

4



# Chicago Title Insurance Company

1501486

## SURVIVORSHIP AFFIDAVIT

On this 21st of Sept 2015 before me personally appeared \_\_\_\_\_

Joseph Paloski, Jr

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

- Affiant resides at the address given below affiant's signature:
- Affiant is OWNER  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Joseph Paloski, Jr and Carole A. Paloski

- Said Carole A. Paloski  
(fill in name of co-tenant who died)  
died on 3/02/15  
leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is:

Attached legal

- 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..

**FILED**

OCT 01 2015

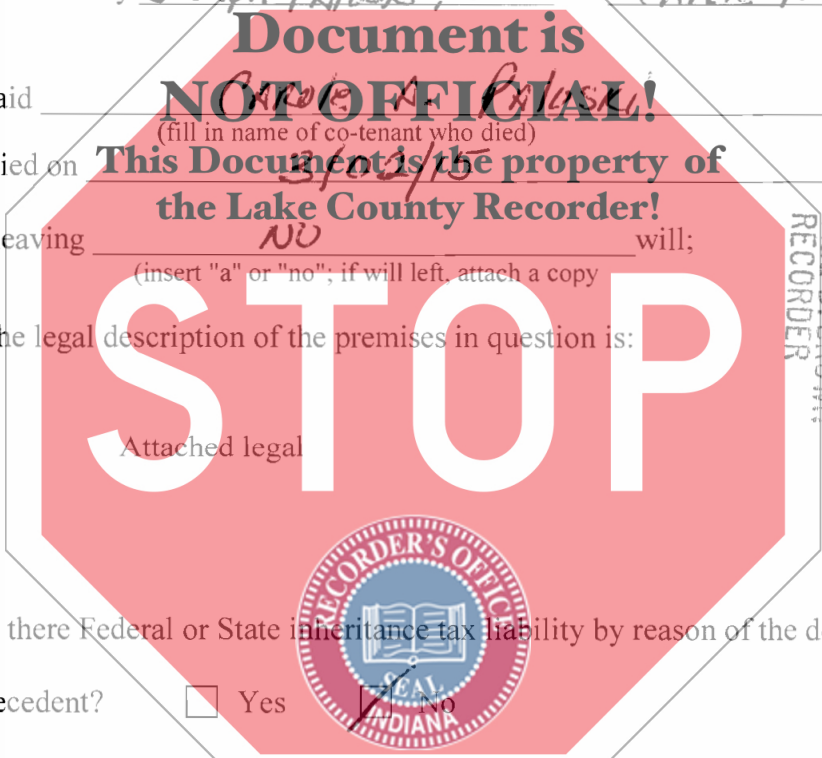
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

21989

non-com  
\$ 18.00  
M.E  
C-T

①

CHICAGO TITLE INSURANCE COMPANY



2015 0679422  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2015 OCT -2 AM 10:31  
MICHAEL B. BROWN  
RECORDER





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 47940

Local No 000806

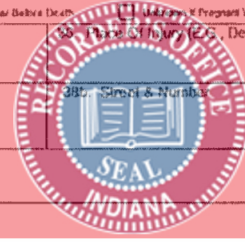
EDR No 000000436454

State No 011591

1. Decedent's Legal Name (First, Middle, Last) <b>CAROLE A PALOSKI</b>				1a. Maiden Name (If female) <b>STANISH</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>11:26 AM</b>	4. Date Of Death (Month/Day/Year) <b>03/02/2015</b>			
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>71</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>03/19/1943</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</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 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) <b>10122 PRAIRIE AVENUE</b>									12. City Or Town, State, And Zip Code <b>HIGHLAND, IN, 46322</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>JOSEPH PALOSKI</b>		15a. (If WfW) Give Maiden Last Name	16. Decedent's Usual Occupation <b>HOMEMAKER</b>	17. Kind Of Business/Industry <b>DOMESTIC</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HIGHLAND</b>		18c. Street And Number <b>10122 PRAIRIE AVENUE</b>	18d. Apt. No.	18e. Zip Code <b>46322</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>EDWARD STANISH</b>		23. Mother's Name (First, Middle, Last) <b>SUSAN STANISH</b>		23a. Mother's Maiden Last Name <b>SABOCKI</b>	
24. Informant's Name <b>TRISIA MC CARTHY</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1355 WEST 300 STREET NORTH, CRAWFORDSVILLE, IN 47933</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"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>HEIGHTS CREMATORY</b>		25c. Location - City, Town, And State <b>CHICAGO HEIGHTS, IL</b>							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number <b>FH88800070</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>ELI VUJKO, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD01008300</b>						28. Cause of Death (See Instructions And Examples) <b>CHF</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 Specifying The Event(s) For Which They Are A Consequence. Enter Cause On A Line. Add Additional Lines If Necessary. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. CHF</b> <b>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>		28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						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		32. If Female: <input checked="" 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		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		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
39. Describe How Injury Occurred		41. Signature, Of Person Certifying Cause Of Death: <b>SUSAN RAMIREZ, 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>SUSAN RAMIREZ, 919 MAIN STREET, DYER, IN 46311</b>	
40. Additional Funeral Service Provider		44. License Number <b>01055919A</b>		45. Date Certified <b>03/09/2015</b>		47. Alias:		48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>			
49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 10 2015</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
MAR 19 2015  
Susan W. Best, M.D.



RAISED SEAL AFFIXED

**EXHIBIT "A"**

THE WEST 50.2 FEET OF LOT 3 PLAT OF CORRECTION, WHITE OAK ESTATES OF HIGHLAND BLOCK 2, TO THE TOWN OF HIGHLAND, AS RECORDED IN PLAT BOOK 82 PAGE 15 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 10122 Prairie Avenue, Highland, IN 46322

#45-07-32-426-009.000-026

