

SMALL ESTATE AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
)
COUNTY OF LAKE)

2015 070279

2015 OCT 15 PM 2:37

MICHAEL B. BROWN
RECORDER

I, Ernest Nowaczyk, being first duly sworn upon my oath, states:

- 1. I live at 6090 W. 89th Lane, Crown Point, Indiana 46307.
- 2. I, along with my cousins, Joseph G. Jarosz and Judith L. Flitar are Edward J. Jarosz a/k/a Edward Jarosz's, only heirs.
- 3. The decedent's name is Edward J. Jarosz a/k/a Edward Jarosz, our uncle.
- 4. The deceased died on August 19, 2015, more than forty-five (45) days

have elapsed since his death and I have attached a copy of his death certificate which is marked as Exhibit "A".

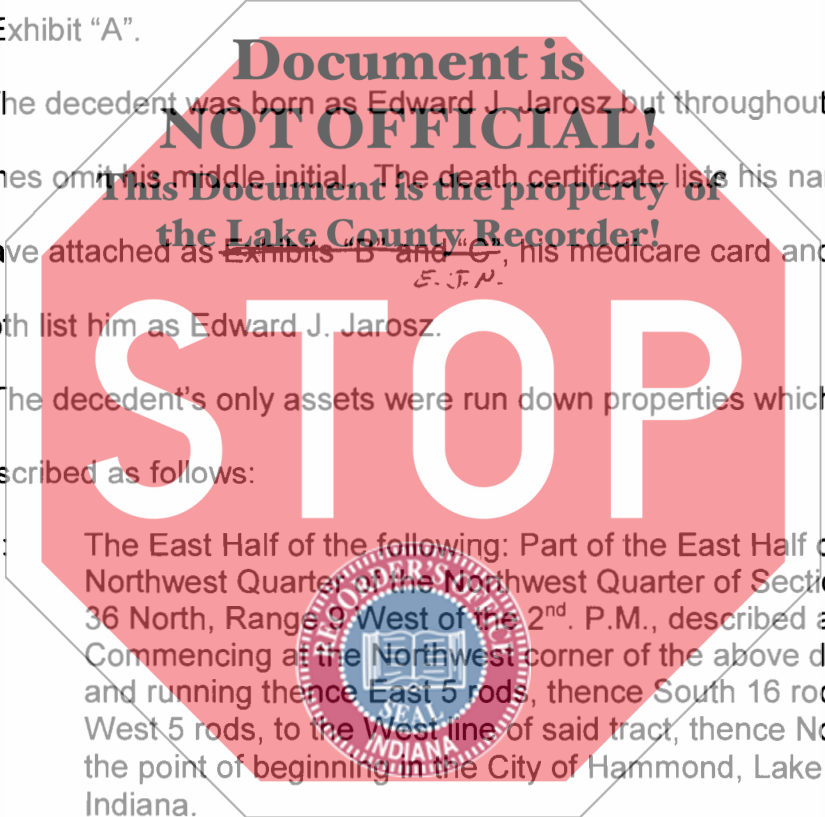
5. The decedent was born as Edward J. Jarosz but throughout his lifetime he would sometimes omit his middle initial. The death certificate lists his name as Edward Jarosz but I have attached as Exhibits "B" and "C", his medicare card and driver's license that both list him as Edward J. Jarosz.

6. The decedent's only assets were run down properties which are more particularly described as follows:

Parcel 1: The East Half of the following: Part of the East Half of the Northwest Quarter of the Northwest Quarter of Section 5, Township 36 North, Range 9 West of the 2nd. P.M., described as follows: Commencing at the Northwest corner of the above described tract and running thence East 5 rods, thence South 16 rods, thence West 5 rods, to the West line of said tract, thence North 16 rods to the point of beginning in the City of Hammond, Lake County, Indiana.

Commonly known as: 1405 Summer Street, Hammond, Indiana.

