

1501613

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 10/7/15 before me personally appeared _____
(insert date)

Rosalie V Blotnicki

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

1. 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.)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Said premises were formerly owned as joint tenants or as tenants by the entireties by James A Blotnicki and Rosalie V Blotnicki;

4. Said James A Blotnicki

(fill in name of co-tenant who died)

died on 01/10/2014

leaving no will;

(insert "a" or "no" if will left, attach a copy)

5. The legal description of the premises in question is:

Lot 26 in Harvest Ridge Phase 2 as per plat thereof recorded in plat book 75 in the office of Lake County Indiana

04796

6. 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 09 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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nm in
CT
nd

CHICAGO TITLE INSURANCE COMPANY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 14 AM 11:21

MICHAEL B. BROWN
RECORDER

2015 069876

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was _____

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Signature: Rosalie V Blotnicki
Printed Name Rosalie V Blotnicki
Address: 7659 E 111th Pl
Crown Point, IN 46307

Subscribed and sworn to before me by the affiant
This 10/7/15
(insert date)

[Signature]
Notary Public

Printed Name _____
My County of Residence is _____
In the State of _____

RECORDER'S OFFICE
SEAL
INDIANA

NOTARY PUBLIC
SEAL
INDIANA

CORI E. KALE
Notary Public
Lake County, State of Indiana
Commission Expires August 31, 2017

My Commission Expires _____

This instrument prepared by Rosalie V Blotnicki

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 _____



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 06559

Local No 000106

EDR No 00000363910

State No 001450

1. Decedent's Legal Name (First, Middle, Last) JAMES A BLOTNICKI				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 12:07 PM	4. Date Of Death (Month/Day/Year) 01/10/2014		
5. Social Security Number [REDACTED]		6a. Age - Yrs 61	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) 05/06/1952		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 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) 1330 W WEST 100TH AVENUE						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 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 ROSALIE BLOTNICKI			15a. (If Wife) Give Maiden Last Name TRZECIAK		16. Decedent's Usual Occupation WELDER		17. Kind Of Business/Industry ELECTROMOTIVE
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 1330 WEST 100TH AVENUE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) BRUNO BLOTNICKI		
22. Father's Name (First, Middle, Last) BRUNO BLOTNICKI		23. Mother's Name (First, Middle, Last) ANNA BLOTNICKI		23a. Mother's Maiden Last Name KALINOWSKI		24. Informant's Name ROSALIE BLOTNICKI				
24. Informant's Name ROSALIE BLOTNICKI		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1330 WEST 100TH AVENUE, CROWN POINT, IN 46307						
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) NORTHWEST INDIANA CREMATION SVS		25c. Location - City, Town, And State CROWN POINT, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307				27a. Funeral Home License Number: FH83002445				
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01009461		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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. ES LUNG CANCER Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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						
28. 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		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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		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						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): NOT VALID UNLESS				
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 01/14/2014		
46. Additional Funeral Service Provider:						47. *As:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 15 2014				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										

