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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 065432

2015 SEP 22 AM 11:37

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF BENEFICIARY ON TRANSFER ON DEATH DEED

The undersigned ("Affiant"), being duly sworn, deposes and says that:

1. Vincent S. Fleszewski, Jr. died on April 18, 2015.
2. That prior to his death Vincent S. Fleszewski, Jr. was the owner of the property commonly known as 10698 Scarlet Oak, St. John, Indiana 46373 and more particularly described as follows:

See Attached Exhibit "A"

3. That prior to his death, Vincent S. Fleszewski, Jr. executed a transfer on death deed which was recorded on September 4, 2014 as Document No. 2014-053297 in the office of the Recorder of Lake County, Indiana.
4. That The Vincent S. Fleszewski, Jr. Living Trust, dated July 23, 1998, inadvertently referred to as The Vincent S. Fleszewski, Jr. Living Trust dated July 23, 1998, was the designated beneficiary on the above referenced deed.
5. The address of the Beneficiary is 11352 Hobart Place, Crown Point, IN 46307
6. That the purpose of this Affidavit pursuant to I.C. 32-17-14-26(b) (20) is to induce the Auditor of Lake County, Indiana to transfer ownership of the above-described real estate to The Vincent S. Fleszewski, Jr. Living Trust, dated July 23, 1998.

Further, Affiant sayeth not.

Executed this 15 day of September, 2015.

Vincent S. Fleszewski III
 Vincent S. Fleszewski, III, trustee of
 The Vincent S. Fleszewski, Jr. Living Trust, dated July 23, 1998

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15-30375

FILED

SEP 18 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

INDIANIAN TITLE CORP

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MM
MT

ACKNOWLEDGEMENT

STATE OF IN
COUNTY OF Lake SS:

Before me, a Notary Public in and for said County and State, personally appeared Vincent S. Fleszewski, III, trustee of The Vincent S. Fleszewski, Jr. Living Trust, dated July 23, 1998, who acknowledged the execution of the foregoing Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

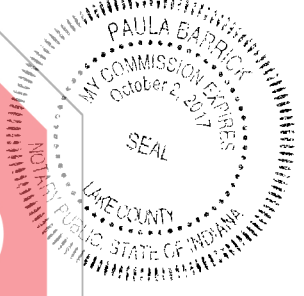
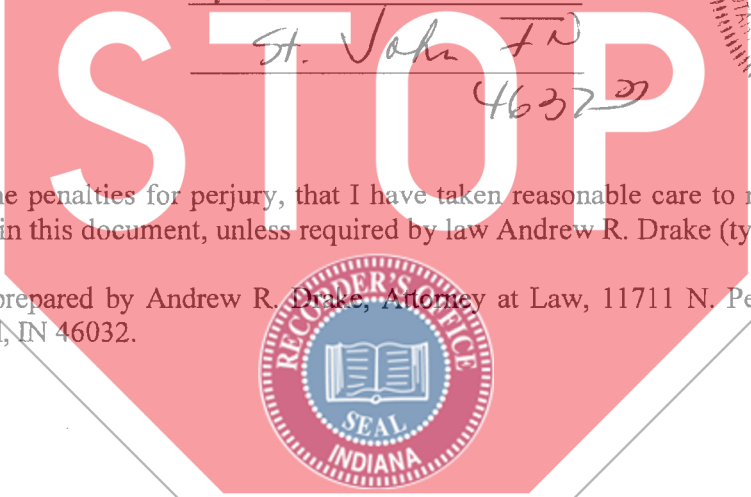
Witness my hand and Notarial Seal this 15 day of September, 2015

My Commission Expires:
My County of Residence:

Signature: [Handwritten Signature]
Printed: Paula Barrick

Tax Statements to be mailed to: 10698 Scarlett Oak
St. John IN
46372

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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 Andrew R. Drake (type or print name).

This instrument prepared by Andrew R. Drake, Attorney at Law, 11711 N. Pennsylvania Street, Suite 110, Carmel, IN 46032.

File: 15-30375

EXHIBIT "A"

