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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 079190

2014 DEC 12 AM 10: 52

SURVIVORSHIP AFFIDAVIT MICHAEL W. BROWN
RECORDER

Comes now Cheryl Peres AIF for Barbara Ann Bogielski, who being duly sworn upon Her oath, deposes and says:

That Barbara Ann Bogielski is the surviving spouse of Walter Bogielski Jr., deceased, who died domiciled in Lake County, IN, on September 23, 2014

That affiant and Walter Bogielski Jr. acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

See Attached Legal

3313 Eder Street, Highland, IN 46322;

Affiant states that Barbara Ann Bogielski and Walter Bogielski Jr. 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 Walter Bogielski Jr.'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.

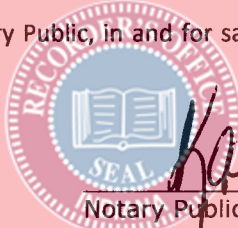
This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the above-described real estate to Katherine N. Burke.

Executed this December 01, 2014.

Cheryl Peres AIF for Barbara Ann Bogielski
Cheryl Peres AIF for Barbara Ann Bogielski

STATE OF INDIANA
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 1st day of December, 2014.



Katherine E. Adams
Notary Public / Katherine E. Adams
My Commission Expires: 12/13/2016
My County of Residence: Lake

This document prepared by:
Lade and Warner
140 East Washington Street
Indianapolis, Indiana 46204
File No. bt1400813

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.

FILED

DEC 09 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CT
RN

28048

BT1400813

(2)



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 30090

Local No 002979

EDR No 00000406271

State No 042684

1. Decedent's Legal Name (First, Middle, Last) WALTER BOGIELSKI JR		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 06:00 AM	4. Date Of Death (Month/Day/Year) 09/23/2014	
5. Social Security Number [REDACTED]	8a. Age - Yrs 85	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) 08/27/1929	
8. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street and Number) KINDRED TRANSITIONAL CARE & REHABILITATION-DYER				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	
12. City Or Town, State, And Zip Code DYER, IN, 46311		15a. (If Wife) Give Maiden Last Name OLSEN		16. Decedent's Usual Occupation STEELMETAL WORKER		17. Kind Of Business/Industry STEEL METAL	
15. Surviving Spouse's Name BARBARA ANN BOGIELSKI		18a. County LAKE		18b. City Or Town HIGHLAND		18c. Street And Number 3313 EDER STREET	
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) WALTER FRANK BOGIELSKI		23. Mother's Name (First, Middle, Last) AGNES BOGIELSKI		23a. Mother's Maiden Last Name SPRINGER			
24. Informant's Name CHERYL PERES		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2628 37TH STREET, HIGHLAND, IN 46322			
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) OAKLAND MEMORY LANES CREMATORY		25c. Location - City, Town, And State DOLTON, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322				27a. Funeral Home License Number FH10300021	
27b. Signature Of Indiana Funeral Service Licensee LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD08800305					
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. <u>CORONARY ARTERY DISEASE</u>		Due to (Or As A Consequence Of)		Approximate Interval, Onset To Death	
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. <u>CHRONIC OBSTRUCTIVE PULMONARY DISORDER</u>		Due to (Or As A Consequence Of)		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT SEP 24 2014	
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				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 If 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			
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 checked="" type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: ALEXANDER A STEMER, 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: ALEXANDER A STEMER, 761 45TH STREET, MUNSTER, IN 46321				44. License Number 01024591A		45. Date Certified 09/24/2014	
46. Additional Funeral Service Provider				47. *Atas: i			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): SEP 24 2014			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT A

LEGAL DESCRIPTION

LOT 1, IN BLOCK 16, IN HOMESTEAD GARDENS MASTER ADDITION, BLOCKS 16 AND 17, IN THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 33, PAGE 35, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

45-07-22-104-036.000-026

