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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 070786

2015 OCT 19 AM 9:51

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

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 56 in the Office of the Recorder of Lake County, Indiana.

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 day 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

Andrew C. Pawlowski



**FIDELITY NATIONAL
TITLE COMPANY**
92015-2328

15-
FIB
22201

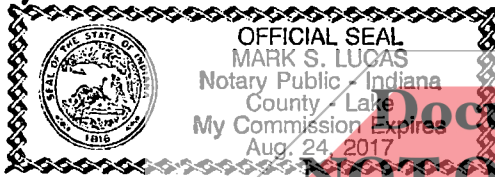
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OCT 07 2015

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 9th day of September, 2015.



Mark S. Lucas
_____, Notary Public

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.



Mark S. Lucas

Mark S. Lucas

This document prepared by:

Mark S. Lucas
Lucas, Holcomb & Medrea, LLP
300 East 90th Drive
Merrillville, IN 46410

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1299-04 CERTIFICATE OF DEATH State No. _____
 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME (First, Middle, Last) Stella Pawlowski	2. SEX Female	3a. TIME OF DEATH 8:28 pm M	3b. DATE OF DEATH (Month, Day, Yr.) May 17, 2004
DECEDENT	4. SOCIAL SECURITY NUMBER 79	5a. AGE—Last Birthday (Years) 79	5b. UNDER 1 YEAR Months Days 79	5c. UNDER 1 DAY Hours Minutes 79
	6. DATE OF BIRTH (Mo. Day, Yr.) July 11, 1924		7. BIRTHPLACE (City and State or Foreign Country) Poland	
PARENTS	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
	9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake
INFORMANT	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Walter Pawlowski	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker	12b. KIND OF BUSINESS/INDUSTRY Home Maker
	13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 7519 Bertran Avenue
DISPOSITION	13e. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Caucasian
	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) Caucasian		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>
CAUSE OF DEATH	18. FATHER'S NAME (First, Middle, Last) Marcin Staroniowska		19. MOTHER'S NAME (First, Middle, Maiden Surname) Rozalia Chwalka	
	20a. INFORMANT'S NAME (Type/Print) Richard Pawlowski		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7519 Bertran Avenue Hammond, Lake 46324	
HEALTH OFFICER	20c. Relationship Son		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 20, 2004 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Schererville, Lakk	
CERTIFIER	22a. EMBALMER'S NAME NOT APPLICABLE		22b. EMBALMER'S LICENSE NO. N/A	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input type="checkbox"/> Yes
	24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) FD29809986	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home, 8178 Cline Avenue, Schererville, Indiana, 46375
HEALTH OFFICER	26. PART I. Enter the diseases, injuries, or complications that caused the death, arrest, shock, or near-fatal event. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or near-fatal event. Do not include cause of death.		Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final health department disease or condition resulting in death) Acute Coronary Arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): Arrest Acute Coronary Arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): Bleed Acute Coronary Arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): Failure		Seconds Hours Years Years	
HEALTH OFFICER	PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or No) No
	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
HEALTH OFFICER	29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.	29b. SIGNATURE AND TITLE OF CERTIFIER 		29c. MEDICAL LICENSE NO. 02000872
	29d. DATE SIGNED (Month, Day, Year) 05/24/04		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John A. Hoehn, D.O. 505 W. Lincoln Hwy. Schererville, IN 46375	
HEALTH OFFICER	31. HEALTH OFFICER'S SIGNATURE 		32. DATE FILED (Month, Day, Year) May 25, 2004	
	33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK (Yes or no)
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

