

2014 079954

2014 DEC 16 AM 11:21

MICHAEL E. BROWN  
RECORDER

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

On the 15 day of Dec., 2014, before me personally appeared **FRANK BADYNSKI, JR., and RICHARD BADYNSKI**, who being duly sworn upon their oath, did say that:

1. Affiant, Frank Badynski, Jr., resides at 7031 Meadow Lane, Hammond, IN 46324. Affiant, Richard Badynski, resides at 7927 Linden Avenue, Munster, IN 46321.
2. **ADAM BADYNSKI a/k/a Adam M. Badynski**, died on August 18, 2014. A true and exact certified copy of the death certificate of ADAM BADYNSKI is attached hereto as "Exhibit A".
3. At the time of his death, ADAM BADYNSKI, FRANK BADYNSKI, JR., and RICHARD BADYNSKI, owned as joint tenants with rights of survivorship, the following legally described property:

Part of the Southwest Quarter of Section 12, Township 36 North, Range 10 West of the Second Principal Meridian described as: Beginning at a point on the East line of Meadow Lane Avenue 1056.7 feet South of the North line of the Southwest quarter of Section 12, Township 36 North, Range 10 East of the 2nd Principal Meridian, in Lake County, Indiana; thence East 185.43 feet parallel with the said North line, thence South 40 feet, thence West 186.33 feet to the point of beginning, in the City of Hammond, Lake County, Indiana.  
 Commonly known as: 7031 Meadow Lane, Hammond, IN 46324 <<GRANTEE'S ADDRESS  
 Key No.: 45-06-12-333-002.000-023

5. To the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of ADAM BADYNSKI, and all funeral expenses and expenses of last illness have been paid in full.
6. Upon the death of ADAM BADYNSKI, FRANK BADYNSKI, JR., and RICHARD BADYNSKI became the owners of said real estate.

FRANK BADYNSKI, JR.

RICHARD BADYNSKI

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. Thomas L. Kirsch.

PREPARED BY and MAIL TO:

THOMAS L. KIRSCH  
131 Ridge Road  
Munster, IN 46321  
219-836-1384  
Attorney No. 5224-45

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS 15 DAY OF December, 2014

Notary Public  
My Commission Expires: 11.9.2019  
Resident of LAKE County.

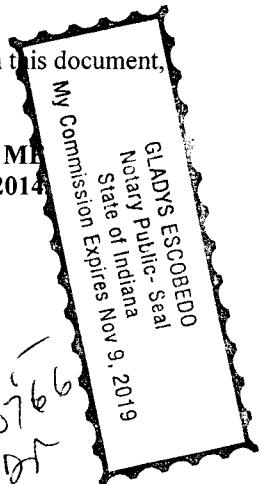
**FILED**

DEC 16 2014

PEGGY HOLINGA KATON  
LAKE COUNTY AUDITOR

28786

cc. 131-30766  
BT





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 27120

Local No 002594

EDR No 00000400382

State No 037173

1. Decedent's Legal Name (First, Middle, Last) <b>ADAM M BADYNSKI</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>09:12 AM</b>		4. Date Of Death (Month/Day/Year) <b>08/18/2014</b>	
5. Social Security Number		6a. Age - Yrs <b>63</b>		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) <b>08/20/1950</b>		8. Birthplace (City and State or Foreign Country) <b>MUNSTER, GM</b>	
9. 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 checked="" 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) <b>7031 MEADOW LANE</b>											
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46324</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>FIELD MANAGER</b>		17. Kind Of Business/Industry <b>BLAST CAMP</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HAMMOND</b>			18d. Apt. No.		18e. Zip Code <b>46324</b>
18c. Street And Number <b>7031 MEADOW LANE</b>									18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>FRANK BADYNSKI SR</b>				23. Mother's Name (First, Middle, Last) <b>EMILY BADYNSKI</b>				23a. Mother's Maiden Last Name <b>SAWOSZCZYK</b>			
24. Informant's Name <b>RICHARD J BADYNSKI</b>			24a. Relationship To Decedent <b>BROTHER</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7927 LINDEN AVENUE, MUNSTER, IN 46321</b>					
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) <b>SOLAN PRUZIN CREMATORY</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC, DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>				27a. Funeral Home License Number: <b>FH10200037</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>DEAN G WAGNER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08800057</b>					
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. <b>CORONARY ARTERY DISEASE</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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>VALVULAR HEART DISEASE, STATUS POST AORTIC VALVE REPLACEMENT</b>											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						29. Was An Autopsy Performed? <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 checked="" 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 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 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) <b>NOT VALID UNLESS</b>					
41. Signature, Of Person Certifying Cause Of Death: <b>KENNETH JOE RAMSEY, BY ELECTRONIC SIGNATURE</b>						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: <b>KENNETH JOE RAMSEY, 24 JOLIET STREET, SUITE 401, DYER, IN 46311</b>						44. License Number <b>02000963A</b>		45. Date Certified <b>08/20/2014</b>			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>AUG 20 2014</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											
<b>EXHIBIT A</b>											