2016 055569

FILED FOR RECORD

2016 AUG 16 AM 11: 21

MICHAEL B. BROWN

SURVIVORSHIP AFFIDAVITRECORDER

STATE OF INDIANA

)SS:

COUNTY OF LAKE

On this 3rd day of August, 2016, before me personally appeared David A. Kwasny, who being duly sworn upon his oath states

- ne Affiant's signature; 1. Affiant resides at the add
- 2. Fred J. Kwasny and Jesn Kwasny bushend and wife, owned the real estate described below as joint tenants or as tenants by the entireties:
- 3. Said real estate is more particularly described as follows:

Lot 14, Fairmeadow Sixth Addition, Block 3, to the Town of Munster, Lake County, Indiana, as shown in Plat Book 39, page 34, in Lake County, Indiana.

Property Address: 1918 Magnolia Lane Munster, IN 46321

Parcel No. 45-07-29-333-005:000-027

- Said Fred J. Kwasny died on April 25, 2008, leaving a Will; 4.
- Where this Affidavit relates to a tenancy by the entireties, that Fred J. Kwasny and 5. Jean Kwasny were never divorced; and
- 6. Affiant's relationship to the deceased was adult son.

FILED

AUG 16 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR Affiant's Signature Name Printed David A. Kwasny 1918 Magnolia Lane Address Munster, IN 46321

014651 (5,)

Subscribed and sworn to before me, a Notary Public, this 3rd day of August, 2016.

Jisa K. Lukahart Notary Public

Lisa K. Lukehart, Notary Public A Resident of Lake County

My Commission Expires: May 15, 2021

OT OFFICIAL!

Notary Public, State of Indiana
Lake County

SEAL
My Commission Expires
May 15, 2021

LISA K. LUKEHART

This Document is the property of

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.

Benjamin T. Ballou

This instrument prepared by:

