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2015 070786

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 OCT 19 AM 9: 51

MICHAEL B. BROWN RECORDER

STATE OF INDIANA)
SS:
COUNTY OF LAKE

AFFIDAVIT OF SURVIVORSHIP

Comes now Andrew C. Pawlowski, being duly sworn upon his oath and states as follows:

1. That he is one of the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 26 in Tri-State Gardens Second Addition to Hammond, as per plat thereof, recorded in Plat Book 30, page 5h in the Office of the Recorder of Lake County, Indiana. Lake County Recorder!

Commonly known as 7519 Bertram Avenue, Hammond, IN 46324.

Property No. 45-07-152-005.000-023

- 2. That Walter Pawlowski and Stella Pawlowski acquired title, as tenants by the entirety.
- 3. That Walter Pawlowski and Stella Pawlowski held title to said real estate as tenants by the entirety until the death of Stella Pawlowski on the 17th May of May, 2004.
- 4. That the gross value of the estate of the decedent, Stella Pawlowski, as determined for the purpose of Federal Estate Tax was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax. That no Indiana Inheritance Tax was due.

Andrew C. Pawlowski

FIDELITY NATIONAL TITLE COMPANY 92015-2328

15-18

FILED

22201

OCT 0.7 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

STATE OF INDIANA)		
COUNTY OF LAKE) SS:)		
Subscribed and	sworn to before me, a Notary P 2015. OFFICIAL SEAL MARK S. LUCAS Notary Public Indiana County Lake My Commission Expires Aug. 24, 2017	rublic in and for said County a manufacture. nent is FICIAL!	
I affirm, under Security Number in this	the penalties for perjury that I had document, unless required by la	aveltaken reaspueble vare for the Recorder!	redact each Social
	Mari	k S. Lucas	
This document prepared	· · ·	mb & Medrea, LLP LDrive	

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5.7 3 7. 1 *ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

	THE RECORDS IN THIS	SERIES ARE CONFIDENT	CERTIFICATIAL PER IC 16-37-1-10				
TYPE/PRINT	1. DECEASED-NAME (First, I	Middle, Last)		2. SEX	3a. TIME OF DE	ATH ; 36. DATE OF DEA	ATH (Month, Day, Yr.)
IN	Stella Pawlowski			· Femal		м Мау 17, 20	
PERMANENT	4. *SOCIAL SECURITY NUMBER	S 5a. AGE-Last Birthday (Years)		c. UNDER 1 DAY 6. DATE	OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City	and State or Foreign Country)
BLACK INK		79	Monnie C.,	i	11, 1924	Poland	
BLACKIAN	8a. WAS DECEDENT	8b. YEAR LAST SERVED IN			OF DEATH (Check only one.		
	A U.S. VETERAN?	U.S. ARMED FORCES?	HOSPITAL: X: Impatier		OTHER: Nursing Home	Other (Specify)	
	No			tpatient DOA	Residence		
DECEDENT	9b. FACILITY NAME (If not institu	ution, give street and number)		9c. CITY, TO	OWN, OR LOCATION OF DEAT	TH 9d. COUNTY OF	DEATH
	Community Hospital			Munste		Lake	
i	1 10. MARITAL STATUS	11. SURVIVING SPOUSE		12a. DECEDENT'S USUAL Of	CCUPATION (Give kind of working life. Do not use retired)	k 12b. KIND OF BUSIN	NESS/INDUSTRY
	(Specify) ; Married !	Walter Pawlowski		Home Maker	king lite. Do not use remos,	Home Maker	r
	13a. RESIDENCE-STATE	13b. COUNTY	32c. CITY, TOWN, OR LO		: 13d. STREET AND N		
	Indiana	Lake	<u>i Ha</u> mmond		7519 Bertran		
	13e. ZIP CODE 13f. INSIDE CITY	Y LIMITS 14. CITIZEN OF	15. WAS DECEDENT	OF HISPANIC ORTGIN?	1 16. RACE-American Indian,	17. DEC	CEDENT'S EDUCATION
	□ No S	X Yes WHAT COUNT	RY7 X No Ye Mexican, Puerto R	es (If yes, specify Cuban,	Black, White, etc. (Specify)	(Specify or	nly highest grade completed)
	13g. ON A FARM	M2	OTOR	FICIA	T (chains)	Elementary/Second	dary (0-12) College (1-4 or 5+)
	46324 X No [Yes U.S.A.	0101	FICIA	Caucasian		
PARENTS	18. FATHER'S NAME (First, Middle		ocument i	s the prope	S NAME (First, Middle, Maid	en Surname)	
	Marcin Staroniowska				Chwalka		
INFORMANT	20a. INFORMANT'S NAME (Type/	-/	e Lake Cou		or Rural Route Number, City of	Town State. Zip Code)	20c. Relationship
II'm w.	Richard Pawlowski	The state of the s	7519 Bert	ran Avenue Hammor		1 10	Son
	21a. METHOD OF DISPOSITION	Entombment		OF DISPOSITION (Name of cer		21c. LOCATION-City or To	
	21a. METHOD OF DISPOSITION X Burial Cremation	Entombment Removal from State		ay 20, 2004	nelery, crematory, a	216 LUGATION S.,	own, state
,	Donation Other (Specif	1		Memorial Gardens		Schererville, Lal	kc.
DISPOSITION	22a. EMBALMER'S NAME		22b. EMBALMER'S		23. WAS DEATH REPOR		
Dioi C	1	1	11/1	Liouan			
	NOT APPLICABLE		NA	126	I ENO EY		
	24a. SIGNATURE OF FUNERAL D	IRECTOR		icensee)	NAME, ADDRESS, AND LICE		LHOME
1	(//hun	1			1 1 7 1	I I I	
				1	hapel Lawn Funera	-	
	7110	We.		800086 8	178 Cline Avenue,	-	
	26. PART I. Enter be dise arrest shock	eases, journes, or complications that to the complications that to the complications that the complications the complication the complications the complication that the complication the complication the complication that the complication the complication that the complication that the complication that the complication the complication the complication the complication that the complication the complication the complication that the complication the complication that the complication the complication that the complication the complication the complication the complica	at caused the death. Bo not ente	1	178 Cline Avenue,	-	Approximate Interval Between
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