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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 061512

2015 SEP -8 PM 12:35

MICHAEL S. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE

S. MICHAEL BUDARZ, JR., being first duly sworn upon his oath, deposes and says:

1. That S. MICHAEL BUDARZ, JR., is an owner of the real estate commonly known as 8433 Forest Avenue, Munster, IN 46321, legally described as follows:

Lot 6, Block 2, in Knickerbocker Manor 7th Addition to the Town of Munster as per plat thereof recorded in the Office of the Recorder, Lake County, Indiana.

Key No.: 45-06-24-154-006.000-027

Property Address: 8433 Forest Avenue, Munster, IN 46321

2. The original owner of said real estate was HELEN M. BUDARZ.
3. That HELEN M. BUDARZ died on August 12, 2015. A certified copy of the death certificate of HELEN M. BUDARZ is attached hereto as Exhibit "A".
4. That S. MICHAEL BUDARZ, JR., BETH A. BUDARZ, JAMES E. BUDARZ, and DAVID BUDARZ became the owners of said real estate at the time of the death of HELEN M. BUDARZ, pursuant to the provisions of the Transfer on Death Warranty Deed recorded on November 3, 2011, as Document No. 2011-061596 in the Office of the Recorder of Lake County, Indiana, each as to an undivided one-fourth (1/4) interest.
5. That THOMAS A. BUDARZ predeceased Helen M. Budarz on April 12, 2013. Thomas A. Budarz was survived by his daughter, BETH A. BUDARZ. A certified copy of the death certificate of THOMAS A. BUDARZ is attached hereto as Exhibit "B".
6. That S. MICHAEL BUDARZ, JR., BETH A. BUDARZ, JAMES E. BUDARZ, and DAVID BUDARZ accepted ownership of the real estate at the time of the death of HELEN M. BUDARZ.
7. Further Affiant sayeth not.



S. Michael Budarz, Jr.
S. MICHAEL BUDARZ, JR.

JOHN E. PETALAS
LAKE COUNTY AUDITOR
SEP 08 2015

015146

MM
#1269

STATE OF INDIANA, COUNTY OF LAKE, SS:

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that S. MICHAEL BUDARZ, JR., personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, Gladys Escobedo, day of September, 2015.

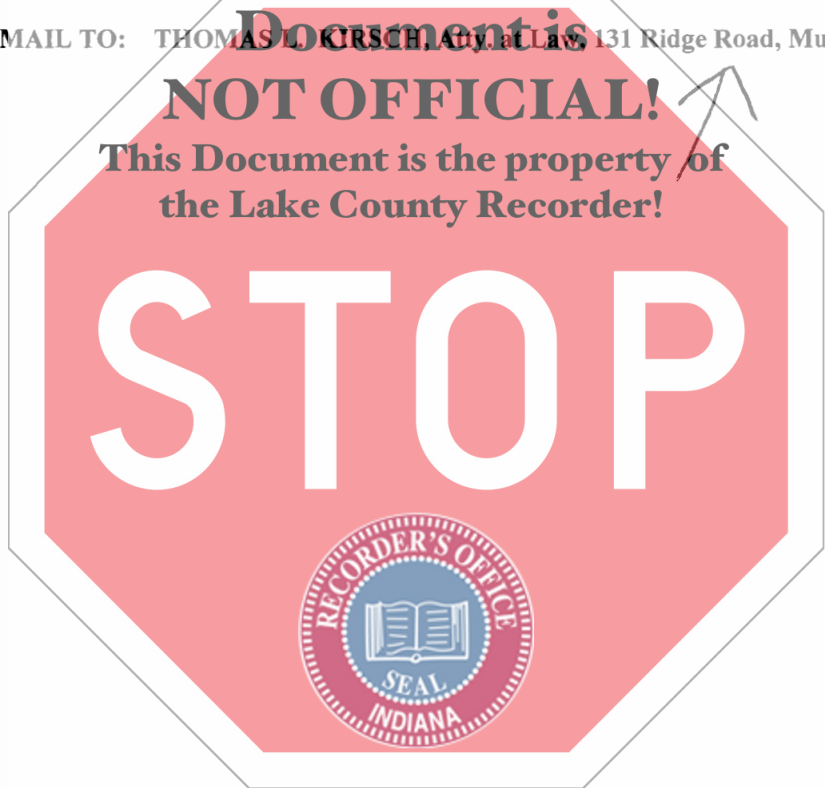
My Commission Expires: 11-9-2019
Resident of Lake County