Benjamin T. Ballou Attorney at Law

8700 Broadway

Merrillville, IN 46410

299161.1 18,270

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Secretary Secr	1. Decedent's Legal Name (Fir	al No	$\omega \cup c \cup c$	·····	T da danian a neces	ama (((Ex = -1-1	· .	State No					
Loss Telescope Telescope 22		, ,	•		1a. Maiden Last N	ame (II Female)				7.			
The Processor Development of National Control			6h Under 1 Vasi	So Hoder + Hank	L 64 Heart D	So Undet 9 Unite				1 -			
Territory Control Cont	5. Social Security Number	-	<u> </u>		ļ. · · · ·		!		1				
The Special billion of the Control of Strange Contr	9. Ever in 11.S. Armed Forces			'	Hours								
Regency Place of Dyer. 10. Seminor Status. 11. Seminor Status. 12. Seminor Status. 13. Seminor Status. 14. Seminor Status. 15. Seminor Status. 16. Seminor Status. 17. Red Of Seminor Control. 18. Seminor Status. 19. Seminor Status.		.	•		Post On Arrival	Ĭ.			of one Torm C	ara Earligh. 🗖 Othe	e (Canail A		
12. Control Character 13. Control Character 14. Control Character 15.	4 \			partient Companent L	Deat Oli Aliva		1 Decedent 3 FR	the 22 rousing from	e Long-Tenti C	aeracinty Li Oute	a (openly)		
12. Control Character 13. Control Character 14. Control Character 15.	Regency Plac	de of Dy	ver										
The Second Development The Description The					•	13. County Of	Death .		14. A	Aantal Status At Tim	e Of Death	¥.	
15. Description 15. Descri	Dyer, IN 46311					Lake							
16. State of Advanture (Price State 1) 19. St	15. Surviving Spouse's Name			15a, (if Wile)G	ive Maiden Last Nam	e 16. Deced	dent's Usual Oc	cupation				JAKAOWA	
The Beauty Security 12 This Focument is the provided by the Control of the Contr	Jean Kwasny			Siels	ski	tra	anspor	tation		Oil			
1918 Magnol I.a Lane 1918 Magnol I.a L	18. Residence – State		· 18a	i. County	• • •	18b. City Or Town							
1918 Magnol I.a Lane 15 Supplies County 15 Supplies Coun	TN			Vak e		Mui	nster						
This Society (Legisland Control of Control o					Jocu i	ment i	15	18d, Apt.	No.	18e. Zip Code	1		
22. Family From Mysic Law; Leo Kwasny the Lake County Library Grant Contact Law; Leo Kwasny 24. Manage Address Disvertical Law; Leo Kwasny 25. Manage Address Disvertical Number: 26. Manage Address Disvertical Number: 27. Manage Address Disvertical Number: 28. Manage Address Disvertical Number: 29. Part L Enter Time Child Dispertical Disvertical Number: 29. Part L Enter Time Child Dispertical Disvertical Number: 29. Part L Enter Time Child Dispertical Disvertical Number: 29. Part L Enter Time Child Dispertical Disvertical Number: 29. Part L Enter Time Child Dispertical Dispertical Number: 29. Part L Enter Time Child Dispertical Dispertical Number: 29. Part L Enter Time Child Dispertical Dispert	1918 Magnol:	ia Lane		NIO	TOI		AT			46321	5	Yes □ No	
Leo Kwasny the Lake County like Exacts County like	19. Decedent's Education			20. Decedent Of Hispa	an ic Origin		Decedent's Race			 			
22. Hoteler's Models (Last) Leo KWashy Wife 1918 Magnolia Can Munister J. IN 46321 24. Hoteler's Models (Last) Jean KWashy Wife 1918 Magnolia Can Munister J. IN 46321 25. Hoteler's Models (Last) Jean Kwashy Wife 1918 Magnolia Can Munister J. IN 46321 26. Pair of Reportation 27. Hoteler's Models (Last) Jean Kwashy Jean Kwash	12			his Moo	ument	is the pr	White	v of					
25. Part I Enter The Chain Of Enterthe Disease Or Confidence Research in The Secretary Control of Secretary Contro	1					23. Mother's Name (f	First, Middle, Las	st)	\	L L		St Name	
Jean Kwasny Wife 1918 Magnolia Lane Munster, IN 46321 25. But Mode of Crosposition 15. Flue of Cooperating Planes of Consistency 15. Flue of Cooperating Planes of Consistency 15. Flue of Cooperating Planes of Consistency 17. See No. Was Consected Cons	Leo Kwasny			the La	ike Cot	unuyuka K	wasny1			Poo	ciask	• •	
35. Miled of Copyright. 25. Miled of Copyright. 25. Miled of Copy	24. Informant's Name			24a, Relationship	To Decedent	1						<u>.</u>	
256. Horse of Deposition Devoting Entended Entend	Jean Kwasn	У		Wife	1	1918 Mag	nolia	Lane Mun	ster,	IN 46321	L		
Calumet City / IL	25a Method Of Disposition		25h Blace	Of Disposition (Name)			. Zeo Localio	City Town And S	Pene				
Record Front State Does Specify 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per 27. Major As Company Records of Frontal Facility Per Per		Donation Entor		O Disposition (Maine	or Generally, Greman	ny, Other Place)	25G. EUCAHO	ij – City, Town, And S	state				
25. New Part Select Order Contracted 2 12. Name As Concrete Agrees of Founds Failty 3004968 27. Uses a Number 3004968 27. Uses Selected 2 12. Name As Concrete Number 3004968 27. Uses Number 3004968	Removal From State			ly Cross	Cemetery	Y	Cal	umet Cit	y,IL				
276. Septimize of Indigula Purerial Spaces-Leadage 276. Ucease Number (Of Ucensee): 360.1763 28. Part 1. Enter The Chain Of Events—Diseases, Indurées Or Complications—That Diseases, Vintre's Or Complications—That Diseases, Vintre's Or Complications—That Diseases, Vintre's Or Complications—That Diseases, Vintre's Or Complications—That Diseases, Cause of Program of Progr		7 27.	Name And Complete A	Address Of Funeral Faci	lity					27	a. Funeral Ho	ome License Number,	
28. Part I. Enter The Chain Of Events—Obsesses, Induses, Or Complications—That Discript Cause of the Destrict As Education As Examples. 29. Part I. Enter The Chain Of Events—Obsesses, Induses, Or Complications—That Discript Cause of the Destrict Program of the Destrict	☐ Yes 🏖 No	В	urns-Kish	Funeral	Home 84	415 Calume	t Muns	ter, IN 4	16 32 1	30	00496	3	
28. Part I. Enter The Chain Of Events—Diseases, Volunte: Or Complications—That I are for Cassade That Respiratory Arrest (or Vento) dare Fholilation Videous Showers are all all and Cardiac Arrest, Respiratory Arrest (or Vento) dare Fholilation Videous Showers are all all and Cardiac Arrest, Respiratory Arrest (or Vento) dare Fholilation Videous Showers are all all and the Second Showers are all and the Second Showers and Second Showers are all and the Second Showers and Second Showers and Second Showers and Second Showers are all and the Second Showers and Showers an	27b. Signature Of Indiana Fu	uneral Service Licer	nsee:			attre-		27c. License	Number (Of Li	censee):			
28. Part L Enter The Chain Of Events—Diseases, Number, Or Compleations—That Divelop Cause the Design of Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, O' Ventholian Fibralisation Without Showing in selections, Don't Design and A Congregatory Arrest, O' Ventholian Fibralisation Without Showing in selections, Diveloped and A Line. Add Additional Lines If Necessary. Immediate Cause (Or Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease) Or Injury That Initiated C. Design As Congregatory Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease) Or Injury That Initiated C. Design As Congregatory Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease) Or Injury That Initiated C. Design As Congregatory C. Design As Co	1 Xp	· 1.		·// / / / / / / / / / / / / / / / / / /	TUTT	ER'S COL				·		•	
A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease or Conditions, If Any, Leading To The Cause Listed on Line A. Enter The Underlying Cause (Disease or Injury That Indiated The Events Resulting in Death) Last Death			100		ise Of Death (S	ee Instructions A	nd Example						
A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease or Conditions, If Any, Leading To The Cause Listed on Line A. Enter The Underlying Cause (Disease or Injury That Indiated The Events Resulting in Death) Last Death	28. Part I. Enter The CI Such As Cardiac Arrest	hain Of Events-	-Diseases, Injuries,										
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease of Injury That Initiated Disease of Injury Al World That Disparts of Injury State Disease of Injury Al World That Disparts of Injury State Disease of Injury Al World That Disparts of Injury State Disease of Injury Al World That Disparts of Injury State Disease of Injury Al World That Disparts of Injury State Disparts of Injury	A Line. Add Additional L	Lines If Necessa	ıry.							•	•		
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting in Death) Last Death De	Immediate Cause (Final	Disease Or Cor	ndition Resulting In	Death A.	1-small	auto	Due To (Or As	A Consequence Of):	<u></u>				
The Events Resulting In Death Death Death Death Death But Not Resulting In The Underlying Cause Given in Part 29. Was An Autopsy Performed 1/29. XXN0 20. Were Autopsy Performed 1/	Sequentially List Conditi	ions, If Any, Lea	ding To The Cause	Listed On B.	Dixe.M	populaine	Dire To (Or A	A Consequence Of):				. 	
Part II. Einter Other Significant Conditions Contributing To Death But Not Resulting in The Underlying Cause Given in Part I 29. Was An Autopsy Performed? 30. Were Autopsy Prindings Available to Complete The Cause Of Death? 31. Did Tobacco Use Contribute To Death? 32. If Female: 33. Manner Of Death? 34. Date Of Injury (No. Unknown 35. Turne Of Injury (No. Unknown) 36. Place Of Injury (No. Of Injury (No. Of Injury Control Autopsy) Prindings Available to Complete The Cause Of Death) 36. Place Of Injury (No. Of Injury Control Autopsy) Performed? 37. Injury At Work? 38. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 37. Injury At Work? 38. Location Of Injury - State 380. Street & Number 380.			isease Or Injury Tha	,		anno		<u> </u>	:: . ·		<u> </u>		
Pail II. Enter Other Significant Conditions Contributing To Death But Not Resulting in The Underlying Cause Given in Part I 29. Was An Autopsy Performed? Yes XXNo 30. Were Autopsy Performed? Yes No 31. Did Yobacco Use Contribute To Death? Yes No 31. Did Yobacco Use Contribute To Death? Yes Proposit A Death? Yes Yes		•		· · · · · ·	•		Dye To (Or As	A Consequence Of):		15.			
31. Did Tobacco Use Continuate To Dealin? Yes Probably No Distriction Not Pregnant Within Past Year Programt At Time Of Death Not Pregnant Within Past Year Not Pregnant Within Past Year	Part II. Enter Other Significa	nt Conditions Contr	nbuting To Death But N			n Part I	, ,		: LU1	es XXNo			
Yes Probably No Unknown Not Pregnant Within Past Year Prognant Al Time Of Oeath Not Pregnant Al Days to 1 Year Before Death Olivinovan II Pregnant Al Days to 1 Year Before Death Ol							30. Were A	utopsy Findings Avai	lable To Comp	lete The Cause Of L	Jeath? []Yes □No	
Display Progrant, 8d Progrant, 43 Days To 1 Year Before Death Display Tear Display Displ	. /		ŀ										
N.A. 38b. Street & Number THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE 39 Describe How Injury Occurred LAKE COUNTY HEALTH DEPARTMENT: 40. If Transportation Injury, Specify: Driver/Operator Passenger Padastrian Other (Specify) 41. Signature, Of Person Certifying Cause Of Death: AT 30 / 1000 42. Certifie (Check Only One) A Certifing Physician Coroner Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Stemer 761 45th Ave. Munster, IN 46321 46. Additional Funeral Service Provider: 47. "Akas: 48. Signature of Local Health Officer: 49. For Registrar Only—Date Fried (Mofiliousy) Year):			☐ Not Preç	gnant, But Pregnani 43 Days	To 1 Year Before Death	Unknown If Pregnant With	in The Past Year	☐ Suic	ide 🔲 Could Not	Be Determined	i. i		
38. Location of Injury - State 38. City or Town 38. Street & Number THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT: 40. If Transportation Injury, Specify: Driver/Operator Passenger Pedestrian Other (Specify) 41. Signature, Of Person Certifying Cause of Death: Your Stemer 761 45th Ave. Munster, IN 46321 43. Name, Address And Zip Code Of Person Certifying Cause of Death: Dr. Stemer 761 45th Ave. Munster, IN 46321 44. License Number 45. Date Certified April , 2008 45. Signature of Local Health Officer: April , 2008	1 .	ay/Year)	35. Time	Of Injury	36.	Place Of Injury (E.G., Dec	cedent's Home,	Construction Site, Re	estaurant, Woo	ded Area)		· _ +	
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE COPY OF THE CORTIFICATE OF DEATH ON FILE WITH THE COPY OF THE CORTIFICATE OF DEATH ON FILE WITH THE COPY OF THE CORTIFICATE OF DEATH ON FILE WITH THE COPY OF THE CORTIFICATE OF DEATH ON FILE WITH THE COPY OF THE CORTIFICATE OF DEATH ON FILE WITH THE COPY OF THE CORTIFICATE OF DEATH ON FILE WITH THE COPY OF THE CORTIFICATE OF DEATH ON FILE WITH THE COPY OF THE CORTIFICATE OF DEATH ON FILE WITH THE COPY OF THE	<u></u>								** **				
39 Describe How Injury Occurred COPY OF THE CENTIFICATE OF DESCRIPTION OF THE COUNTY HEALTH DEPARTMENT. LAKE COUNTY HEALTH DEPARTMENT. 40. If Transportation Injury, Specify: Driver/Operator Passenger Pedestrian Other (Specify) 41. Signature, Of Person Certifying Cause Of Death: A Certifier (Check Only One) A Certifier (Ch				Of LOWIL		10 A 10 A 1	TRUE AND C	OMPLETE		Soc. Apr. No.	500. 2.5		
41. Signature, Of Person Certifying Cause Of Death: A					I ACOV OF TH	E CERTIFICALS OF DO		3	If Transportati	on Injury Specify:	<u>.</u>		
41. Signature, Of Person Certifying Cause Of Death: 42. Certifying Physician Coroner Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Stemer 761 45th Ave. Munster, IN 46321 46. Additional Funeral Service Provider: 49. For Registrar Only—Date Filed (Month/Day/Year):	39 Describe How Injury Occ	curred			LAKE SOCIET	[(hars-in Paris		{ }			estrian 🗆 Other	(Specify)	
41. Signature, Of Person Certifying Cause Of Death: 42. Certifying Physician					•	V58 3 0	2008	i					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Stemer 761 45th Ave. Munster, IN 46321 46. Additional Funeral Service Provider: 49. For Registrar Unity – Date Filed (Month/Day/Year):	41. Signature, Of Person Co	ertifying Cause Of	Death:			- 1-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J.,		5		·.	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Stemer 761 45th Ave. Munster, IN 46321 46. Additional Funeral Service Provider: 47. *Akas: 48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month) Day/Year):	X Ch-1	Jus	ne-1	1				KI Certifying Phys				ertified	
46. Additional Funeral Service Provider: 47. 'Akas: 48. Signature of Local Health Officer: 49. For Registrar Only – Date Filed (Month/Day/Year):	1								, _	4 1	l		
48. Signature of Local Health Officer: 49. For Registrar Unity – Date Filed (Month/Day/Year):			oth Ave.	Munster,	IN 46321		THE PERSON NAMED IN			<u> </u>	Apr11	. ,2008	
The Annual Control of	- AGURIONAI PURETAI SERVI	~ Floansi	•			•	•	.	-47AK85;			•	
Susan a Court Do.	48. Signature of Local Healt	th Officer:				·		49. For Registrar	Only – Date Fr	led (Month/Day/Yea	ir):		
	1.	Sic	المسداب سيتصاف	EUT	D.O.		ł	(Î	,\ n	2 5		- C/	