

7. No federal or state estate, inheritance or death taxes are due because of the death of Michaeline J. Omilianowski.

8. All of the funeral and burial expenses and expenses of the last illness of Michaeline J. Omilianowski have been paid.

9. There are no unpaid creditors of Michaeline J. Omilianowski known to Affiant. And, the time limitation in Indiana has passed for creditors to initiate probate proceedings.

10. By operation of law in the State of Indiana, Michaeline J. Omilianowski's heirs at law, being her children, Conrad Omilianowski and Diane I. Svitko, became the owners of Michaeline J. Omilianowski's ^{1/3} interest in the real estate described in paragraph four (4) above upon her death. ^{Each as to 50% of}

11. Affiant make this affidavit to establish the heirs of Michaeline J. Omilianowski and the successors to her ownership interest in the real estate described in paragraph four (4) above, to induce the public officials of Lake County, Indiana, to amend or change their real estate records to reflect the change in ownership of the real estate described herein as described herein, and, to induce the title insurance companies to recognize the succession in ownership of Conrad Omilianowski and Diane I. Svitko to their mother's interest in said real estate.

Diane I. Svitko

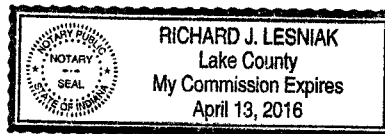
Diane I. Svitko

Subscribed and sworn to before me, a Notary Public in and for said county and state this 17 day of November, 2014.

Richard J. Lesniak

Richard J. Lesniak, Notary Public

Prepared by: Richard J. Lesniak, 8775 - 45
& Mail to Lesniak Law Offices
275. Joliet Street, Suite 330
Dyer, Indiana 46311
Telephone: 219 - 864 - 5300





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 05174

Local No 004256

EDR No 00000361701

State No 060078

1. Decedent's Legal Name (First, Middle, Last) MICHAELINE OMILIANOWSKI				1a. Maiden Name (If female) ZOLKOS		2. Sex FEMALE	3. Time Of Death 08:43 PM	4. Date Of Death (Month/Day/Year) 12/29/2013	
5. Social Security Number 100		6a. Age - Yrs 100	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) 11/14/1913		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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 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 checked="" type="checkbox"/> Other (Specify) HOME OF RELATIVE			
11. Facility Name (If Not Institution, Give Street and Number) 254 RYAN COURT									
12. City Or Town, State, And Zip Code HOBART, IN, 46342					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input 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 SEAMSTRESS		17. Kind Of Business/Industry CLOTHING STORE	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND				
18c. Street And Number 7137 HOWARD AVENUE						18d. Apt. No.	18e. Zip Code 46324	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) MICHAEL ZOLKOS				23. Mother's Name (First, Middle, Last) JOSEPHINE ZOLKOS			23a. Mother's Maiden Last Name PSIUK		
24. Informant's Name DIANE SVITKO			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 7137 HOWARD AVENUE, HAMMOND, IN 46324				
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LESNIAK FUNERAL HOME, INC., 4918 MAGOUN AVENUE, EAST CHICAGO, IN 46312					27a. Funeral Home License Number FH83001601		
27b. Signature Of Indiana Funeral Service Licensee: JOHN B. LESNIAK, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD04005491			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal ILLNESS. THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT 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. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of) B. ACUTE RENAL FAILURE Due to (Or As A Consequence Of) C. Due to (Or As A Consequence Of) D. Due to (Or As A Consequence Of) Approximate Interval: Onset To Death YEAR 2 WEEKS JAN 03 2014 Susan W Best, MD LAKE COUNTY HEALTH OFFICER									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I FAILURE TO THRIVE									
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) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: ERIN MARIE VICARI, 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: ERIN MARIE VICARI, 2050 N. MAIN STREET, SUITE F, CROWN POINT, IN 46307						44. License Number 01061783A		45. Date Certified 01/03/2014	
46. Additional Funeral Service Provider:						47. *Alias:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 03 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									