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STATE OF INDIANA
COUNTY OF LAKE

2015 032348

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 MAY 27 PM 2:26

AFFIDAVIT OF SURVIVORSHIP

MICHAEL B. BROWN
RECORDER

Judy Williamson, being duly sworn upon her oath, deposes and says as follows:

1. Judy Williamson, your affiant, is an adult residing in Whiting, Indiana, is one (1) of six (6) children born to Arthur Murakowski and Lucille Murakowski, both now deceased, and makes this affidavit based upon her personal knowledge.

2. Arthur Murakowski, affiant's father, died on September 13, 1985, while a resident at 256 Dyer Boulevard, Hammond, Indiana, and while married Lucille Murakowski, a certified copy of his death certificate is attached.

3. At the time of his death, Arthur Murakowski and Lucille Murakowski, husband and wife, were on the title to and the owners of the real estate in Lake County, Indiana, described as follows:

The East 38 feet of Lot 16, Block 2 in Dyer's 2nd Addition to the City of Hammond, as per the recorded plat thereof in the Office of the Recorder of Lake County, Indiana
Commonly known as 256 Dyer Boulevard, Hammond, Indiana 46320
Property # 45 - 06 - 01 - 329 - 014.00 - 023

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

4. No estate proceedings were commenced or had because of the death of Arthur Murakowski in the State of Indiana or elsewhere. No Indiana Inheritance Taxes nor Federal Estate Taxes were due because of the death of Arthur Murakowski. All burial expenses, expenses of last illness and known debts of Arthur Murakowski have been paid.

5. Because Arthur Murakowski and Lucille Murakowski were husband and wife at the time of the death of Arthur Murakowski, by operation of law, Lucille Murakowski became the sole owner and title holder of the real estate described in paragraph 3 above.

6. Lucille Murakowski, affiant's Mother, died intestate on October 2, 2012, while a resident of Lake County, Indiana. Her estate was probated under Cause Number 45C01-1312-EU-0205, in the Lake Circuit Court as an unsupervised estate. Affiant, Judy Williamson, was

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CK# 3848
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appointed as the Personal Representative of the Estate of Lucille Murakowski on December 4, 2013.

7. The real estate described in paragraph 3 was an asset of the Estate of Lucille Murakowski and was conveyed by a Personal Representative's Deed dated October 21, 2014, to Mark Murakowski (75%) and Karen Murakowski (25%) as tenants in common.

8. After the filing of a Verified Closing Statement the Court issued its Order Approving Verified Closing Statement on April 2, 2015, closing the Estate of Lucille Murakowski.

9. Affiant makes the affidavit for the purpose of clarifying the title to the real estate described in paragraph 3 above, and, inducing the public officials of Lake County, Indiana, to correct or change their real estate records to reflect the death of Arthur Murakowski and Lucille Murakowski and recognize Mark Murakowski (75%) and Karen Murakowski (25%), tenants in common, as the title owners to the real estate described above.

Further Affiant sayeth not.

Judy Williamson

Judy Williamson

Subscribed and sworn to before me, a Notary Public in and for said County and State this 20th day of MAY, 2015.

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Richard J. Lesniak

Richard J. Lesniak, Notary Public

Prepared by:

Richard J. Lesniak, 8775 - 45, Lesniak Law Offices, 275 Joliet Street, Suite 330, Dyer, Indiana 46311 Telephone: 219 - 864 - 5300



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EMBALMER'S NAME Anthony Solan LICENSE No. 5184

