2016 014612

2016 MAR | | AM 9: 18

SURVIVORSHID AFFIDAVITOWN RECORDER

STATE OF Indiana COUNTY OF LAKE

SS:

015 076333

		co l
	-)	Maria E Kozak , being first duly sworn upon oath, deposes and says:
	<u> </u>	1. That Stanislaw J Wzakeied on 7–18 2010 at MUNSTER HU
		(City/\$tate)
	;	2. That Stand Slaw J Williams Hana E Kozak were duly and legally marked of the time they
77		acquired title as husband and wife to the following described real estate:
Z -		45-07-29-307-006.000-027
₹	7	19428 Chestnut LANE Munster, Indiana 4632 6 557
$\sim$	`	Lot 4 in Fair meadow 8th addition, block 1 to the town of Munister as per plat there of, recorded in Plat book 40, Page 7 in the office of the lesonder of Lais.  3. That the martial relationship, which existed between them at the time, they acquired title to said reasestationship.
F .	3	3. That the martial relationship, which existed between them at the time, they acquired title to said readestate remarked in effect
$\mathcal{K}$		and unbroken until the date of (his) the death.
2 Z	•	<ul> <li>That all funeral expenses in connection with the death of said decedent have been paid in full.</li> <li>That all assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts</li> </ul>
کی ح	•	
16co50	,	and life insurance on decedent's life were not sufficient to necessitate payment of Foderal Estate Tax.
6	1	Further affiant sayeth not.
کی کی	;	(Affiant Signature)
	Ò	MEK Mavia & Kozak Tro
50	•	STATE OF John Control of the Control
- 000 C	i i	ACKNOWLEDGEMENT
8 2		COUNTY OF Q
		Before me, a Notary Public in and for said County and Stare personally appeared Wina E Wozak
+ -	_	who acknowledged the execution of the foregoing instrument, and who, having being duly sworn, stated that any representations
25		therein contained are true. Witness my hand and Nofary Sealthis day of UCODE, 2015.
$\Sigma$	• •	Resident of County, Indiana County Indiana
当点	' -	My Commission Expires: 4-30-33
<b>DI</b>	•	
		I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Statal Security of the rin this document, unless required by law. There are the KOZAK
	,	(Name)
	•	This dystress by the Needed 23162 NOV 1 3 2015
		/ JOHN E. PETALAG
	A	Approved Assessor's Office
	В	y: 10 tref \$5)4100 the
		cash -

