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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 061530

2015 SEP -8 PM 1:38

**AFFIDAVIT OF SURVIVORSHIP** MICHAEL B. BROWN  
RECORDER

ON THIS 28<sup>th</sup> DAY OF AUGUST, 2015, personally appeared Michele M. Salanty as daughter of Joseph M. Cwiok, Jr. a/k/a Joseph M. Cwiok and Cecelia J. Cwiok and as Personal Representative of Cecelia J. Cwiok, the affiant, who being duly sworn her upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. The premises located at 8820 Calumet Avenue, Munster, Indiana was formerly owned as tenants by the entirety by Joseph M. Cwiok, Jr. a/k/a Joseph M. Cwiok and Cecelia J. Cwiok.
3. Said Joseph M. Cwiok, Jr. a/k/a Joseph M. Cwiok died intestate on the 19<sup>th</sup> day of January, 2014.
4. That on the death of Joseph M. Cwiok, Jr. a/k/a Joseph M. Cwiok and, Cecelia J. Cwiok became the sole owner of said real estate.
5. The legal description of the said premises in question is:

THE SOUTH 72.5 FEET OF THE NORTH 217.5 FEET OF THE SOUTH 290.3 FEET OF THE NORTH 237.4 FEET OF THE FOLLOWING: LOT "H" AND THE WEST 13 FEET 8-1/2 INCHES OF LOT "T", AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF SURVEY AND SUBDIVISION OF THE LAND OF PETER SCHOON, SITUATED IN THE EAST PART OF SECTION 24, TOWNSHIP 36 NORTH, RANGE 10 WEST OF THE 2<sup>ND</sup> PM AND THE WEST PART OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE 2<sup>ND</sup> PM, IN THE TOWN OF MUNSTER, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 5, PAGE 30, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.  
Commonly known as: 8820 Calumet Avenue, Munster, IN 46321  
Tax ID: 45-06-24-482-005.000-027

6. To the best of affiant's knowledge, there is no Federal or State or inheritance tax liability by reason of the death of said decedent.
7. That Joseph M. Cwiok, Jr. a/k/a Joseph M. Cwiok and Cecelia J. Cwiok were married at the time the real estate was purchased and continued to be married at the time of Joseph M. Cwiok, Jr. a/k/a Joseph M. Cwiok death.
8. Affiant's relationship to the deceased was his daughter.
9. That this Affidavit is being filed to clarify the title to said real estate.

**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!

*Michele M. Salanty*  
Michele M. Salanty as daughter of Joseph M. Cwiok, Jr. a/k/a Joseph M. Cwiok, Personal Representative of Cecelia J. Cwiok, Affiant  
8497 S. Davco Drive  
Morrison, CO 80467

**STOP**

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

SEP 04 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

STATE OF ~~COLORADO~~ SS:  
COUNTY OF ~~CANON~~

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 28<sup>th</sup> day of August, 2015, personally appeared Michele M. Salanty.

My Commission expires: 05/21/17

Resident of Douglas County.  
This instrument prepared by:  
BARBARA M. SHAVER, ESQ.  
9013 Indianapolis Blvd.  
Highland, IN 46322  
219/838-9200



IN ROBBINS  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20014015955  
MY COMMISSION EXPIRES MAY 21, 2017

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

*Barbara M. Shaver*

Return To: Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322  
Send Tax Bills To: 8820 Calumet Avenue, Munster, IN 46321

COMMUNITY TITLE COMPANY  
FILE NO 158407

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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 07664

Local No 000250

EDR No 000000365610

State No 003052

1. Decedent's Legal Name (First, Middle, Last) <b>JOSEPH M CWOK</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>08:13 PM</b>	4. Date Of Death (Month/Day/Year) <b>01/19/2014</b>	
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>85</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>02/23/1928</b>	
8. Birthplace (City and State or Foreign Country) <b>CALUMET CITY, IL</b>		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 type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)	
11. Facility Name (If Not Institution, Give Street and Number) <b>KINDRED TRANSITIONAL CARE &amp; REHABILITATION-DYER</b>							
12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</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>CECILE CWOK</b>		15a. (If Wife) Give Maiden Last Name <b>WEGRZYN</b>		16. Decedent's Usual Occupation <b>BOOK BINDER</b>		17. Kind Of Business/Industry <b>BRINDERY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>MUNSTER</b>		18c. Street And Number <b>8820 CALUMET AVENUE</b>	
18d. Apt. No.		18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>JOSEPH CWOK</b>		23. Mother's Name (First, Middle, Last) <b>VALERIA CWOK</b>		23a. Mother's Maiden Last Name <b>POCZONTKO</b>			
24. Informant's Name <b>CECILE CWOK</b>		24a. Relationship To Decedent <b>SPOUSE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8820 CALUMET AVENUE, MUNSTER, IN 46321</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"/> Removed From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>REGIONAL CREMATION SERVICE</b>		25c. Location - City, Town, And State <b>MUNSTER, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321</b>				27a. Funeral Home License Number <b>FH10700038</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>KEVIN W. KISH, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD91021590</b>		28. Cause Of Death (See Instructions And Examples) <b>MALIGNANT BRAIN NEOPLASM</b>			
28a. Part I. Enter The Chain Of Events - Disease, Injuries, Or Complications - That Led To The Underlying Cause Of Death. Do Not Abbreviate. Enter Only One Cause Of Death On This Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>MALIGNANT BRAIN NEOPLASM</b>		28b. 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>METASTATIC CARCINOMA OF COLON</b>		28c. Approximate Interval - Onset To Death <b>4 YEARS</b>		28d. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT <b>JAN 21 2014</b>	
28e. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Also In Part I)		28f. Was An Alibi Provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Were Autopsy Findings Available To Complete The Cause Of Death? <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		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. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury - State <b>INDIANA</b>		36a. City Or Town <b>MUNSTER</b>	
36b. Street & Number		36c. Apt. No.		36d. Zip Code		37. Describe How Injury Occurred	
41. Signature, Of Person Certifying Cause Of Death: <b>FRED ADLER, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01019251A</b>		43. Date Certified <b>01/22/2014</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>FRED ADLER, 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 46321</b>		47. "Attest"		48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>			
48. For Registrar Only - Date Filed (Month/Day/Year) <b>JAN 23 2014</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					