Gladys Escobedo
Notary Public - Seal
State of Indiana
My Commission Expires Nov 9, 2019
Gladys Escobedo, Notary Public

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. Thomas L. Kirsch.

Mail tax bills to: S. MICHAEL BUDARZ, JR., 6208 Sentry Oaks Drive, Wilmington, NC 28409
Grantees' address: c/o S. Michael Budarz, Jr., 6208 Sentry Oaks Drive, Wilmington, NC 28409

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, Attorney at Law, 131 Ridge Road, Munster, IN 46321



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 62498

Local No 002739

EDR No 00000463642

State No 039019

1. Decedent's Legal Name (First, Middle, Last) HELEN M BUDARZ				1a. Maiden Name (If female) GORCZYCA		2. Sex FEMALE	3. Time Of Death 05:30 PM	4. Date Of Death (Month/Day/Year) 08/12/2015		
5. Social Security Number [REDACTED]		6a. Age - Yrs 97	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) 08/03/1918		8. Birthplace (City and State or Foreign Country) HAMMOND, 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 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) 8433 FOREST AVENUE										
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		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			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME		
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town MUNSTER					
18c. Street And Number 8433 FOREST AVENUE						18d. Apt. No.	18e. Zip Code 46321	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) VICTOR GORCZYCA			23. Mother's Name (First, Middle, Last) MARY GORCZYCA			23a. Mother's Maiden Last Name JEZUIT				
24. Informant's Name STANLEY MICHAEL BUDARZ		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 6208 SENTRY OAKS DRIVE, WILMINGTON, NC 28409						
25. Place Of Disposition										
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOMCZ FUNERAL HOME, INC., 9445 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH83002916			
27b. Signature Of Indiana Funeral Service Licensee LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD0001447				
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only Under Cause Of A Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. DEMENTIA			Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death		CHRONIC	
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. APHAGIA			Due to (Or As A Consequence Of):		AUG 19 2015		ACUTE	
		C. CARDIORESPIRATORY FAILURE			Due to (Or As A Consequence Of):		<i>Susan W Best</i>		ACUTE	
		D.								
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I										
HOSPICE CARE WITH MALNUTRITION AND GENERALIZED WEAKNESS										
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 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 SAKET SINHA, 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: SAKET SINHA, 8300 BROADWAY STE D, MERRILLVILLE, IN 46410-3006						44. License Number 01066090A		45. Date Certified 08/18/2015		
46. Additional Funeral Service Provider:						47. *As:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 19 2015				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
EXHIBIT A										

