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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: DECEDENT
WALTER PAWLOWSKI

2015 070787

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above named decedent died intestate on the 17th day of January, 2006, while domiciled in Lake County, Indiana.

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

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

4. That the following named persons are the only heirs of the decedent: Zbigniew Richard Pawlowski and Andrew Christopher Pawlowski c/o Andrew Christopher Pawlowski, 125 Snead St., Crown Point, Indiana 46307; Henry Mark Pawlowski, 2450 Crabapple Lane, Hobart, Indiana 46342; and Larry Walter Pawlowski, 31269 N. 130th Lane, Peoria, Arizona 85383, sons of the decedent.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 OCT 19 AM 9:51
MICHAEL B. BROWN
RECORDER

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of $50,000 as provided by I.C. 29-1-8-1.

6. That the decedent's asset is a parcel of real estate which was owned by the decedent, 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 51, in the Office of the Recorder of Lake County, Indiana.

   Property Number: 45-07-17-152-005.000-023

   More commonly known as 7519 Bertram Avenue, Hammond, IN 46324.

FILED
OCT 07 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR
20222

7. That the following list of persons, firms, or corporation are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: None.

8. That by reason of the above stated matters the Affiant requests that the real estate of the decedent Walter Pawlowski, be transferred under the terms of Article III of the Last Will and Testament of Walter Pawlowski dated October 14, 2002.

9. That the gross value of the estate of the decedent, Walter Pawlowski, was less than the value required for the filing of an Indiana Inheritance Tax Return, and Federal

FIDELITY NATIONAL
TITLE COMPANY
92015-2328 (3)

(2) 16
NONC.
SS
FN

Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Indiana Inheritance Tax and Federal Estate Tax.

Andrew S. Pawlowski

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, by Andrew S. Pawlowski this 9th day of Sept., 2015.

, Notary Public

OFFICIAL SEAL
MARK S. LUCAS
Notary Public - Indiana
County of Lake
My Commission Expires
Aug. 24, 2017

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

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

Tax Bills To:

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* **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. 0139-06 ..... **CERTIFICATE OF DEATH** ..... State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED–NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Walter Pawlowski	Male	1:17 P M	January 19, 2006

4. *SOCIAL SECURITY NUMBER	5a. AGE–Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
	87			August 17, 1918	Oturuda, Poland

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	8a. PLACE OF DEATH (Check only one. See Instructions.)
No		HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Community Hospital	Munster	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Second Helper	Steel

13a. RESIDENCE–STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Hammond	7519 Bertran Ave.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE–American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46324	[ ] No [X] Yes	[X] No [ ] Yes	USA	[X] No [ ] Yes	White	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Franciszek Pawlowski	Rozalia Sliwinska

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Rich Pawlowski	7519 Bertran Ave Hammond, Indiana 46324	Son

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION–City or Town, State
[X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)	January 23, 2006 Chapel Lawn Memorial Gardens	Schererville, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Steven J. Struck	FD08600181	[X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
	FD20300001	Chapel Lawn Funeral Home, FH19900051 8178 Cline Avenue, Schererville, Indiana, 46375

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardio Pulmonary Arrest	Seconds
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF): Myocardial Infarction	Hours
	c. DUE TO (OR AS A CONSEQUENCE OF): Coronary Artery Disease	Years
	d. DUE TO (OR AS A CONSEQUENCE OF):	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

- [X] CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- [ ] 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.
- [ ] 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.	29d. DATE SIGNED (Month, Day, Year)
John A. Hoehn MD	02000872	01/20/06

HEALTH OFFICER

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

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Susan W Burt D.O.	January 23, 20

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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)