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STATE OF INDIANA
LAKE COUNTY
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2016 002938

2016 JAN 19 PM 12:58

MICHAEL B. BROWN
RECORDER

Return Recorded Document to:

Attorney Lisa A. Kmak
1022 - 119th Street
Whiting, IN 46394

Send Tax Documents To:

Paul A. Roznawski
6821 Dunlin Court
Hobart, IN 46342

AFFIDAVIT OF SURVIVORSHIP

I, **Paul A. Roznawski**, being an interested person and duly sworn upon his oath, says:

1. That as joint tenants with full rights of survivorship, **Leon P. Roznawski, Paul A. Roznawski, Mary Beth Langbeen and Jacqueline A. Murawski** received title to real property located in the State of Indiana, pursuant to a Warranty Deed recorded on the 21st day of January, 1998, as document No. 98004786 in the Office of the Recorder of Lake County, Indiana.

2. The property they jointly own is located in the County of Lake, State of Indiana, commonly known as **4239 Hohman Avenue, Hammond, Indiana 46327**, and more particularly described as follows:

The South 16 feet of lot No. Eighteen (18) and the north 17 feet of Lot Nineteen (19), in Block No. Six (6), as marked and laid down on the recorded plat of Winslow's Addition to the City of Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 2, page 5, in the Recorder's Office of Lake County, Indiana.

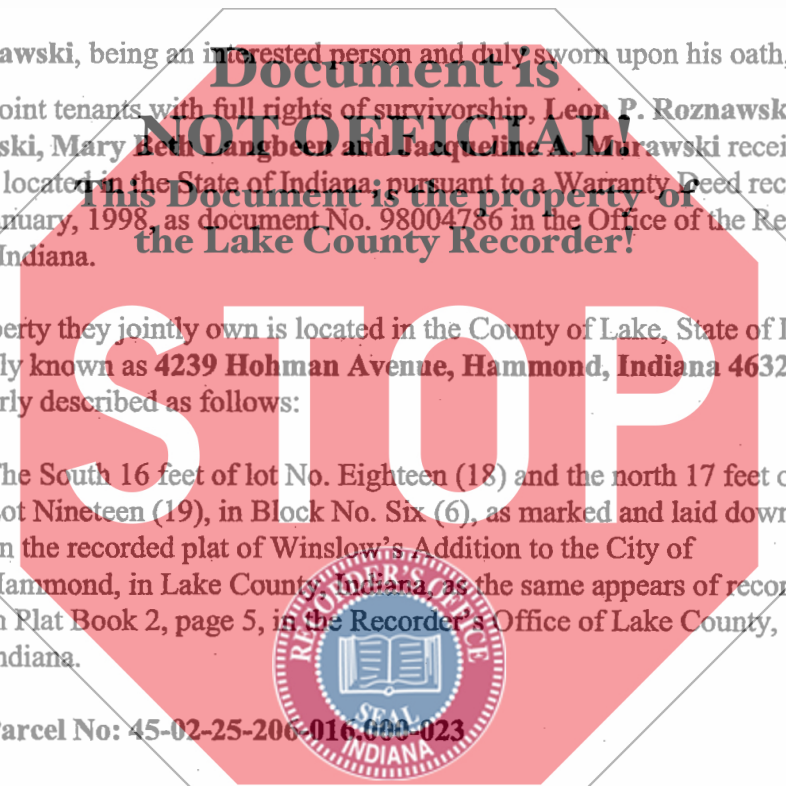
Parcel No: 45-02-25-206-016-000-023

3. **Leon P. Roznawski** died on the 16th day of September 2015. A copy of the his Death Certificate is attached hereto and made a part hereof.

4. There is no Federal or State inheritance tax liability by reason of the death of **Leon P. Roznawski**.

5. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Paul A. Roznawski, Mary Beth Langbeen and Jacqueline A. Murawski**, whose mailing address for real estate tax purposes is: **Paul A. Roznawski, 6821 Dunlin Court, Hobart, Indiana 46342**.

Further your affiant sayeth not.



FILED

JAN 15 2016
FILE NO. 158916

JOHN E. PETALAS
LAKE COUNTY AUDITOR

20279

15-
com
ad

Dated this 18 day of November, 2015.

Paul A. Roznawski

Paul A. Roznawski
6821 Dunlin Court, Hobart, Indiana 46342

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Before me, a Notary Public in and for said county and state, personally appeared Paul A. Roznawski, and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument entitled "Affidavit of Survivorship" are true.

