

2014 083776

2014 DEC 30 PM 1:24

MICHAEL B. BROWN
RECORDER

3

Mail Future Tax Statements to:

PARCEL #45-07-29-403-030.000-026

Ms. Sophie R. Barczak
9410 Parkway Dr.
Highland, IN 46322

Return Recorded Instrument to:
Michael D. Dobosz, Attorney
2637 45th St., Highland, IN 46322

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: DECEDENT,
MARIAN BARCZAK

**AFFIDAVIT AS TO
TENANCY BY ENTIRETIES**

SOPHIE R. BARCZAK, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving spouse of MARIAN BARCZAK, deceased, who died on the 6th day of November, 2014, a resident of Lake County, Indiana, as evidenced by a redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A".

That she and the decedent were owners by the entireties of the following described real estate, to wit:

LOT 80 IN UNIT 4 OF MEADOWS 2ND ADDITION TO THE TOWN OF
HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK
44, PAGE 38, IN THE OFFICE OF THE RECORDER OF LAKE
COUNTY, INDIANA.

Commonly known as: 9410 Parkway Dr., Highland, IN 46322

That said parties were husband and wife when they took title to the above-described real estate on March 6, 1990; and that both remained in title and lived continuously together as husband and wife until his death, on the date above given.

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, at the time of his death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate

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FILED

DEC 30 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 15-
CASH _____ CHARGE _____
CHECK# 451025
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY 88

E

proceeding pending and there are no outstanding claims or obligations against said decedent.

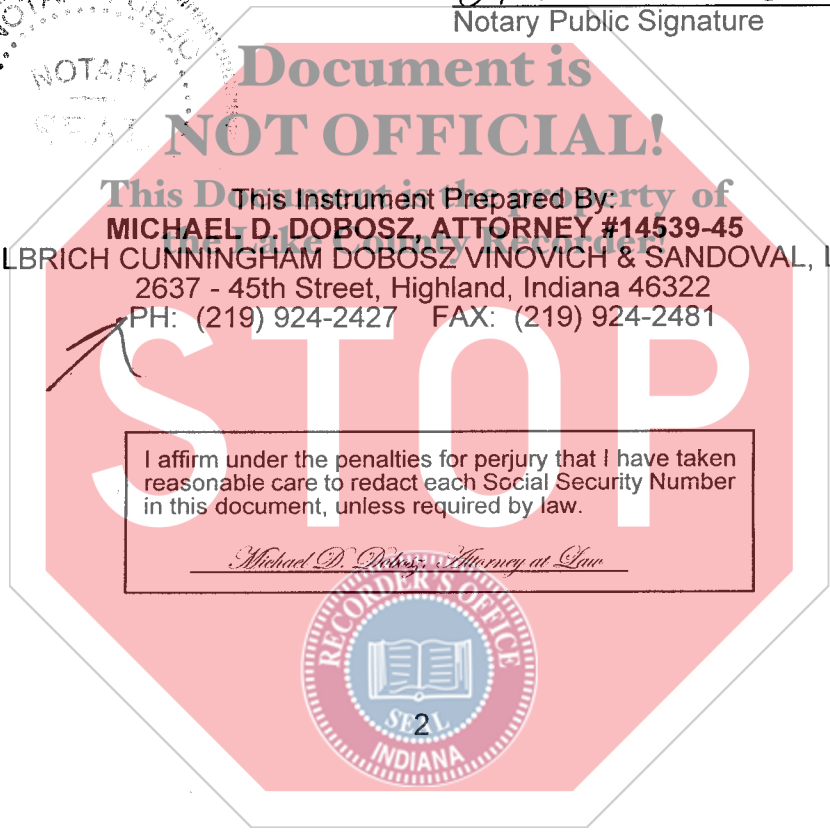
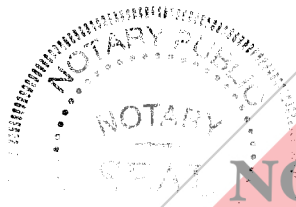
Sophie R. Barczak
SOPHIE R. BARCZAK, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared **SOPHIE R. BARCZAK** and acknowledged the execution of the foregoing Affidavit as to Tenancy by Entireties.

Witness my hand and Notarial Seal this 22nd day of December, 2014.

Theresa J. Clement
Notary Public Signature





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 34665

Local No 003538

EDR No 00000413807

State No 050386

1. Decedent's Legal Name (First, Middle, Last) MARIAN J BARCZAK				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 02:42 PM	4. Date Of Death (Month/Day/Year) 11/06/2014	
5. Social Security Number		6a. Age - Yrs 74	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) 11/03/1940		8. Birthplace (City and State or Foreign Country) NA, PO
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 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) 9410 PARKWAY DRIVE									
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322					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		
15. Surviving Spouse's Name SOPHIE R BARCZAK			15a. (If Wife) Give Maiden Last Name BOGACZ		16. Decedent's Usual Occupation MACHINIST		17. Kind Of Business/Industry INDUSTRIAL TOOL AND MFG		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18c. Street And Number 9410 PARKWAY DRIVE	18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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) JOHN BARCZAK				23. Mother's Name (First, Middle, Last) STEFANIA BARCZAK			23a. Mother's Maiden Last Name NA		
24. Informant's Name SOPHIE BARCZAK		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 9410 PARKWAY DRIVE, HIGHLAND, IN 46322					
25. Place Of Disposition									
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) SOLAN PRUZIN CREMATORY			25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375					27a. Funeral Home License Number. FH10200037		
27b. Signature Of Indiana Funeral Service Licensee: PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21100035			
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. URINARY BLADDER CANCER METASTATIC TO LIVER						Approximate Interval: Onset To Death 18 MONTHS	
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. _____						Due to (Or As A Consequence Of): NOV 10 2014	
		C. _____						Due to (Or As A Consequence Of):	
		D. _____							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
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 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: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A	45. Date Certified 11/10/2014		
46. Additional Funeral Service Provider:						47. *Ages:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 10 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for a non-disclosure. **NEED SEAL AFFIXED**

EXHIBIT "A"