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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 077686

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

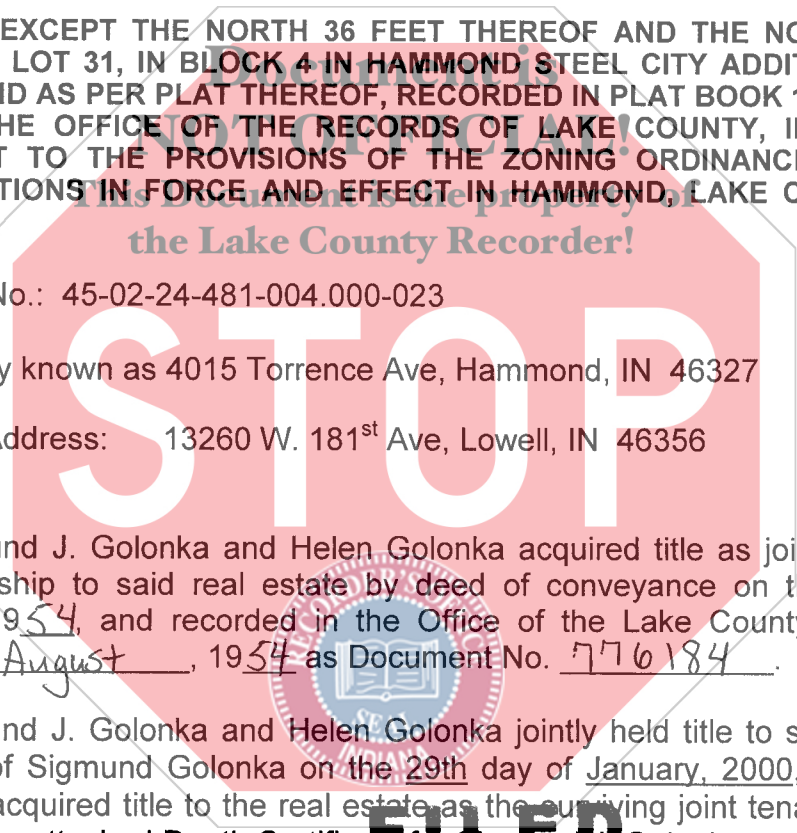
MICHAEL D. BROWN
RECORDER

AFFIDAVIT

I, Kathleen Kleefisch, being duly sworn, state as follows:

- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- 2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 30, EXCEPT THE NORTH 36 FEET THEREOF AND THE NORTH 34 FEET OF LOT 31, IN BLOCK 4 IN HAMMOND STEEL CITY ADDITION TO HAMMOND AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 17 PAGE 18, IN THE OFFICE OF THE RECORDS OF LAKE COUNTY, INDIANA. SUBJECT TO THE PROVISIONS OF THE ZONING ORDINANCES AND REGULATIONS IN FORCE AND EFFECT IN HAMMOND, LAKE COUNTY, INDIANA.



Tax Key No.: 45-02-24-481-004.000-023
Commonly known as 4015 Torrence Ave, Hammond, IN 46327
Affiant's Address: 13260 W. 181st Ave, Lowell, IN 46356

3. Sigmund J. Golonka and Helen Golonka acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 10th day of August, 1954, and recorded in the Office of the Lake County Recorder on the 20th day of August, 1954 as Document No. 776184.

4. Sigmund J. Golonka and Helen Golonka jointly held title to said real estate until the death of Sigmund Golonka on the 29th day of January, 2000, at which time Helen Golonka acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Sigmund J. Golonka.

FILED
DEC 05 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

016859

Handwritten notes:
\$ 15
CHK # 7299
Q

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Kathleen Kleefisch
Kathleen Kleefisch, Affiant

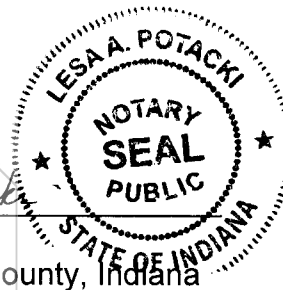
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Kathleen Kleefisch, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 4th day of December, 2014.

My commission expires: 02/03/2018

Signature: Lesa A. Potacki
Lesa A. Potacki
Resident of: Lake County, Indiana



"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/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 106

FEB 2, 2000
 Date Issued Franklin J. Sremuda
 Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) SIGMUND J. GOLONKA		2 SEX MALE		3a TIME OF DEATH 6:05 P M		3b DATE OF DEATH (Month, Day, Yr.) JANUARY 29, 2000	
4 *SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Years) 76		5b UNDER 1 YEAR Months: Days:		5c UNDER 1 DAY Hours: Minutes:	
6 DATE OF BIRTH (Mo, Day, Yr.) FEB. 17, 1923		7 BIRTHPLACE (City and State or Foreign Country) WHITING, INDIANA					
8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) ST. MARGARET MERCY HOSPITAL				9c. CITY, TOWN OR LOCATION OF DEATH HAMMOND		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) HELEN OPATKIEWICZ		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CHIEF PROBATION OFFICER		12b. KIND OF BUSINESS/INDUSTRY LAKE COUNTY COURTS	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN OR LOCATION HAMMOND		13d. STREET AND NUMBER 4015 TORRENCE AVENUE	
13e. ZIP CODE 46327		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE—American Indian, Black, White, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 2 College (1-4 or 5+): 2					
18. FATHER'S NAME (First, Middle, Last) WALENTY GOLONKA				19. MOTHER'S NAME (First, Middle, Maiden Surname) JULIA JEDRZEJEK			
20a. INFORMANT'S NAME (Type/Print) HELEN GOLONKA				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4015 TORRENCE AVE., HAMMOND, INDIANA 46327		20c. Relationship WIFE	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FEBRUARY 3, 2000 HOLY CROSS CEMETERY				21c. LOCATION—City or Town, State CALUMET CITY, ILLINOIS	
22a. EMBALMER'S NAME KEITH D. ANTHONY		22b. EMBALMER'S LICENSE NO. 01011911		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Keith D Anthony</i>		24b. LICENSE NUMBER (of Licensee) 01011911		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, INDIANA 46327			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Myocardial Rupture DUE TO (OR AS A CONSEQUENCE OF) b. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF) Conditions if any which gave rise to the immediate cause, stating the underlying cause last c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death MINUTES YEARS					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	
				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Franklin J. Sremuda</i>		29c. MEDICAL LICENSE NO. 02001161		29d. DATE SIGNED (Month, Day, Year) 01/31/00 (JANUARY)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) C.A. FOREIT D.O. 3831 HOHMAN AVENUE HAMMOND, INDIANA 46327							
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Sremuda M.D.</i>						32. DATE FILED (Month, Day, Year) February 2, 2000	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. DESCRIBE HOW INJURY OCCURRED					
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc.					

