

STATE OF INDIANA)
) SS:
COUNTY OF LAKE

2015 031168

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 MAY 20 AM 9:39

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

COMES NOW SUSAN M. SZYMANSKI, being duly sworn upon her oath and states as follows:

1. That she is competent and has personal knowledge of the facts contained herein.
2. That at the time of his death, Melvin X. Szymanski (a/k/a Melvin Xavier Szymanski) was the owner in fee simple of the following described real estate located at 3243 Martha Street, Highland, Indiana, and more particularly described as follows:

Lot 202 and the West 2.42 feet of Lot 201, Southtown Estates 4th Addition to the Town of Highland, as shown in Plat Book 33, page 3, in Lake County, Indiana.

*Commonly known as 3243 Martha Street, Highland, IN 46322.
Parcel No. 45-07-27-152-010.000-026*

3. That Melvin X. Szymanski, Susan M. Szymanski and Janet Szymanski were father and daughters and acquired title as joint tenants to said real estate on July 30, 2013, and said conveyance was recorded on August 8, 2013 in the Office of the Recorder of Lake County, Indiana.
4. That the relationship which existed between Melvin X. Szymanski, Susan M. Szymanski and Janet Szymanski continued unbroken from the time they acquired title to said real estate as joint tenants until the death of Melvin X. Szymanski on February 2, 2015.
5. That the gross value of the estate of Melvin X. Szymanski was determined for purpose of Federal Estate Taxes was less than the value required for filing and his estate was not subject to Federal Estate Tax.
6. That the estate of Melvin X. Szymanski was not subject to Indiana Inheritance Taxes.

Susan M. Szymanski
Susan M. Szymanski

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Susan M. Szymanski and acknowledged the execution of the foregoing document. Witness my hand and seal this 12 day of May, 2015.

My Commission Expires: 2/27/2016

Jo Ellen Pilsow
Jo Ellen Pilsow, Notary Public
Resident of Lake County

012240

Mail tax notices to: Susan M. Szymanski and Janet Szymanski, 3243 Martha Street, Highland, IN 46322

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.

Robert L. Taylor
Robert L. Taylor (Attorney No. 1787-45)
200 W. Glen Park Avenue
Griffith, IN 46319

*NON-COM
#14-00
M-2
#2534*

FILED

MAY 18 2015

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 43583

Local No 000398

EDR No 00000430440

State No 005576

1. Decedent's Legal Name (First, Middle, Last) MELVIN X SZYMANSKI				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 12:07 AM	4. Date Of Death (Month/Day/Year) 02/02/2015			
5. Social Security Number [REDACTED]		6a. Age - Yrs 88	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) 06/23/1926		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) COMMUNITY HOSPITAL											
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		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 Wfife) Give Maiden Last Name		16. Decedent's Usual Occupation MILLWRIGHT		17. Kind Of Business/Industry STEEL MANUFACTURING			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HIGHLAND			18c. Street And Number 3243 MARTHA STREET	18d. Apt. No.	18e. Zip Code 46322	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) ZYGMUNT SZYMANSKI				23. Mother's Name (First, Middle, Last) HATTIE SZYMANSKI			23a. Mother's Maiden Last Name UNAVAILABLE				
24. Informant's Name SUSAN SZYMANSKI			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3243 MARTHA STREET, HIGHLAND, IN 46322						
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) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License Number: FH10300021			
27b. Signature Of Indiana Funeral Service Licensee: DAVID R. PETERSON, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601585					
Cause Of Death (See Instructions And Examples)											
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. RIGHT POSTERIOR MIDDLE CEREBRAL ARTERY STROKE <small>Due to (Or As A Consequence Of):</small>				Approximate Interval: Onset To Death 2 WEEKS			
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. ASPIRATION PNEUMONIA <small>Due to (Or As A Consequence Of):</small>				2 WEEKS			
				C. _____ <small>Due to (Or As A Consequence Of):</small>							
				D. _____ <small>Due to (Or As A Consequence Of):</small>							
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 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		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: NEHA PIYUSH PATEL, 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: NEHA PIYUSH PATEL, 7905 CALUMET AVE, MUNSTER, IN 46321						44. License Number 01067197A		45. Date Certified 02/03/2015			
46. Additional Funeral Service Provider:						47. *Axes:					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 04 2015					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT

FEB 04 2015

Susan W. Best, MD
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS