

3

AFFIDAVIT

On this 4-3-15 before me personally appeared Edward S. Gajda

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 Son of owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said Stephany A. Gajda
(fill in name of life estate tenant who died)
died on 11-10-14

4. The legal description of the premises in question is of
Lot 6, except the North 24 feet thereof, and the North 24 feet
of Lot 7, in Block 1, in Roxanna Park 4th Addition to East
Chicago, as per plat thereof, recorded in Plat Book 29 page 47
in the Office of the Recorder of Lake County, Indiana.

Property No. 45-03-32-358-021.000-024

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

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

6. Where this affidavit relates to a Life Estate Interest only.

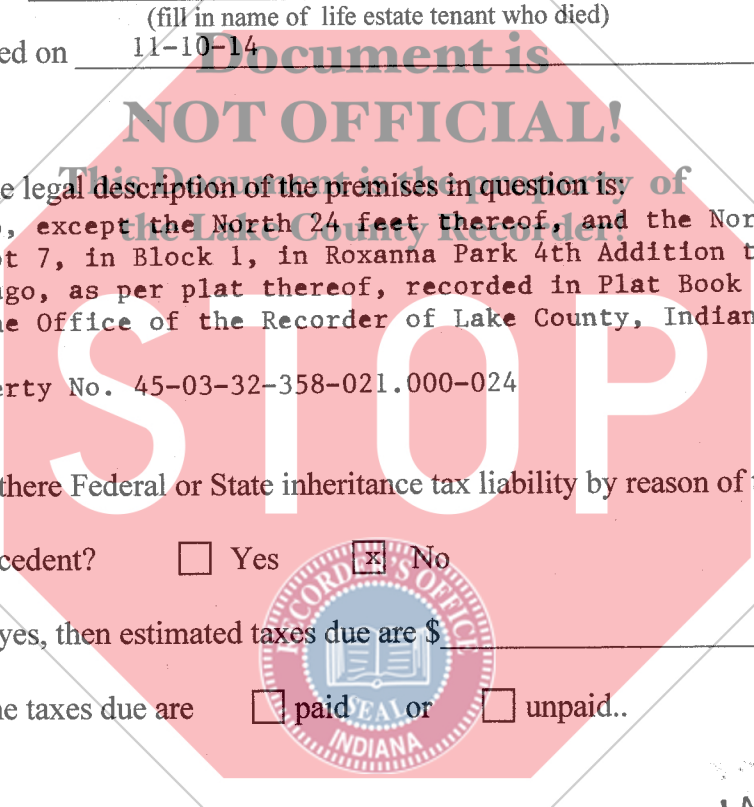
7. Affiant's relationship to the deceased was Son of owner

2015 021785

2015 APR 15 AM 10:05

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



FILED

APR 10 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

20386 \$16
FW
G

NON
COMP

FIDELITY NATIONAL
TITLE COMPANY

92015-0548

3

Signature: Edward S. Gajda

Printed Name Edward S. Gajda

Address: 2260 DEERPATH DR W
SCHERERVILLE, IN 46375

Subscribed and sworn to before me by the affiant

This April 3, 2015
(insert date)