Key No. 450706227002000023



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FILED

OCT 15 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Parcel II: A strip of land 75 feet wide in the Northeast Quarter of Section 6, Township 36 North, Range 9 West of the 2nd P.M., in Hammond, North Township, Lake County, Indiana, described as follows: Beginning at a point in the Northeasterly line of 80 foot wide Summer Street at a point that is 1483.88 feet Northwesterly of the point of intersection of said Northeasterly line of Summer Street, with the East line of said Section 6, measured along said Northeasterly line of Summer Street, thence Northeasterly along a line which is parallel to and 100 feet East of the property owned by Lake Machine and Tool Works, Inc., and which is described in Deed Record 1260, page 131, a distance of 444.07 feet, more or less, to the monumented South line of the lands of the N.Y. Central Railroad as established this date, said point being 1173.22 feet Northwesterly of the point of intersection of said South line of the lands of the N.Y.C.R.R. with the East line of said Section 6, measured along said South line of the lands of the N.Y.C.R.R.; thence Southeasterly along said South line of lands of the N.Y.C.R.R; 75.01 feet; thence Southerly on a line parallel to and 75 feet Southeasterly of aforesaid 444.07 foot line, a distance of 453.10 feet, more or less, to the Northeasterly line of 80 foot wide Summer Street; thence Northwesterly along said Northeasterly line of 80 foot wide Summer Street 75 feet to the point of beginning, in Lake County, Indiana.

Commonly known as 5013 Baring, East Chicago, Indiana.

Key No. 450332132013000024

Parcels
III, IV, V
& VI

This Document is the property of
the Lake County Recorder!

Lots 15, 16, 17 and 18 in Block 1, Gostlin Meyn and Hastings, Inc. Summer Street Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 16, page 5, in the Office of the Recorder of Lake County, Indiana.

Commonly known as:

1450 Summer Street, Hammond, Indiana (Lot 15)

1452 Summer Street, Hammond, Indiana (Lot 16)

1454 Summer Street, Hammond, Indiana (Lot 17)

1456 Summer Street, Hammond, Indiana (Lot 18)

Key Nos. 45-07-06-228-010.000-023

45-07-06-276-001.000-023

45-07-06-276-002.000-023

45-07-06-276-003-000-023

7. The value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed the sum of \$50,000.00 and the real estate will be transferred to us on an undivided 1/3, 1/3, 1/3 basis.

8. That all debts, funeral expenses and expenses of the decedent's last illness have been fully paid and satisfied. The gross value of his estate including all jointly held property was an amount that was not subject to federal estate tax.

9. That at least forty-five (45) days have elapsed since the death of the decedent.

10. That no application or petition for appointment of personal representative is pending or has been granted in any jurisdiction.

11. That the purpose of this Affidavit is to induce the Auditor of Lake County to change the tax records and to show that title to the above described real estate in the name of Edward J. Jarosz and/or Edward Jarosz be transferred to his only heirs, Ernest Nowaczyk, Joseph G. Jarosz and Judith L. Flitar.