CERTIFICATION OF DEATH RECORD

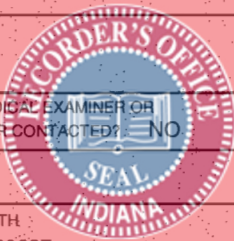
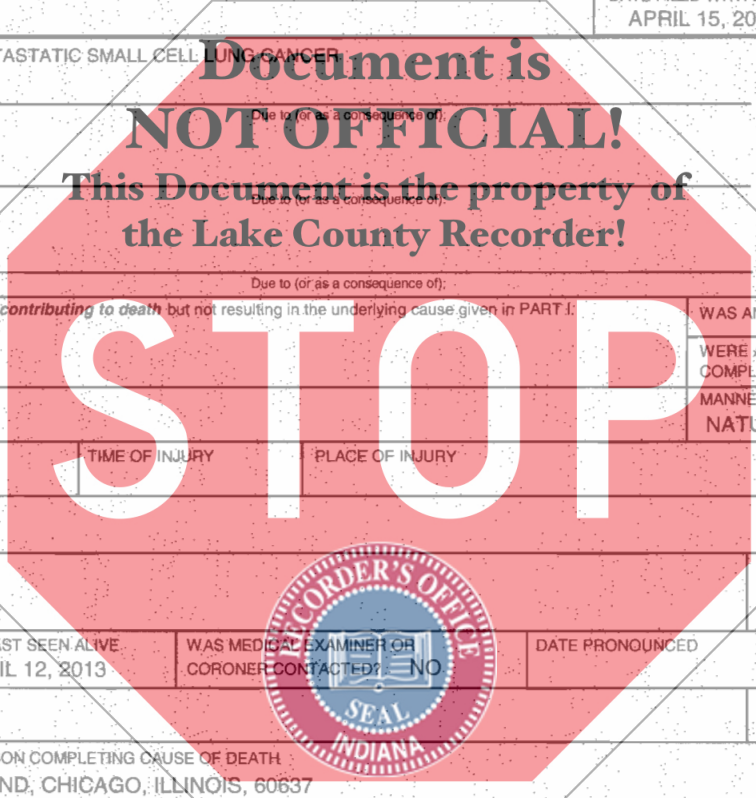
**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

EXHIBIT B

STATE FILE NUMBER 2013 0029845

DATE ISSUED 4/15/2013

DECEDENT'S LEGAL NAME THOMAS ANDREW BUDARZ			SEX MALE	DATE OF DEATH APRIL 12, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 67 YEARS		DATE OF BIRTH SEPTEMBER 28, 1945		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER			
PLACE OF DEATH INPATIENT					
BIRTHPLACE HAMMOND, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PHYLLIS ELAINE PINTA		EVER IN U.S. ARMED FORCES? YES
RESIDENCE 13920 LAKEWOOD DRIVE		APT. NO.	CITY OR TOWN HARBERT		INSIDE CITY LIMITS? YES
COUNTY BERRIEN	STATE MI	ZIP CODE 49115	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STANLEY MICHAEL BUDARZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HELEN GORCZYCA	
INFORMANT'S NAME PHYLLIS ELAINE BUDARZ		RELATIONSHIP WIFE	MAILING ADDRESS 13920 LAKEWOOD DRIVE, HARBERT, MI, 49115		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION LAKESIDE CEMETERY	LOCATION - CITY OR TOWN AND STATE LAKESIDE, MI	DATE OF DISPOSITION APRIL 20, 2013	
FUNERAL HOME SHIMKUS FUNERAL SERVICES, 4147 WEST 78TH PLACE, CHICAGO, IL, 60652					
FUNERAL DIRECTOR'S NAME STEVEN J SHIMKUS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014632		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 15, 2013		
CAUSE OF DEATH					
PART I. METASTATIC SMALL CELL LUNG CANCER					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. _____ Due to (or as a consequence of)					
b. _____ Due to (or as a consequence of)					
c. _____ Due to (or as a consequence of)					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
FEMALE PREGNANCY STATUS NOT APPLICABLE				WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY				TIME OF INJURY	
LOCATION OF INJURY				PLACE OF INJURY	
DESCRIBE HOW INJURY OCCURRED:				MANNER OF DEATH NATURAL	
ATTEND THE DECEASED? YES				DATE LAST SEEN ALIVE APRIL 12, 2013	
WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO				DATE PRONOUNCED	
CERTIFIER PHYSICIAN				TIME OF DEATH 03:30 AM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ANITA TURK, 5841 S MARYLAND, CHICAGO, ILLINOIS, 60637				DATE CERTIFIED APRIL 12, 2013	
				PHYSICIAN'S LICENSE NUMBER 125061186	



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM