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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 048907

2016 AUG -2 AM 10: 03

STATE OF INDIANA
COUNTY OF LAKE

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) SS:
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MICHAEL B. BROWN
RECORDER

AFFIDAVIT

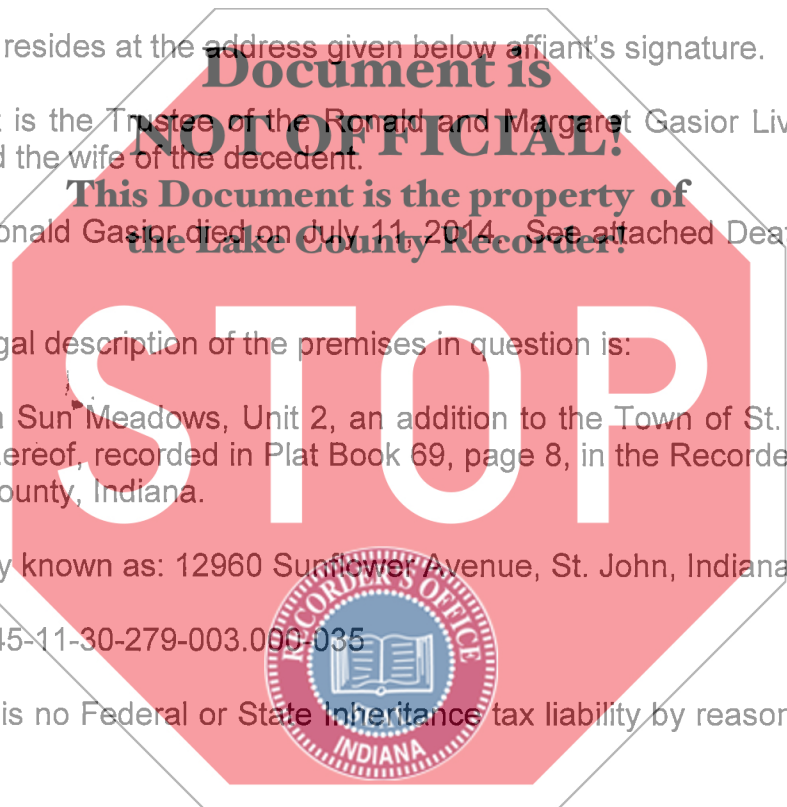
I, Margaret Gasior, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the Trustee of the Ronald and Margaret Gasior Living Trust dated July 7, 2009, and the wife of the decedent.
3. Said Ronald Gasior died on July 11, 2014. See attached Death Certificate for Ronald Gasior.
4. The legal description of the premises in question is:

Lot 126 in Sun Meadows, Unit 2, an addition to the Town of St. John, as per plat thereof, recorded in Plat Book 69, page 8, in the Recorder's Office of Lake County, Indiana.

Commonly known as: 12960 Sunflower Avenue, St. John, Indiana 46373

Key No.: 45-11-30-279-003.000-035
5. There is no Federal or State Inheritance tax liability by reason of the death of said decedents.
6. This affidavit relates to a Life Estate interest.
7. Affiant's relationship to the deceased was his wife.



014293

Margaret Gasior

Margaret Gasior, Affiant
12960 Sunflower Avenue
St. John, IN 46373

FILED

AUG 02 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

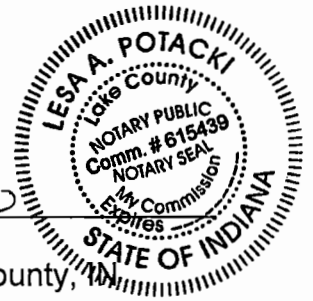
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CK# 8129
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Margaret Gasior, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 2nd day of August, 2016.

My commission expires: 2/13/2018



Signature: Lesa A. Potacki
Lesa A. Potacki
Resident of: Lake County, IN

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

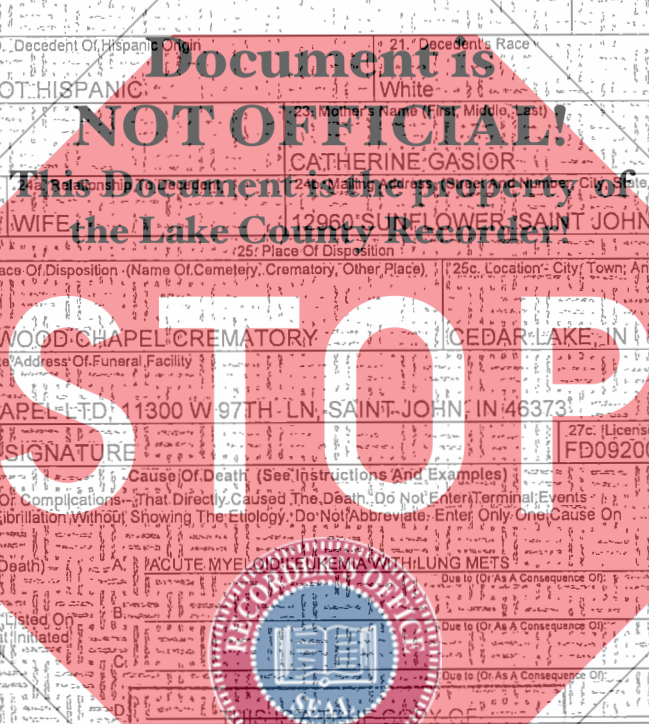
Tracking No: 23240

Local No 002173

EDR No 00000394367

State No 031003

1. Decedent's Legal Name (First, Middle, Last) RONALD GASIOR		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:45 AM	4. Date Of Death (Month/Day/Year) 07/11/2014	
5. Social Security Number	6a. Age - Yrs 67	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) 04/20/1947	
8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN		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 <input type="checkbox"/> 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) 12960 SUNFLOWER				12. City Or Town, State, And Zip Code SAINT JOHN, IN 46373		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name MARGARET GASIOR		15a. (If Wife) Give Maiden Last Name WASZKIEWICZ		16. Decedent's Usual Occupation HVAC TECH	
17. Kind Of Business/Industry INLAND STEEL		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SAINT JOHN	
18c. Street And Number 12960 SUNFLOWER		18d. Apt. No.		18e. Zip Code 46373		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) CASIMIR GASIOR	
23. Mother's Name (First, Middle, Last) CATHERINE GASIOR		23a. Mother's Maiden Last Name PAWLIK		24. Informant's Name MARGARET GASIOR		24a. Informant's Address (Street, City, State, Zip Code) 12960 SUNFLOWER SAINT JOHN, IN 46373	
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) ELMWOOD CHAPEL CREMATORY		25c. Location: City, Town, And State CEDAR LAKE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373		27a. Funeral Home License Number FH19900052		27b. Signature Of Indiana Funeral Service Licensee JAMES F. BETKOWSKI, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD09200077	
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 Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease) Or Condition Resulting In Death ACUTE MYELOID LEUKEMIA WITH LUNG METS		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 checked="" type="checkbox"/> No		31. Did Tobacco Use Contribute 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 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		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) JUL 14 2014		35. Time Of Injury	
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH OFFICER		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State INDIANA		38a. City Or Town SAINT JOHN	
38b. Street & Number		38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred	
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature (Of Person Certifying Cause Of Death) KATHRYN HENKLE-MULLIGAN, BY ELECTRONIC SIGNATURE		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 KATHRYN HENKLE-MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311	
44. License Number 04052342A		45. Date Certified 07/14/2014		46. Additional Funeral Service Provider		47. Last Seen	
48. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only: Date Filed (Month/Day/Year) JUL 14 2014		50. Amended To Certificate Of Death (Entry Or Original)		51. Other	



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