

44

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

BT1400310

45-11-29-229-008.000-035

2014 082618

On this 12.19.14 before me personally appeared _____
(insert date)

Lupe A. Jarecki

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is wife
state interest of affiant in the above premises as "owner", "son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the
entireties by Raymond J. Jarecki and Lupe A. Jarecki

4. Said Raymond J. Jarecki died on 10/14/12
(fill in name of co-tenant who died)
leaving no will;

5. The legal description of the premises in question is:

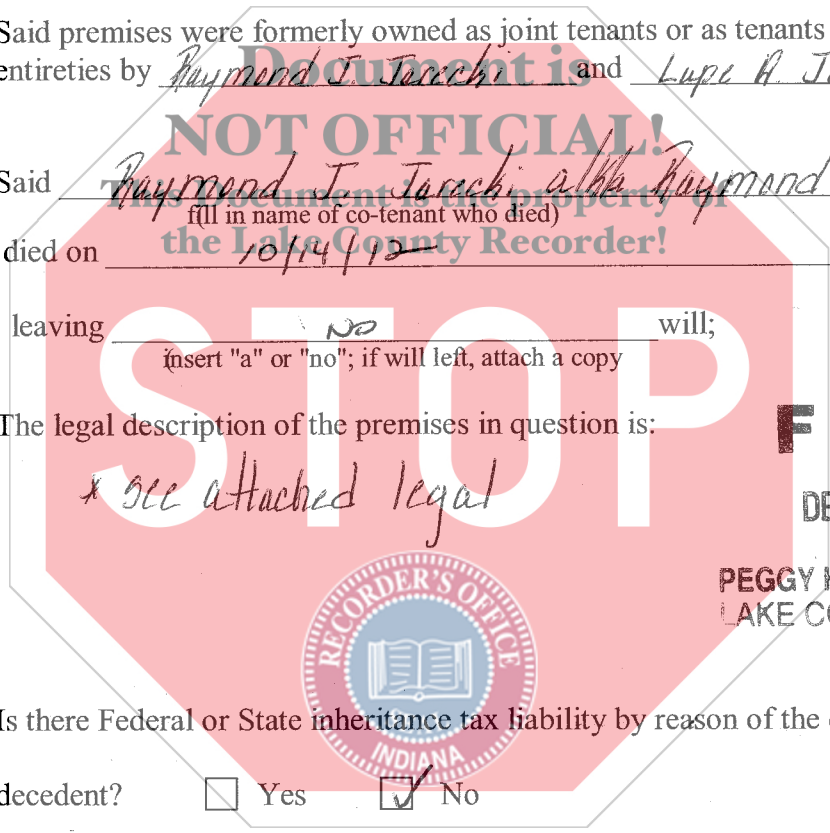
* see attached legal

6. Is there Federal or State inheritance tax liability by reason of the death of said
decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL BROOK
RECORDER
2014 DEC 29 AM 11:58



FILED

DEC 29 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CHICAGO TITLE INSURANCE COMPANY

O-T
\$18.00
M.E
NON-COM

017303

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was wife

Signature: Lupe A. Jarecki

Printed Name Lupe A. Jarecki

Address: 11369 Ventura Dr.

Saint John, IN 46373

Subscribed and sworn to before me by the affiant

This 12/19/14
(insert date)

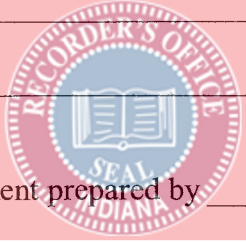
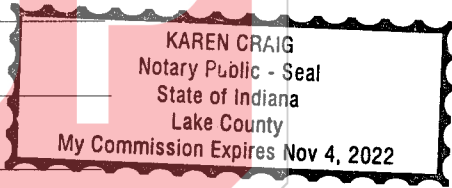
Karen Craig
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____



This instrument prepared by Lupe A. Jarecki

cl
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.

EXHIBIT A

LEGAL DESCRIPTION

PART OF LOT 3 IN VENTURA ESTATES SECOND ADDITION TO THE TOWN OF ST. JOHN, A PLAT OF CORRECTION OF PARTS OF VENTURA ESTATES, UNIT NO. 2, VENTURA ESTATES, UNIT NO. 3 AND VENTURA ESTATES UNIT NO. 4, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 71 PAGE 16, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, SAID PART BEING DESCRIBED AS FOLLOWS: COMMENCING AT THE WESTERLY MOST CORNER OF SAID LOT 3, SAID CORNER ALSO BEING THE NORTH CORNER OF LOT 118 IN VENTURA ESTATES, UNIT NO. 5, AS RECORDED IN PLAT BOOK 56 PAGE 36, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA; THENCE NORTH 55 DEGREES 03 MINUTES 34 SECONDS EAST ALONG THE NORTHWESTERLY LINE OF SAID LOT 3 A DISTANCE OF 114.73 FEET TO THE PLACE OF BEGINNING; THENCE CONTINUING NORTH 55 DEGREES 03 MINUTES 34 SECONDS EAST ALONG SAID NORTHWESTERLY LINE 76.17 FEET; THENCE SOUTH 29 DEGREES 34 MINUTES 03 SECONDS EAST 131.66 FEET; THENCE SOUTH 49 DEGREES 16 MINUTES 36 SECONDS WEST 27.57 FEET; THENCE NORTH 48 DEGREES 59 MINUTES 04 SECONDS WEST 138.02 FEET TO THE PLACE OF BEGINNING.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

45-11-29-229-008.000-035
State No 045545

Local No 003199

EDR No 00000284802

1. Decedent's Legal Name (First, Middle, Last) RAYMOND JOSEPH JARECKI				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:30 AM	4. Date Of Death (Month/Day/Year) 10/14/2012	
5. Social Security Number 000-24-0212		6a. Age - Yrs 89	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) 10/04/1923		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
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 checked="" 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 type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-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 WILCZENSKI			16. Decedent's Usual Occupation ENGINEER		17. Kind Of Business/Industry STEEL	
15. Surviving Spouse's Name GUADALUPE JARECKI		18a. County LAKE		18b. City Or Town ST. JOHN		18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 11369 VENTURA DRIVE		19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) LUCIAN JARECKI				23. Mother's Name (First, Middle, Last) VISTORIA JARECKI		23a. Mother's Maiden Last Name WILCZEWSKI			
24. Informant's Name DONALD JARECKI		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 653 PINE STREET, DEERFIELD, IL 60015					
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) NORTHWEST INDIANA CREMATION SERVICES			25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373				27a. Funeral Home License Number: FH10200006			
27b. Signature Of Indiana Funeral Service Licensee: LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): PD01006015			
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. PNEUMONIA			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. CEREBROVASCULAR ACCIDENT			Due to (Or As A Consequence Of):		OCT 17 2012 YEAR	
			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. MELLITUS TYPE II, GASTRIC TUBE FEEDING STATUS, NEOPLASM OF THE LIVER AND RIGHT KIDNEY, DEBILITY, DYSPHASIA						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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)			
41. Signature, Of Person Certifying Cause Of Death: KURT JOSEPH GIRICZ, 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: KURT JOSEPH GIRICZ, 840 RICHARD ROAD, DYER, IN 46311						44. License Number 02000356A		45. Date Certified 10/16/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 17 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
23b: WILCZENSKI 45: 10/16/2012 12:00:00 AM 49: 17-OCT-12									