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.

Signed and sealed this 18th day of November, 2015.

My Commission

Expires: 8-31-2016

Beverly Combs
BEVERLY COMBS, Notary Public
Resident of COOK County



Prepared by: Attorney Lisa A. Kmak, 1022- 119th Street, Whiting, IN 46394. (219) 659-1355.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 65218

Local No 003091

EDR No 000000469367

State No 043951

1. Deceased's Legal Name (First, Middle, Last) LEON P ROZNAWSKI		1a. Maiden Name (if female)		2. Sex MALE	3. Time of Death 09:30 PM	4. Date of Death (Month/Day/Year) 09/16/2015	
3. Social Security Number [REDACTED]	5a. Age - Yrs 98	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	6. Date of Birth (Month/Day/Year) 06/26/1917	7. Birthplace (City and State or Foreign Country) CHICAGO, IL
8. How in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. 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 checked="" 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) 4239 HOHMAN AVENUE							
12. City or Town, State, and Zip Code HAMMOND, IN 46327				13. County of Death LAKE		14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Spouse's Name		16a. (If Wife, Give Maiden) Last Name		16. Decedent's Usual Occupation INSTRUMENT MECHANIC		17. Kind of Business/Industry OIL REFINERY	
18a. Residence - State INDIANA		18b. County LAKE		18c. City or Town		18d. Zip Code 46342	
18e. Street and Number 4239 HOHMAN AVENUE		18f. Decedent's Education 8TH GRADE OR LESS		20. Decedent's Race		21. Decedent's Sex	
22. Father's Name (First, Middle, Last) GEORGE ROZNAWSKI		23. Mother's Name (First, Middle, Last) ANTOINETTE ROZNAWSKI		24. Mother's Maiden Last Name BERNA		25. Place of Birth (City, State, and Country) 6821 DUNLIN COURT, HOBART, IN 46342	
26. Relationship to Decedent SON		27a. Relationship to Decedent		27b. Mailing Address (Street and Number, City, State, Zip Code)		27c. License Number of Driver (if any)	
28a. 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)		28b. Place of Disposition (Name of Facility, Cemetery, Other Place)		28c. Location - City, Town, and State ST JOHN CEMETERY HAMMOND, IN		29. Name and Complete Address of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC (HAMMOND), 4404 CAMERON AVE, HAMMOND, IN 46327	
30. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. Name and Complete Address of Funeral Home		32. License Number of Driver (if any) FH83002835		33. Signature of Indiana Funeral Service Licensee KEITH D. ANTHONY, BY ELECTRONIC SIGNATURE	
34. Part I. Enter the Chain of Events - Disease, Injury, 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 Enter "Accident" or "Fall" as Cause of Death. Enter Only One Cause of Death. Add Additional Lines if Necessary.		35. Immediate Cause (Final Disease or Condition Resulting in Death) A. CONGESTIVE HEART FAILURE		36. Contributing Cause (Disease or Injury that Contributed to the Death) B. HYPERTENSION		37. Underlying Cause (Disease or Injury that Initiated the Events Resulting in Death) C. CORONARY ARTERY DISEASE	
38. Part II. Enter the Underlying Cause (Disease or Injury that Initiated the Events Resulting in Death) Last		39. Enter Other Aggravated Circumstances Contributing to Death but Not Resulting in the Underlying Cause (Use Part I)		40. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. View Autopsy Findings Available to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		43. If Female: <input type="checkbox"/> All Pregnancies 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"/> All Pregnancies, but Pregnant At Time of Death <input type="checkbox"/> Not Pregnant (Specify Weeks) the Last Year		44. Nature 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		45. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
46. Date of Injury (Month/Day/Year)		47. Time of Injury		48. Place of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Working Area)		49. Location of Injury - State	
50. City or Town		51. Street & Number		52. Apt. No.		53. Zip Code	
54. Date when Injury Occurred		55. If Transportation Injury, Specify <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other		56. If Transportation Injury, Specify <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other		57. If Transportation Injury, Specify <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	
58. Signature of Person Causing Death (if any) MATTHEWA MAZUR, BY ELECTRONIC SIGNATURE		59. Address and Zip Code of Person Causing Death		60. Certificate (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Licensed Coroner		61. License Number 02006607A	
62. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		63. For Registrar Only - Date Filed (Month/Day/Year) SEP 16 2015		64. Date of Death		65. Date of Completion	



SEP 18 2015