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2015 067686

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 01 AM 10:36

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

I, Agnes Domanski, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 76, SHERATON GARDENS 2ND ADDITION TO THE TOWN OF GRIFFITH,
AS SHOWN IN PLAT BOOK 32, PAGE 89, IN LAKE COUNTY, INDIANA

Tax Key No.: 250726-412-002000-006
Grantee's Address: 1131 N. Jay Street, Griffith, IN 46319

3. The decedent, Roger M. Domanski (aka Roger Marion Domanski), and I acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 23rd day of February, 1968, and recorded in the Office of the Lake County Recorder on March 1, 1968 as Document No. 741624.

4. The decedent and I jointly held title to said real estate until the death of Roger M. Domanski on the 14th day of November, 2012, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Roger M. Domanski (aka Roger Marion Domanski).

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

FILED Agnes Domanski
Agnes Domanski, Affiant

OCT 01 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

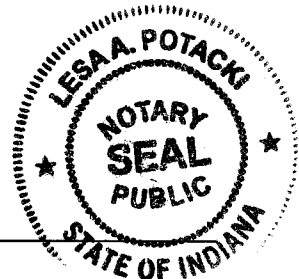
Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Agnes Domanski, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 9th day of September, 2015.

My commission expires: 02/03/2018

Signature: Lesa A. Potacki

Lesa A. Potacki
Resident of: Lake County, Indiana



"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." /s/Gary P. Bonk

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This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





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

Local No **003578**

EDR No **00000289865**

State No **050607**

1. Decedent's Legal Name (First, Middle, Last) ROGER MARION DOMANSKI				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 05:30 AM	4. Date Of Death (Month/Day/Year) 11/14/2012	
5. Social Security Number [REDACTED]		6a. Age - Yrs 78	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) 09/02/1934		8. Birthplace (City and State or Foreign Country) CALUMET CITY, 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 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 checked="" 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 AGNES ANN DOMANSKI			15a. (If Wife) Give Maiden Last Name DEBOLD			16. Decedent's Usual Occupation PAYROLL CLERK		17. Kind Of Business/Industry AUTO MANUFACTURER	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LOWELL		18c. Street And Number 1509 ISLAND BOULEVARD	18d. Apt. No.	18e. Zip Code 46356	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) JOHN JAMES DOMANSKI				23. Mother's Name (First, Middle, Last) MARIE PAULINE DOMANSKI			23a. Mother's Maiden Last Name MARSHALEK		
24. Informant's Name BEVERLY A SHAVEY		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1509 ISLAND BOULEVARD, LOWELL, IN 46356					
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) 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 & DZIADOWICZ FUNERAL HOME, INC., MUNSTER, 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): FD04001447			
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. END STAGE DEMENTIA DISEASE 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. _____ C. _____ D. _____								Approximate Interval: Onset To Death	
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			
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		35. 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: 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. 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 11/15/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 16 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									