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STATE OF INDIANA)	RECORDER
COUNTY OF LAKE) SS:)	

SURVIVORSHIP AFFIDAVIT

On theday of	<u>De</u> c	_, 2014, before me person	nally appeared FF	RANK BADYNSKI, JF	₹., and
RICHARD BADYNSKI, who	being duly swor				

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

To the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of ADAM 5. 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.

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

DEC 1 6 2014

PEGGY HOLINGA KATONA

LAKE COUNTY AUD TOR

Notary Public My Commission Expires: Resident of LAKE County.

28786

State of Indiana

SUBSCRIBED AND SWORN TO BEFORE M

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

27120

46. Additional Funeral Service Provider: 47. *Akas: 48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day/Year):					CLITTI			A 111							
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27b. Signature of Indiana Funeral Service Learnage DEAN G WAGNER BY ELECTRONIC SIGNATURE 28c Part I Enter The Chair Of Events - Diseases Injuries, Or Compitations That Directly-Caused The Death Da Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Snewing the Euclopy De Not Abbreviate Enter Only One Cause On Fillic With His LAKE COUNTY HEALTH DEPARTMENTS Immediate Cause (Final Disease Or 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) As CORONARY ARTERY DISEASE Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated Cause (Final Disease Or Conditions Contributions on the Underlying Cause Givin In Part II Enter Other Significant Conditions Contributions on the Underlying Cause Givin In Part II Enter Other Significant Conditions Contribution to Death But Not Resulting in The Underlying Cause Givin In Part II Enter Other Significant Conditions Contribution to Death But Not Resulting in the Underlying Cause Givin In Part II Enter Other Significant Conditions Contribution to Death But Not Resulting in the Underlying Cause Givin In Part II 29: Was An Audiopy Performance Country Inspect With The Vinter Significant Conditions Contribution To Death Inspect With The Proposed Country Inspect With The Vinter Significant Inspect Country Inspect With The Vinter Sign Inspect With The Signature Of Death Inspect With The Proposed Country Inspect With The Vinter Signature Of Death Inspect With The Proposed Country Inspect With The Proposed Country Inspect With The Vinter Signature Of Death Inspect With The Proposed Country Inspect With The Vinter Signature Of Death Inspect Signat	⊠ Yes □ No				SERVICE IN	C. DB/	A SOLAN-	PRUZI	N, 14 K	ENNED	Y AVE	NUE,	FH102	200037	
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KENNETH JOE RAMSEY, 24 JOLIET STREET, SUITE 401, DYER, IN 46311 46. Additional Funeral Service Provider: 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE 49. For Registrar Only - Date Filed (Month/Day/Year): AUG 20 2014	KENNETH JOE RAMSEY	Y , BY ELECT			JRE		mu			ertifying Ph	ysician I	Corone			
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SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AUG 20 2014															
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and RAIS DID SEAL AFFIXED