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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Send Tax Bills To: 1020 Riverlane
Lake Station, IN 46405

AFFIDAVIT OF SURVIVORSHIP

Comes now Lois Napalowski, and upon being duly sworn does attest and say:

1. That the affiant is the daughter-in-law of Helen Napalowski, deceased, and the wife of Carl Napalowski, deceased.
2. That at the time of his death on January 3, 2011, Carl Napalowski was the owner of the following real property subject to a life estate owned by Helen Napalowski:

LOT 25, IN BLOCK 1, IN RIVER FOREST ESTATES, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 27, PAGE 46, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 1020 Riverlane, Lake Station, IN 46405
Parcel No.: 45-09-19-202-005.000-021

3. That the Estate of Carl Napalowski became the fee simple owner of the property at the death of Helen Napalowski on October 2, 2014.

I affirm under the penalties for perjury that the foregoing statements are true.

Lois Napalowski
Lois Napalowski, Administrator of the Estate of Carl Napalowski

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2015 APR 15 AM 11:47

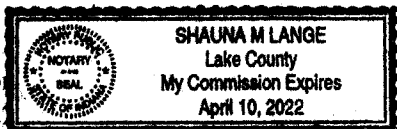
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA))SS: COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary for said County and State, this 14 day of April, 2015.

My Commission Expires: 4/10/22



Shauna M. Lange
Shauna M. Lange, Notary Public
Resident of Lake County

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange
Shauna M. Lange

16.
OK-12921
PTC
NOT-COR

This Instrument Prepared By: The Law Offices of Patricia A. Rees, Shauna M. Lange, Esq.
5341 Central Avenue, Portage, IN 46368~(219)947-1692

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FILED

APR 15 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR



CERTIFICATE OF DEATH

Local No 001007

EDR No 000000408509

State No

1. Decedent's Legal Name (First, Middle, Last) HELEN NAPALOWSKI		1a. Maiden Name (if female) NEMTUDA		2. Sex FEMALE	3. Time Of Death 08:42 AM	4. Date Of Death (Month/Day/Year) 10/02/2014	
5. Social Security Number 311-07-0855	6a. Age - Yrs 97	6b. Under 1 Year Months: 0 Days: 0	6c. Under 1 Month Days: 0 Hours: 0 Minutes: 0	6d. Under 1 Day Hours: 0 Minutes: 0	6e. Under 1 Hour Minutes: 0	7. Date of Birth (Month/Day/Year) 10/19/1916	8. Birthplace (City and State or Foreign Country) GARY, 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) DAUGHTER IN LAWS HOME			
11. Facility Name (If Not Institution, Give Street and Number) 3224 OAKWOOD							
12. City, Town, State, and Zip Code PORTAGE, IN, 46368				13. County Of Death PORTER		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 HOMEMAKER		17. Kind Of Business/Industry HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LAKE STATION		18c. Zip Code 46405	
18c. Street And Number 1020 RIVER LANE		18d. Apt. No.		18e. Zip Code 46405		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) JOHN NEMTUDA		23. Mother's Name (First, Middle, Last) MARY NEMTUDA		23a. Mother's Maiden Last Name MATURBANICH			
24. Informant's Name LOIS NAPALOWSKI		24a. Relationship To Decedent DAUGHTER IN LAW		24b. Mailing Address (Street And Number, City, State/Zip Code) 3224 OAKWOOD, PORTAGE, IN 46368			
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) CALVARY CEMETERY		25c. Location - City, Town, And State PORTAGE, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342				27a. Funeral Home License Number FH83003069	
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FDD1008483		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. ARTERIOSCLEROTIC HEART DISEASE B. _____ C. _____ D. _____ 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.			
28. Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I. ORGANIC BRAIN DISEASED		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings 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)	
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"/> Unintentional <input type="checkbox"/> Personal <input type="checkbox"/> Professional <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: DONALD MICHAEL PHILLIPS, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01020846A		45. Date Certified 10/09/2014	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DONALD MICHAEL PHILLIPS, 1356 S. LAKE PARK AVENUE, HOBART, IN 46342		46. Additional Funeral Service Provider		47. *Atty:		48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE	
49. For Registrar Only - Date Filed (Month/Day/Year): OCT 10 2014		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					