructions	And Examples	s)				Approximate	
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology A Line. Add Additinal Lines If Necessary.							Not Enter Ter viate. Enter Oc			F CORV C	\	Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resu			g in Death) A. <u>CARDIORESPIRAT</u>			ORY ARREST Due to (or As A Tableque Not of)			IIS IS A TRU	FILE WIT	30 MINS		
		Listed On B. ACUTE CORONARY			LAKE CO			TH DEPA	RTMENT				
Sequentially List Conditions, If Any, Leading To The Ca Line A. Enter The Underlying Cause (Disease Or Injury			Se Listed OII	B. ACUT	IE CORONARI	STNDROW	Due to (Or A	As A Consequence	O()-				
The Events Resulting In Death) Last				C. ACUT	TE SYSTOLIC C	CONGESTIVE	HEART FAILL	URE As A Consequence	APR 1	2014			
				D.					Name and Address of the Party o				
Part II. Enter Other Significant	Conditions Contrib	uting to Death B			ying Cause Givin	In Part I	29. Was	An Autorsy	Performed?	K. The	Aa⊠ No		
CHRONIC OBSTRUCTIVE I	PULMONARY DIS	SEASE					30. Wer	e Autopsy Fir	nding Available To	Complete The	Cause Of Deat	Yes No	
31. Did Tobacoo Use Contribu		32. If Fe	emale: regnant Within Past Year	T Pregnant	At Time Of Death	Not Pregnant, B	ut Pregnant Within 42		Natural L			Pending Investigation	
Yes Probably No	Unknown		regnant, But Pregnant 43 D		Before Death	Unknown If Pres	nant Within The Past	Year	Suicide	Could Not Be	Determined		
34. Date Of Injury (Month/Day	/Year)	35. Tim	e Of Injury		36. Place	Of Injury (E.G.	., Decedent's Ho	me, Construc	tion Site, Restaura	ant, Wooded A		Injury At Work?	
	·	20- 04	O- T		20h Chra	at 9 Number	6			38c. Apt.		☐ Yes ☐ No	
38. Location Of Injury - State		38a. City	y Or Town		38b. Stre	et & Number	5			360. Apr.	NO. 300	. Zip Code	
						إلا	3		I 40. If Transpor	totica laium. C	200161		
39. Describe How Injury Occu	med				ET .	EAV	متنا		40. If Transpor	Passe	T VALIE	OUNLESS	
41. Signature, Of Person Cert	tifying Cause Of De	eath:			Ver IN	DIANA	<i>y</i>	42. Cen	tifier (Check Only	One)			
SHWETA SHARMA	, BY ELECT	RONIC SI							tifying Physician	Coron		eath Officer Date Certified	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:							/				43.		
SHWETA SHARMA , 1201 S. MAIN ST., CROWN POINT, IN 46307									010721 47. Aka			04/14/2014	
46. Additional Funeral Service	-roviger:								47. AKB	.			
48. Signature of Local Health Officer:								49. For Re	gistrar Only - Da				
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF I							(ENTRY OR O	RIGINAL)		APR 15	2014		
			Amend			. S. DERIII	,_,,,,,,		<u>L</u>				
									¦				

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.

Lot 166, Imperial Heights Seventh Subdivision, in the City of Crown Point, as shown in Plat book 41, page 149, in the Office of the Recorder of Lake County, Indiana.

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