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.	91-11	<u>)                                    </u>					State	No	*************	· • • •		
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Last N	ame (If Female)		2. Sex	3. Time Of D	eath 4. Date C	of Death (Month/Day/	Year)		
Stanislaw k					Male			July 18, 2010				
	Sb. Under 1 Year	6c, Under 1 Month	6d, Under 1 Day	6e. Under 1 Ho Minutes	vir 7. Da	rte Of Birth (MonttvDay	Year) 8. Bi	rthplace (City And State (	Or Foreign Country)			
3/	vionths Occurred in A Hospi	Days	July 2, 1953 10a. If Death Occurred Somewhere Other Than A Hospital:			nd:	Poland					
	•		Dead On Arrival	10a. If Death Occurred Somewhere Other Than A Hospital:				n Time Care Farility 🗌 Other (Specify)				
□ Yes M No Unknown □ Mursing Home Long Time Care Facility □ Dead On Arrival □ Hospice Facility □ Decedent's Home □ Nursing Home Long Time Care Facility □ Other (Specify)  11. Facility Name (If Not Institution, Give Street And Number)												
Community Hospital												
12. City Or Town, State, And Zip Code		13. County of Death			-	14. Marital Status At Time Of Death						
Munster, IN 46321		Lake				Married Married, But Separated Diverced  Widowed Never Married Diverced						
15. Surviving Spouse's Name		15a. (If Wife)Gi	ve Maiden Last Name	e 16. Decedent's Usual Occupation			1	17. Kind Of BusinessAndustry				
Maria Kozak		Skora		Mechanic			T	Trucking				
18. Residence – State	18a	County		18b City Or Town								
IN		Lak	(e					nster				
18c. Street And Number				18d. Apt. No.			t, NO.	Mayes □ No				
9428 Chesnut		20. Decedent Of Hispar	nic Origin		21. Decedent's R	ace		46321				
12			No				XX/h	ita				
22. Father's Name (First, Middle, Last)	L		110	23. Mother's	Name (First, Middle,	, Last)	44 17	White 23a. Mother's Maiden Last Name				
Joseph Kozek				Antonio	Kozak			N/a				
Joseph Kozak  24. Informant's Name		24a. Relationship T	o Decedent		Antonia Kozak  24b. Mailing Address (Street And Number, City, State, Zip Code)							
Maria Kozak		Wife		9428 CI	iesnut, Mų	inster, IN 46	5321					
25a. Method Of Disposition	25b Place C	of Disposition (Name Of		lace Of Dispos	ation 250 box	ation - City, Town, And	State					
Burial □ Cremation □ Donation □ Entombrie			ocu.	mei	1U 15							
Removal From State   Chape Lawin Memorial Gardens   Schererville, IN												
26. Was Coroner Contacted? 27. Name	o And Complete Ade	creas of Funeral Facility				11:			ieral Home License h	Yumber:		
□ Yes Burn	s-Krish M	ersi Hone	8415@alu	nist alve	Munster (	en46321£	521		3004968			
27b. Signature of Indiana Funeral Service Licensee	1/1/	the La	ike Co	unty I	Record	ler! 27c. Licenso	e Number (Of Lio	ensee).*	Account of the comment of the commen	review . w-weekening		
July 1	1							8601763				
	r Complications-T	Cause Of Death (See Instructions And ns—That Directly Caused The Death, Do No			erminal Events		Approximate					
Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additional Lines If Necessary.				ngy. Do Not Abbreviate. Enter Only One Cause On				Interval: Onset To Death				
immediate Cause (Final Disease Or Condition	on R <mark>esulting in D</mark>	eath A.	x cu	Pue To (Ox As A Consustruence Of)								
Sequentially List Conditions, If Any, Leading												
Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last	se Or Injury That	Initiated				As A Consequence Of):						
		n			Due To (Or	As A Consequence Of):						
Part II. Enter Other Significant Conditions Contribution	o To Death But Not	Resulting in The Under	lying Cause Given in	Part I		An Autopsy Performed	L.I Y	s <b>X</b> INo				
			TITI CITI	THIN THE	3U. Vyere			le The Cause Of Death?	☐ Yes ☐	No		
Did Tobacco Use Contribute To Death?	32. If Female		ZI GRI	EW SO	A Martin de Duna	W.F	anner Of Death!	Accident   Pending Investi				
☐ Yes ☐ Probably ☐ No ☐ Unknown  34. Date Of Injury (Month/Day/Year)	35. Time Of	k Within Past Year Preg nt, But Pregnant 43 Days To 1 Injury	1 Year Sefore Contin 35. P	Unknown if Pregnation Of Injury (E.	Decadent's Home	e, Construction Site ,Re	de 🗀 Gould Not Ber staurant, Woode	Determined d Area) 3	7. injury At Work?			
					(2)	THIS CENTIFIE	S THE ABOV	E IS A TRUE AND OF DEATH ON FIL	COMPLETE			
38. Location Of Injury - State	38a. City Or	Town	28b.	Street & Number		LAKE COUNTY	CERTIFICATE HEALTH DEF	ARTMENT 36	. Zip Code			
			E. In	WANAIO	iii)							
39 Describe How Injury Occurred			· ·			40.	If Transportation	Injury, Specify: Somer 2010rien -	St. (S			
		_			/	0.0	then And Million	Solution of Code (1911)	Cone (Specify)			
41. Signature, Of Person Cedifying Cause Of Deaths	20A=			42. Certifier (Check Only One)								
X - /	$\langle \ \ \ \ \rangle$	KK				M Certifying Physician ☐ Coroner ☐ Health Officer  44. License Number 45. Date Certified						
43. Name, Address And Zip Code Of Person C	entifying Cause O	<sup>f Death:</sup> 1 45 <sup>th</sup> Munst	tow TN1 467	21		X 01000 4 July 2,2010						
46. Additional Funeral Service Provider:	r. setni/6	1 45 IVIUNS	ier, IIN 403.	<u> </u>			7. "Akas:	2701-12	July24,20	10		
·			***************************************	***************************************								
48. Signature of Local Health Office:		49. For Registrar										
Susan a		12000										