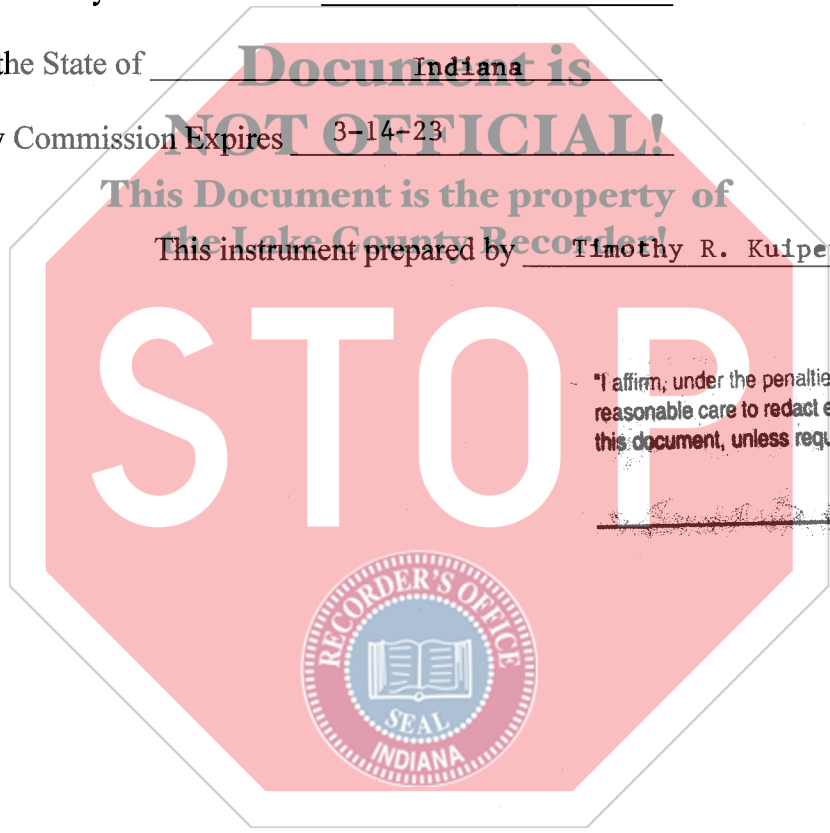
[Signature]
Notary Public

Printed Name Shannon Stiener

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 3-14-23



"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." Shannon Stiener

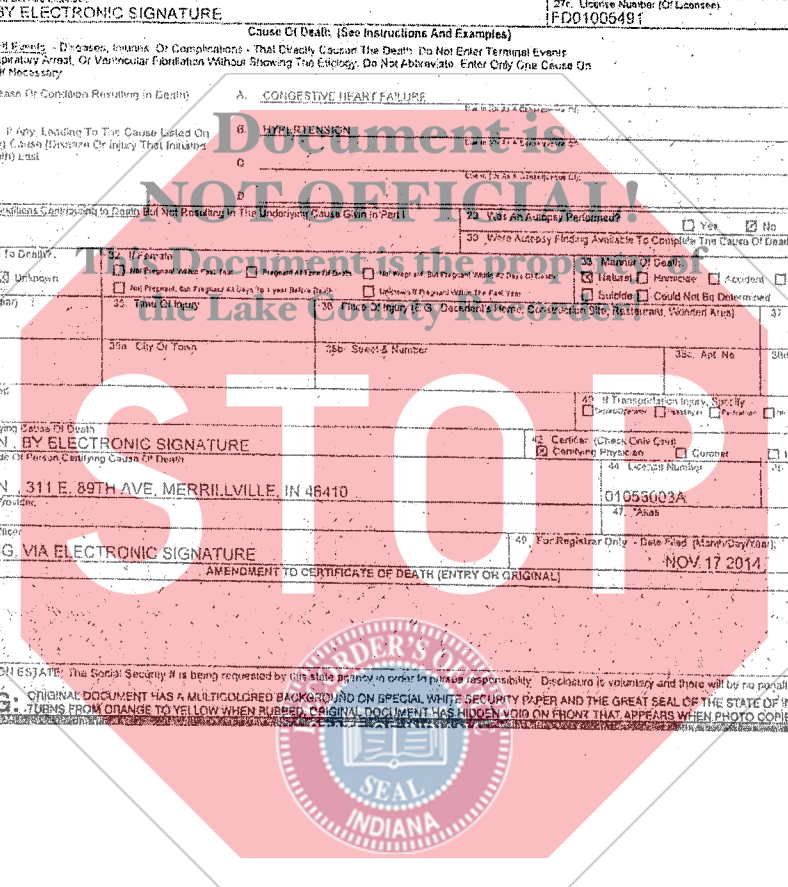
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000233

EDR No 000000414469

State No

1. Decedent's Legal Name (Last, Middle, First)		2. Maiden Name (If Female)		3. Sex	4. Time Of Death	5. Date Of Death (Month/Day/Year)
STEPHANY GAJDA		POGORZELSKI		FEMALE	11:45 PM	11/10/2014
6. Social Security Number	8a. Under 1 Year	8b. Under 1 Month	8c. Under 1 Week	9. Date of Birth (Month/Day/Year)	10. Hometown (City and State or Foreign Country)	
	SS	Months	Days	07/01/1925	HAMMOND, IN	
11. Place of Birth (Country, State, and County)	12. Date of Death (Month/Day/Year)		13. County Of Death			
	11/10/2014		LAKE			
14. Marital Status At Time Of Death		15a. If Death Occurred Somewhere Other Than A Residence		15b. If Death Occurred Somewhere Other Than A Residence		
Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown <input type="checkbox"/>		Homeless Facility <input type="checkbox"/> Correctional Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify) <input type="checkbox"/>				
16. Residence (Street, City, State, and Zip Code)						
EAST CHICAGO, IN 46312						
17. Burial or Disposition		18a. (If Not Buried) Name and Address of Last Place of Residence		18b. Decedent's Usual Occupation		17. Kind Of Business/Industry
HOLY CROSS CEMETERY		CALUMET CITY, IL		HOMEMAKER		OWN HOME
19. Residence (Street, City, State, and Zip Code)						
INDIANA LAKE EAST CHICAGO						
20. State And Zip Code						
INDIANA LAKE EAST CHICAGO						
21. Decedent's Education						
HIGH SCHOOL GRADUATE OR GED COMPLETED						
22. Decedent's Race						
NOT HISPANIC						
23. Decedent's Ethnicity						
White						
24. Mother's Name (First, Middle, Last)						
MARY POGORZELSKI						
25. Mother's Marital Status						
WIDOWED						
26. Father's Name (First, Middle, Last)						
PAUL POGORZELSKI						
27. Relationship To Decedent						
SON						
28. Mailing Address (Street And Number, City, State, Zip Code)						
1725 ELYSE LANE, NAPERVILLE, IL 60565						
29. Place Of Disposition						
HOLY CROSS CEMETERY						
30. Location - City, Town, and State						
CALUMET CITY, IL						
31. Signature Of Intestate Funeral Service Licensee						
JOHN B. LESNIAK, BY ELECTRONIC SIGNATURE						
32. License Number (Of Licensee)						
FD01006491						
33. Cause Of Death (See Instructions And Examples)						
A. CONGESTIVE HEART FAILURE						
B. MYOINFARCTION						
C. ...						
34. Place 1 Enter The Signs Of Injury - 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.						
35. Approximate Interval (Onset To Death)						
YEARS						
36. Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Injury Or Injury That Includes The Events Resulting In Death) Last.						
37. Years						
38. Enter Other Significant Conditions Contributing To Death (Do Not Repeat In The Underlying Cause Given In Part I)						
39. Year An Autopsy Performed?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
40. Were Autopsy Findings Available To Complete The Cause Of Death?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
41. Signature Of Person Certifying Cause Of Death						
FADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE						
42. Name, Address And Zip Code Of Person Certifying Cause Of Death						
FADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410						
43. Additional Funeral Services Provider						
44. Local Number						
01053003A						
45. Date Certified						
11/15/2014						
46. Signature of Local Health Officer						
GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE						
47. Date Filed (Month/Day/Year)						
NOV 17 2014						



State Form 02296 ATTENTION (STATE) The Social Security # is being requested by our state agency in order to pursue responsibility. Declaration is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

