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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 060288

2014 OCT -3 AM 10:56

MICHAEL S. BROWN
RECORDER

Case # 920142820

SURVIVORSHIP AFFIDAVIT

Comes now Rick D. Kwiatkowski, who being duly sworn upon his oath, deposes and says:

That, Rick D.Kwiatkowski is the surviving spouse of Susan H. Kwiatkowski, deceased who died domiciled in LAKE County, Indiana, on 11/17/12.

That Rick D..Kwiatkowski and Susan H. Kwiatkowski acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

The East 50 feet by parallel lines of Lot 3, in White Hawk Country Club - Phase 5, Block 1, an Addition to the City of Crown Point, as per plat thereof, recorded in Plat Book 88 page 28, in the Office of the Recorder of Lake County, Indiana.

45-16-06-129-016-000-042

Affiant states that Rick D..Kwiatkowski and Susan H. Kwiatkowski 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 Susan H. Kwiatkowski'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 Susan H.Kwiatkowski.

Executed: September 23, 2014

Signature

Rick D. Kwiatkowski



FILED

OCT 03 2014

STATE OF INDIANA

COUNTY OF Lake

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 23rd day of September, 2014.

Witness my hand and Notarial Seal on this 23rd day of September, 2014.

Jessica A. Kish

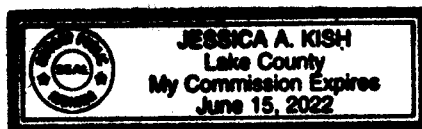
Notary Public Jessica A. Kish
Resident of Lake County
My Commission expires: 6/15/22

Prepared by: Timothy Kuiper
Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

015530

FIDELITY NATIONAL
TITLE COMPANY

92014-2820



15
FN
AM

FIDELITY CP

920142820

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 JEFFREY K. KOWAL

Return to: Rick D. Kwiatkowski





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 000131

EDR No 000000240018

State No 001926

1. Decedent's Legal Name (First, Middle, Last) SUSAN H KWIATKOWSKI				12. Maiden Name (If Female) SHERMAN		2. Sex FEMALE		3. Time Of Death 04:10 AM		4. Date Of Death (Month/Day/Year) 01/17/2012			
5. Social Security Number [REDACTED]		6a. Age - Yrs 48		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) 05/05/1963		8. Birthplace (City and State or Foreign Country) PORTER, 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 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 ANTHONY MEDICAL CENTER OF CROWN POINT													
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307													
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 RICK KWIATKOWSKI				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation EDUCATION DIRECTOR		17. Kind Of Business/Industry AVIATION EDUCATION			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18c. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18d. Street And Number 1016 STERLING COURT		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White							
22. Father's Name (First, Middle, Last) RONALD SHERMAN				23. Mother's Name (First, Middle, Last) BONNIE SHERMAN				23a. Mother's Maiden Last Name HOOVER					
24. Informant's Name RICK KWIATKOWSKI				24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1016 STERLING COURT, CROWN POINT, IN 46307							
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) GEISEN FUNERAL CREMATION CENTRE			25c. Location - City, Town, And State CROWN POINT, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL HOME, CROWN POINT, IN 46307				27a. Funeral Home License Number FH19900060							
27b. Signature Of Indiana Funeral Service Licensee LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE													
27c. License Number (Of Licensee) 00000013													
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Paved The Way To 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. END STAGE LIVER DISEASE													
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													
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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female <input checked="" 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"/> 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				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury - State INDIANA				36a. City Or Town CROWN POINT		36b. Apt. No.		36c. Zip Code	
38. Describe How Injury Occurred													
41. Signature, Of Person Certifying Cause Of Death KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE													
43. Name, Address And Zip Code Of Person Certifying Cause Of Death KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311													
46. Additional Funeral Service Provider: JAN 8 1 01052342A AKAS													
45. Date Certified 01/16/2012													
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE													
49. For Registrar Only - Date Filed (Month/Day/Year) JAN 31 2012													
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
18-First: RICH				18-First: RICH				49: 16 JAN 12					
49: 18 JAN 12				49: 16 JAN 12				24b-Zip: 46363					
45: 1/15/2012 12:00:00 AM				45: 1/15/2012 12:00:00 AM				24b-City: VALPARAISO					
24: BRANDON YOUNG				24: BRANDON YOUNG				24b-Street: YORKTOWNE					
24a: SON				24a: SON				24b-Building: 2301					
24b-Street Type: DRIVE				24b-Street Type: DRIVE				24b-Building: 2301					

