

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 072615

2015 OCT 27 PM 1:37

Send Tax Bills to:
1366 Illinois Street
Hobart, IN 46342

MICHAEL B. BROWN
RECORDER

TRUSTEE'S DEED

This indenture witnesseth that MARY SZWAJKOWSKI as surviving Trustee, of the Deed in Trust executed July 21, 2000 and recorded on July 25, 2000 under document no.: 2000 052466, in the office of the Recorder of Lake County, State of Indiana, and individually and as Life Tenant, does hereby grant, bargain and convey to MARY SZWAJKOWSKI AND ROBERT C. SZWAJKOWSKI as Joint Tenants with Full Rights of Survivorship, RESERVING UNTO MARY SZWAJKOWSKI A LIFE ESTATE IN SAID REAL ESTATE, for the sum of One Dollar (\$1.00) and other valuable consideration, the following real estate in Lake County, State of Indiana, to wit:

All of Lots 13, 14, 15 and 16 in SPL-DEI Manor as recorded per plat thereof, in the Office of the Recorder of Lake County, IN

Commonly known as: 1366 Illinois Street, Hobart, Indiana 46342.
Parcel No.: 45-13-05-252-016.000-018
45-13-05-252-017.000-018
45-13-05-252-018.000-018

In Witness Whereof, Mary Szwajkowski as Trustee and individually, has hereunto set her hand and seal this 26 day of October, 2015.

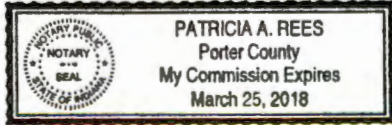
Mary Szwajkowski
MARY SZWAJKOWSKI Trustee
Mary Szwajkowski
MARY SZWAJKOWSKI

State of Indiana, County of Porter) S.S.:

Before me a Notary Public in and for the County and State, personally appeared MARY SZWAJKOWSKI and who acknowledged the execution of the forgoing Trustee's Deed as her free and voluntary act for the purpose of conveying real property.

Witness my hand and Notarial Seal this 26 day of October, 2015.

My Commission Expires: 03/25/18



Patricia A. Rees
Patricia A. Rees, Notary Public
Porter County

I affirm, under the penalties of perjury, that I have taken reasonable care to ascertain the correct Social Security number in this document, unless required by law.

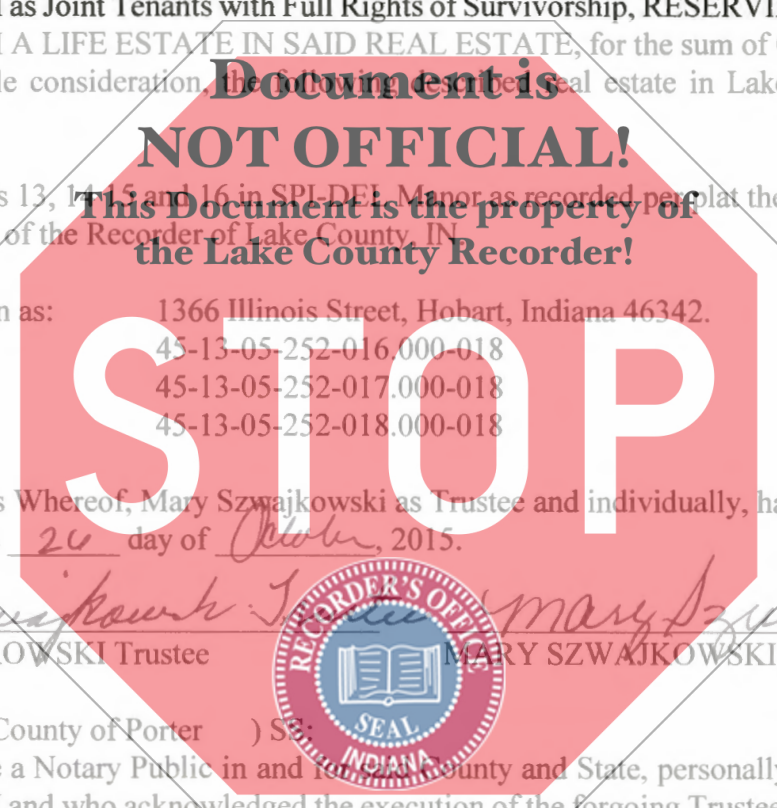
Patricia A. Rees
Patricia A. Rees

OCT 27 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

This Instrument was prepared by: The Law office of Patricia A. Rees
5341 Central Ave., Portage, IN 46368 (219) 947-1692 Fax (219) 763-9749

18⁰⁰
13260
22651



NO SALES DISCLOSURE NEEDED
Approved Assessor's Office

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 2009-0033

State No. 001011

1. Decedent's Legal Name (First, Middle, Last) MICHAEL A. SZWAJKOWSKI			1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 5:25 pm	4. Date Of Death (Month/Day/Year) January 10, 2009		
5. Social Security Number 317-72-5373	6a. Age - Yrs 45	6b. Under 1 Year Month: _____ Days: _____	6c. Under 1 Month Days: _____	6d. Under 1 Day Hours: _____ Minutes: _____	6e. Under 1 Hour Minutes: _____	7. Date Of Birth (Month/Day/Year) February 22, 1963		8. Birthplace (City And State Or Foreign Country) Gary, Indiana	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) VNA Horton Hospice Center									
12. City Or Town, State, And Zip Code Valparaiso, IN 46383			13. County Of Death Porter			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 N/A		15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Disabled		17. Kind Of Business/Industry Disabled			
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart		18c. Street And Number 1366 1/2 S. Illinois St.		18d. Apt. No. 46342	
18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education High School Graduate or GED					
20. Decedent's Hispanic Origin No not Spanish/Hispanic/Latino		21. Decedent's Race White					22. Father's Name (First, Middle, Last) Robert Szwajkowski		
23. Mother's Maiden Last Name Sawa		24. Informant's Name Mary Szwajkowski		24a. Relationship To Decedent Mother		24b. Mailing Address (Street And Number, City, State, Zip Code) 1366 S. Illinois St., Hobart, IN 46342			
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 Service		25c. Location - City, Town, And State Gary, Indiana 46408					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342		27a. Funeral Home License Number: FH83003069		27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Krause</i>			
27c. License Number (Of Licensee): FD01006463		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 Cause. 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. Colorectal Cancer B. _____ C. _____ 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							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings 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 checked="" type="checkbox"/> No <input 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 checked="" 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)			
41. Signature Of Person Certifying Cause Of Death: <i>[Signature]</i>				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: Peter Tothy MD, 8127 Merrillville Road, Merrillville, Indiana 46410				44. License Number 01065693A		45. Date Certified 1/15/09			
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature Of Local Health Officer: <i>Mary A. Bobiack MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): January 14, 2009			