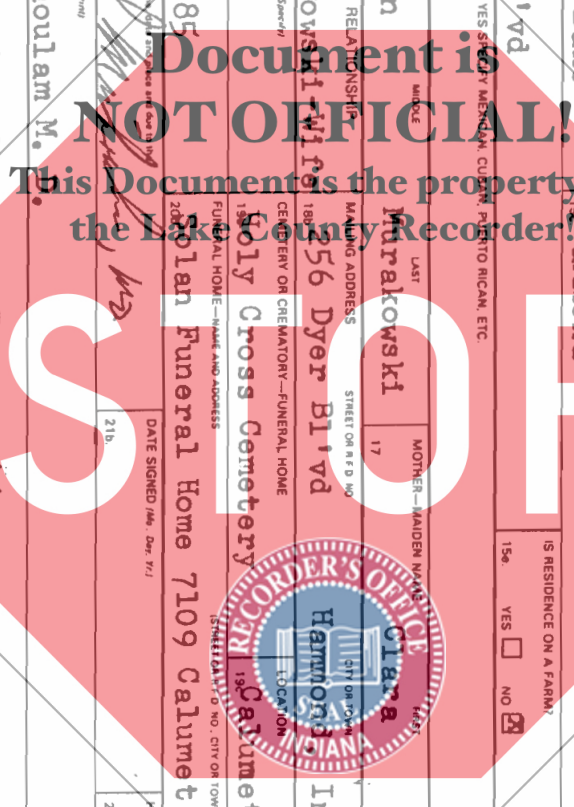
FUNERAL DIRECTOR'S SIGNATURE Anthony Solan FUNERAL DIRECTOR'S LICENSE No. 2141 FUNERAL HOME No. 289

Local No. 676

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____
DATE OF DEATH (MONTH, DAY, YEAR)
September 13, 1985

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
<u>Arthur</u>		<u>R.</u>		<u>Murakowski</u>		<u>Male</u>		<u>13</u>		<u>September 13, 1985</u>	
1. RACE—(a) White, Black, American Indian, etc. (Specify)		AGE—(Last Birthday) (YRS)		MOS		DAYS		HOURS		MINS	
<u>White</u>		<u>60</u>									
4. CITY, TOWN OR LOCATION OF DEATH		CITIZEN OF WHAT COUNTRY		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Hammond</u>		<u>USA</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
7b. STATE OF BIRTH (If not in U.S.A. Name Country)		CITIZEN OF WHAT COUNTRY		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Indiana</u>		<u>USA</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
8. INDIANA RESIDENCE—STATE		CITIZEN OF WHAT COUNTRY		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Indiana</u>		<u>USA</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
15a. INDIANA RESIDENCE—STATE		CITIZEN OF WHAT COUNTRY		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Indiana</u>		<u>USA</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
15b. STREET AND NUMBER		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>256 Dyer Bl'vd</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
15d. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PORTO RICAN, ETC.		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>NO</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
15e. FATHER—NAME		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Benjamin</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
16. MOTHER—NAME		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Murakowski</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
17. MOTHER—MAIDEN NAME		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Clara</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
18. BIRTH DATE (MONTH, DAY, YEAR)		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Sept. 17, 1985</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
19. BIRTH DATE (MONTH, DAY, YEAR)		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Sept. 17, 1985</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
20. BIRTH DATE (MONTH, DAY, YEAR)		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Sept. 17, 1985</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
21. NAME OF ATTENDING PHYSICIAN (If not a physician)		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Dr. H. M. Mashoulam, M.D.</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
21b. MAILING ADDRESS—PHYSICIAN		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>7905 Calumet Ave</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
21c. DATE SIGNED (Mo., Day, Yr.)		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Sept 16 1985</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
22. HEALTHY—SIGNATURE		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Verma M. S.</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
23. IMMEDIATE CAUSE		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Respiratory arrest</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	
24. CAUSE		CITY, TOWN OR LOCATION		MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		COUNTY		PLACE OF DEATH	
<u>Webster's Road cell carcinoma</u>		<u>Hammond</u>		<u>Married</u>		<u>Lucille (Pawlus)</u>		<u>Valparaiso</u>		<u>Lake</u>	



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAY 07 2015
Suzanne D. Bost, M.D.
LAKE COUNTY HEALTH OFFICER