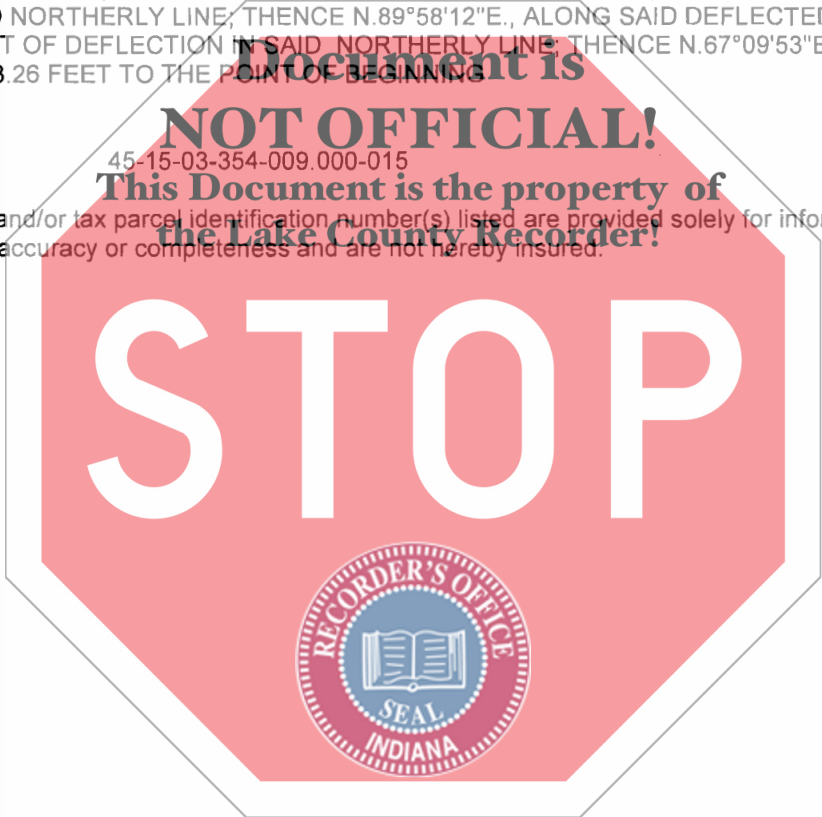
Property Address: 10698 Scarlett Oak, Saint John, IN 46373
File No.: 15-30375

PART OF LOT C IN THE GATES OF ST. JOHN, UNIT 1A, A SUBDIVISION IN THE TOWN OF ST. JOHN, INDIANA, AS PER RECORD PLAT THEREOF APPEARING IN PLAT BOOK 100, PAGE 55, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, WHICH PART OF SAID LOT C IS DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHMOST CORNER OF SAID LOT C; THENCE S.50°33'48"W., ALONG THE NORTHERLY LINE OF SAID LOT 49.78 FEET TO A POINT OF DEFLECTION IN SAID NORTH LINE; THENCE S.67°09'53"W., ALONG SAID DEFLECTED NORTH LINE 64.43 FEET TO THE TRUE POINT OF BEGINNING HEREOF; THENCE S.44°35'40"E., 165.04 FEET TO A POINT ON THE CURVED SOUTHEASTERLY LINE OF SAID LOT C; THENCE SOUTHWESTERLY ALONG SAID CURVED SOUTHEASTERLY LINE, AN ARC DISTANCE OF 26.63 FEET TO A POINT OF TANGENT IN SAID SOUTHEASTERLY LINE; THENCE S.31 °32'26"W., ALONG SAID SOUTHEASTERLY LINE, 12.11 FEET TO THE SOUTHMOST CORNER OF SAID LOT C; THENCE N.58°27'34"W., ALONG THE SOUTHWESTERLY LINE OF SAID LOT C, 175.00 FEET TO THE WESTMOST CORNER OF SAID LOT C; THENCE N.31°32'26"E., ALONG THE NORTHERLY LINE OF SAID LOT, 57.62 FEET TO A POINT OF DEFLECTION IN SAID NORTHERLY LINE; THENCE N.89°58'12"E., ALONG SAID DEFLECTED NORTHERLY LINE, 3.26 FEET TO A POINT OF DEFLECTION IN SAID NORTHERLY LINE; THENCE N.67°09'53"E., ALONG SAID NORTHERLY LINE, 23.26 FEET TO THE POINT OF BEGINNING.

Tax ID Number(s):
40-52-0129-0010

Document is NOT OFFICIAL!
45-15-03-354-009.000-015
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The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 51326

Local No 001351

EDR No 00000444253

State No 019156

1. Decedent's Legal Name (First, Middle, Last) VINCENT STANLEY FLESZEWSKI JR				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 12:30 PM	4. Date Of Death (Month/Day/Year) 04/18/2015	
5. Social Security Number [REDACTED]		6a. Age - Yrs 79	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) 07/11/1935		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 type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> 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) ST ANTHONY HOSPICE-CROWN POINT									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					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 Wife) Give Maiden Last Name		16. Decedent's Usual Occupation ELECTRICIAN		17. Kind Of Business/Industry UNION SHOP	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town ST. JOHN				
18c. Street And Number 10698 SCARLET OAK						18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) VINCENT FLESZEWSKI SR				23. Mother's Name (First, Middle, Last) ANNA FLESZEWSKI			23a. Mother's Maiden Last Name SZYMANSKI		
24. Informant's Name VINCENT FLESZEWSKI III			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 11352 HOBART PLACE, CROWN POINT, IN 46307				
25. Place Of Disposition									
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) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, IN			
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): FD04501585			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Conditions - 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. RENAL DISEASE 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. _____ Due to (Or As A Consequence Of):									
C. _____ 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						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval Onset To Death	
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"/> Pregnant Within The Past Year			
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) LAKE COUNTY HEALTH DEPARTMENT	
38. Location Of Injury - State			38a. City Or Town			38b. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transported In Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other			
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311						44. License Number 01052342A		45. Date Certified 04/20/2015	
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 21 2015			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



RAISED SEAL AFFIXED