

# SURVIVORSHIP AFFIDAVIT

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
\$135,000.00	02-10-2015	02-10-2030	4990014455	15	361	JS2	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item. Any item above containing "\*\*\*\*" has been omitted due to text length limitations.

**Borrower:** Sophie R. Barczak  
9410 Parkway Drive  
Highland, IN 46322

**Lender:** HORIZON BANK, NATIONAL ASSOCIATION  
MERRILLVILLE (361)  
Branch Location: 8590 Broadway, Merrillville, IN 46410  
Corporate Location: 515 Franklin St.  
Michigan City, IN 46360  
(219) 736-0969

STATE OF Indiana )  
COUNTY OF Lake )

I, Sophie R. Barczak, affirm the following to be true and correct:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is "Owner";
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by:

Sophie R. Barczak and Marian Barczak, wife and husband

4. Said Marian Barczak died on 11-6-2014, leaving (a) or (no) will;  
(Note: If a will was left, copy must be attached to this affidavit)
5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of Ten Dollars and other good and valuable considerations and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No  
(If answer if "Yes", identify the divorce proceedings)
7. Affiant's relationship to the deceased was "Spouse"

**Borrower Signature:** Sophie R. Barczak

Sophie R. Barczak

Tax ID Number: 45-07-29-403-030.000-026

Legal Description: SEE ATTACHED

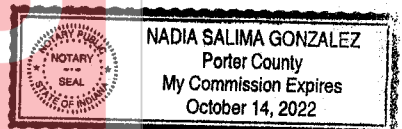
Address commonly known as: 9410 Parkway Drive, Highland, IN 46322

On this 10th day of February, 2015, before me personally appeared Sophie R. Barczak, to me personally known, and who executed the Affidavit, and acknowledged that he or she signed the Affidavit as his or her own free will.

Subscribed and sworn to before me by the affiant this 10th day of February, 2015.

X Nadia Gonzalez, Notary Public

Printed: Nadia Gonzalez My Commission Expires: 10/14/22  
Resident of Porter County, IN



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 (Denae Earnst, Loan Documentation Specialist, Horizon Bank, N.A. 502 Franklin Square, Michigan City, IN 46360).  
This Document Prepared By: Denae Earnst, Loan Documentation Specialist, Horizon Bank, N.A., 502 Franklin Square, Michigan City, IN 46360.

Return To: Horizon Bank, N.A., 502 Franklin Square, Michigan City, IN 46360, Attn: Loan Servicing

**BORROWER:**

X Sophie R. Barczak  
Sophie R. Barczak

APR 20 2015

01697

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

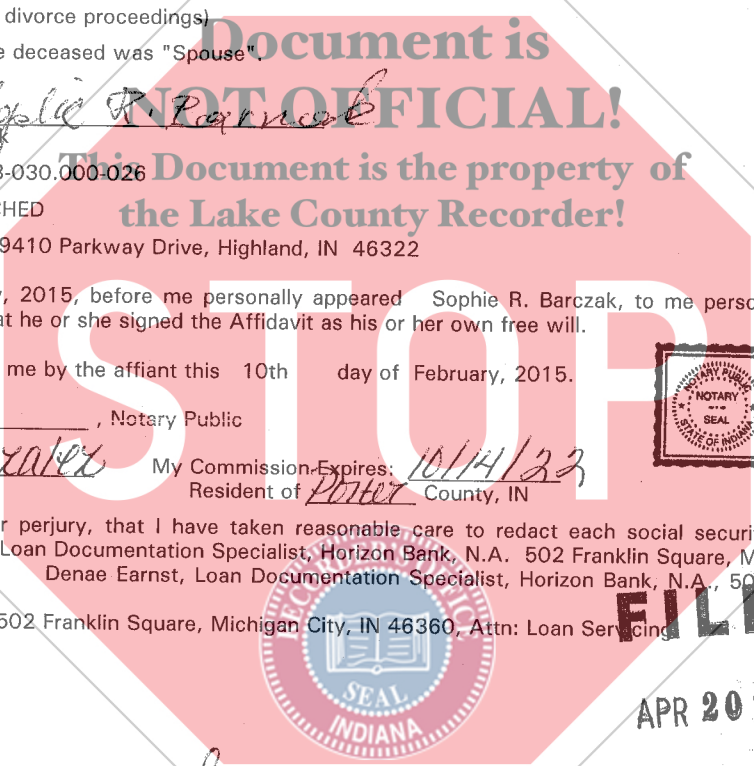
AMOUNT \$ 16.00  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 3366650  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM  \_\_\_\_\_  
CLERK CA

2015 023643

MICHAEL B. BROWN  
RECORDER

2015 APR 21 AM 9:05

STATE OF INDIANA  
LAKE COUNTY  
FILED RECORDS



**EXHIBIT "A"**

Lot 80 in Meadows Second Addition, Unit #4 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.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 34669

Local No 003538

EDR No 00000413807

State No 050386

1. Decedent's Legal Name (First, Middle, Last) <b>MARIAN J BARCZAK</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>02:42 PM</b>		4. Date Of Death (Month/Day/Year) <b>11/06/2014</b>			
5. Social Security Number		6a. Age - Yrs <b>74</b>		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) <b>11/03/1940</b>		8. Birthplace (City and State or Foreign Country) <b>NA, PO</b>											
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) <b>9410 PARKWAY DRIVE</b>													
12. City Or Town, State, And Zip Code <b>HIGHLAND, IN, 46322</b>						13. County Of Death <b>LAKE</b>			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 <b>SOPHIE R BARCZAK</b>				15a. (If Wife) Give Maiden Last Name <b>BOGACZ</b>				16. Decedent's Usual Occupation <b>MACHINIST</b>		17. Kind Of Business/Industry <b>INDUSTRIAL TOOL AND MFG</b>			
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HIGHLAND</b>			18c. Street And Number <b>9410 PARKWAY DRIVE</b>		18d. Apt. No.	18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>JOHN BARCZAK</b>				23. Mother's Name (First, Middle, Last) <b>STEFANIA BARCZAK</b>				23a. Mother's Maiden Last Name <b>NA</b>					
24. Informant's Name <b>SOPHIE BARCZAK</b>				24a. Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9410 PARKWAY DRIVE, HIGHLAND, IN 46322</b>					
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) <b>SOLAN PRUZIN CREMATORY</b>				25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>						27a. Funeral Home License Number: <b>FH10200037</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD21100035</b>							
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. <b>URINARY BLADDER CANCER METASTATIC TO LIVER</b>				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. _____				C. _____					
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I				D. _____				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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: <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						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: <b>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>						44. License Number <b>01031582A</b>		45. Date Certified <b>11/10/2014</b>					
46. Additional Funeral Service Provider:						47. *AKAs:							
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 10 2014</b>							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													