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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 078534

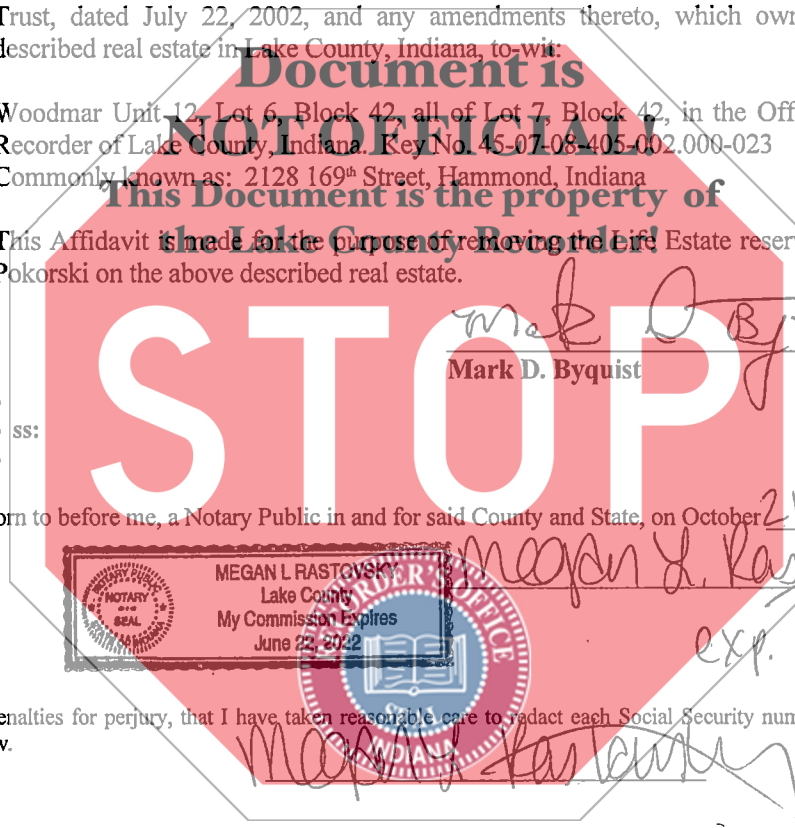
2015 OCT 30 PM 1:52

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

Mark D. Byquist, being sworn upon his oath, states that:

1. He is the Nephew of the Decedent, Maxine V. Pokorski, who died on June 6, 2015.
2. Maxine V. Pokorski was a Trustee under the Trust Agreement known as the Pokorski Living Trust, dated July 22, 2002, and any amendments thereto, which owned the following described real estate in Lake County, Indiana, to-wit:
Woodmar Unit 12, Lot 6, Block 42, all of Lot 7, Block 42, in the Office of the Recorder of Lake County, Indiana. Key No. 45-07-08-405-002.000-023
Commonly known as: 2128 169th Street, Hammond, Indiana
3. This Affidavit is made for the purpose of removing the Life Estate reserved by Maxine V. Pokorski on the above described real estate.



Mark D. Byquist

 Mark D. Byquist

State of Indiana)
) ss:
 County of Lake)

Subscribed and sworn to before me, a Notary Public in and for said County and State, on October 21st, 2015.

Megan L. Rastovsky

 Notary Public
 exp. 6-22-22



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.

Megan L. Rastovsky

Prepared by Attorney John M. O'Drobinak, 1806 Robinhood Blvd, Schererville IN 46375; (219) 865-2285

COMMUNITY TITLE COMPANY
 FILE NO 158765

13-
 CM
 RM 22783

DULY ENTERED FOR TAXATION SUBJECT
 FINAL ACCEPTANCE FOR TRANSFER

OCT 30 2015

JOHN E. PETALAS
 LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 56259

Local No 001975

EDR No 000000452547

State No 027792

Decedent's Legal Name (First, Middle, Last) MAXINE VIRGINIA POKORSKI				1a. Maiden Name (if female) UNAVAILABLE		2. Sex FEMALE	3. Time Of Death 04:32 AM	4. Date Of Death (Month/Day/Year) 06/06/2015			
5. Social Security Number XXXXXXXXXX	6a. Age - Year 82	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) 02/15/1933		8. Birthplace (City and State or Foreign Country) HAMMOND, IN			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain			10. Where Occurred (In a Hospital) <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) RILEY HOSPICE CENTER											
12. City Of Birth (State and Zip Code) MUNSTER, IN 46324					13. County Of Birth LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, Divorced <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name				16. Decedent's Usual Occupation SECRETARY		17. Kind Of Business/Industry HAMMOND CITY SCHOOL SYSTEM					
10. Residence - State INDIANA		10b. County LAKE		10c. City Or Town HAMMOND		18d. Apt. No.		18e. Zip Code 46324		18f. Trade City/Lake? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Decedent's Education HIGH SCHOOL GRADUATE ORGED COMPLETED		20. Decedent's Race NOT HISPANIC		21. Decedent's Race White		18d. Apt. No.		18e. Zip Code 46324		18f. Trade City/Lake? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. Father's Name (First, Middle, Last) EDWARD POKORSKI				23a. Mother's Maiden Last Name GIESER							
24. Informant's Name KRISS BYQUIST-MILLER		24a. Relationship To Decedent NIECE		24b. Mailing Address (Street And Number, City, State, Zip Code) 7424 FALLING LEAF CIRCLE, SCHERERVILLE, IN 46375							
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ELMWOOD CEMETERY		25c. Place Of Disposition HAMMOND, IN		25d. Location - City, Town, And District					
26. Was Funeral Conducted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324				27a. Funeral Home License Number FH11100004					
27b. Signature Of Indiana Funeral Service Licensee JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE				27c. License Number Of Licensee FD20900076							
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause The Death Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or A Line And Apical Pulse If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. OVARIAN CANCER, RECURRENT, WITH OVARIC MASS AND FISTULA											
28. Part II: Enter The Underlying Cause Or Cause Or Injury That Initiated The Event Resulting In Death List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause Or Injury That Initiated The Event Resulting In Death List B. PROTEINCALORIE MALNUTRITION											
28. Part III: Enter Other Significant Contributing Causes Or Injuries That Resulted In The Underlying Cause Or Injury In Part I C. ...											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Were Autopsy Findings Available To Determine The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Was Incomplete Cause Contributing 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 While Pregnant <input type="checkbox"/> Pregnant 3-9 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 10-12 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 13-15 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 16-18 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 19-24 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 25-30 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 31-36 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 37-42 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 43-48 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 49-54 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 55-60 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 61-66 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 67-72 Months <input type="checkbox"/> Not Pregnant, Not Pregnant, 73-78 Months <input type="checkbox"/> Not 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