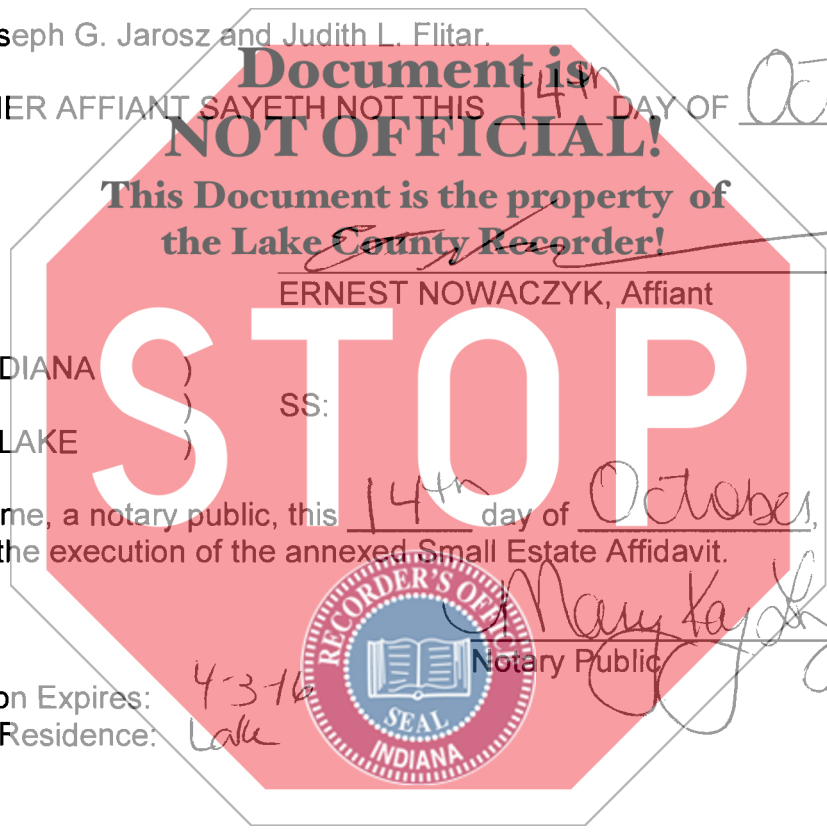
FURTHER AFFIANT SAYETH NOT THIS
2015.

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

Before me, a notary public, this 14th day of October, 2015,
acknowledge the execution of the annexed Small Estate Affidavit.

My Commission Expires: 4-3-16
My County of Residence: Lake



Document is NOT OFFICIAL!
FURTHER AFFIANT SAYETH NOT THIS 14th DAY OF October,
2015.

This Document is the property of
the Lake County Recorder!

ERNEST NOWACZYK, Affiant



Mary Kay...
Notary Public



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 62739

Local No 002781

EDR No 00000464834

State No

1. Decedent's Legal Name (First, Middle, Last) EDWARD JAROSZ				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:00 PM	4. Date Of Death (Month/Day/Year) 08/19/2015	
5. Social Security Number 310-24-0097		6a. Age - Yrs 85	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) 09/11/1929		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) OWNERS WORK SHOP			
11. Facility Name (If Not Institution, Give Street and Number) 1421 SUMMER STREET									
12. City Or Town, State, And Zip Code HAMMOND, IN, 46320					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 type="checkbox"/> Widowed <input checked="" 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 PROPERTY MANAGER		17. Kind Of Business/Industry REAL ESTATE	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND				
18c. Street And Number 1450 SUMMER STREET						18d. Apt. No.	18e. Zip Code 46320	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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) WALTER JAROSZ				23. Mother's Name (First, Middle, Last) STEPHANIE JAROSZ			23a. Mother's Maiden Last Name BORUCH		
24. Informant's Name ERNEST NOWACZYK			24a. Relationship To Decedent NEPHEW		24b. Mailing Address (Street And Number, City, State, Zip Code) 6090 WEST 89TH LANE, CROWN POINT, IN 46307				
25. Place Of Disposition									
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) KELLY CARROLL CREMATION SERVICES - GARY, IN			25c. Location - City, Town, And State			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LESNIAK FUNERAL HOME, INC., 4918 MAGOUN AVENUE, EAST CHICAGO, IN 46312					27a. Funeral Home License Number: FH83001601		
27b. Signature Of Indiana Funeral Service Licensee: JOHN B. LESNIAK, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01005491			
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. CARDIOPULMONARY ARREST 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								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 HYPERTENSION, DIABETES MELLITUS, SICKLE CELL ANEMIA, BASAL CELL CANCER								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			30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		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: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307						44. License Number		45. Date Certified 08/21/2015	
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): AUG 24 2015			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
EXHIBIT 'A'									