



# Chicago Title Insurance Company

1503818

## AFFIDAVIT

On this 1st day 2015  
01 September before me personally appeared \_\_\_\_\_

Rebecca Konieczka

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. That Joseph Konieczka held a life estate interest in the following described land:.

**STOP**

*See legal attached*

3. Said Joseph Anthony Konieczka AKA  
(fill in name of co-tenant who died)  
died on 7/23/11

4. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

Chicago Title Insurance Company

2015 063154

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 SEP 15 11:41  
MICHAEL BERSON  
RECORDER

**FILED**

SEP 11 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

015310

20-  
CS  
AM

5. Affiant's relationship to the deceased was wife

Signature: [Handwritten Signature]

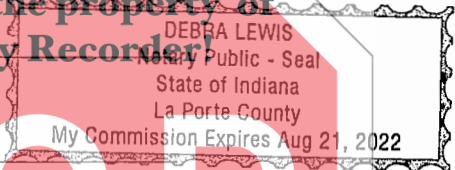
Printed Name Rebecca Konieczka

Address: 101 W 87th Ave  
Merrillville, IN 46410

Subscribed and sworn to before me by the affiant

This 9/15/15  
(insert date)

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



Printed Name [Handwritten Name]

My County of Residence is: \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

This instrument prepared by Rebecca Konieczka



**EXHIBIT A**

LOT 71, SPRING RUN PHASE 1, A PLANNED UNIT DEVELOPMENT, IN THE TOWN OF LOWELL, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 96 PAGE 26, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.







**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **002258**

EDR No **00000210528**

State No **032571**

1. Decedent's Legal Name (First, Middle, Last) <b>JOSEPH ANTHONY KONIECZKA</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>03:10 AM</b>	4. Date Of Death (Month/Day/Year) <b>07/23/2011</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>67</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>01/28/1944</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</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 checked="" 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) <b>ST ANTHONY HOSPICE-CROWN POINT</b>									
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</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>REBECCA F KONIECZKA</b>			15a. (If Wife) Give Maiden Last Name <b>WOLFE</b>			16. Decedent's Usual Occupation <b>MEAT MANAGER</b>		17. Kind Of Business/Industry <b>GROCER</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>LOWELL</b>		18d. Apt. No.	18e. Zip Code <b>46356</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>17824 OAK PARK LANE</b>			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 CASIMIR KONIECZKA</b>				23. Mother's Name (First, Middle, Last) <b>HELEN KONIECZKA</b>			23a. Mother's Maiden Last Name <b>SZCZESNA</b>		
24. Informant's Name <b>REBECCA F KONIECZKA</b>			24a. Relationship To Decedent <b>SPOUSE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>17824 OAK PARK LANE, LOWELL, IN 46356</b>				
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) <b>HOLY CROSS CATHOLIC CEMETERY</b>		25c. Location - City, Town, And State <b>CALUMET CITY, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356</b>					27a. Funeral Home License Number: <b>FH83004277</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>MOLLY E. TUCKER, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD09200061</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>ANAPLASTIC CARCINOMA OF THYROID</b> Due to (Or As A Consequence Of):  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. <b>BRAIN METS</b> Due to (Or As A Consequence Of): C. <b>PULMONARY METS</b> Due to (Or As A Consequence Of): D.				
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I <b>PNEUMONIA, AODM, A-FIB</b>					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 checked="" 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									
41. Signature, Of Person Certifying Cause Of Death: <b>ZAFAR ULLAH KHALID, 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>ZAFAR ULLAH KHALID, 8550 BROADWAY SUITE C, MERRILLVILLE, IN 46410</b>						44. License Number <b>01034369A</b>		45. Date Certified <b>07/26/2011</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>JUL 27 2011</b>			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)