STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 055624

2016 AUG 16 PM 1:09

SURVIVORSHIP AFFIDAVATEHAEL B. BROWN RECORDER

STATE OF INDIANA)	· 最后的 一个人一个人的人的现在分词
COUNTY OF Lake) SS:	
PATRICIA A. POLINSKI being first duly sworn upon oath deposes and says:	_ [insert name of person making affidavit],
1. That WALTER J. POLINSK! (the "Decedent") died on the Document	[insert name of deceased person] day of MAI, 20 //_
at Home C41/2 School of the P. School of	t the time they acquired title as husband- order!
	the decedent's death. If the Decedent have been paid in full. I cludable for Federal State Tax purposes, Decedent's life were not sufficient to
AUG 16 2016 Type o	r Print Name
STATE OF INDIANA JOHN E. PETALAS LAKE COUNTY AUDITOR COUNTY OF Lake SS: ACKN	NOWLEDGMENT 014656
Before me, a Notary Public in and for said County and Staticia A. Toliuski who acknowled instrument, and who, having been duly sworn, stated that any re	edged the execution of the foregoing

Witness my hand and Notary Seal this 16 day o	f August, 20 16.
Resident of Lake County, Indiana	Signature hesa a Poticki
My Commission Expires: 2 13 2018	Printed Lesa A. Potacki
I affirm, under penalties for perjury, that I have taken renumber in this document, unless required by law.	easonable care to read that each Social Security A. POINTER COUNTY A. POINTER COUNTY PUBLIC
This instrument prepared by:	Name Comm. #615439 NOTARY SEAL Commission Of Commission OF INDIA
	WWWWWWW.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

NDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 88035

1. Decedent's Legal Name (First, Middle, Last) 1a. Maiden Name (If female) 2. Sex 3. Time Of Death 4. Date Of Death (Month/Death Of Death) WALTER J POLINSKI 5. Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) 8. Birthplace (City and State or Foreign Country) 73. Months 73. Months 74. Date Of Death 75. Date of Birth (Month/Day/Year) 75. Date of Birth (Month/Day/Year) 76. Under 1 Hour 77. Date of Birth (Month/Day/Year) 78. B. Birthplace (City and State or Foreign Country) 79. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital 10ber (Specify) 10c Decedent's Home Name (If female) 10c Decedent's Home Name (If female) 10c Decedent's Home Of Death 10c Decedent's Home Name (If female) 10c Decedent's Home Name (If female) 10c Decedent's Home Of Death 10c Decedent's Home Of Deat	y/Year)		
5. Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) 8. Birthplace (City and State or Foreign Country) 73 Months Days Hours Minutes 10/13/1942 CHICAGO, IL 9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)			
73 Months Days Hours Minutes 10/13/1942 CHICAGO, IL 9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)			
9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10. If Death Occurred Somewhere Other Than A Hospital Hospital Dead on Arrival Other (Specify)			
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)			
A Farmer Manual Control of the Contr			
11. Facility Name (If Not Institution, Give Street and Number)			
416 SUMMER DRIVE 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death			
Married			
SCHERERVILLE, IN, 46375 LAKE Uwidowed Never Married Ur 15. Surviving Spouse's Name 15. Surviving Spouse's Name 16. Decedent's Usual Occupation 17. Kind Of Business/Indust			
	,		
PATRICIA POLINSKI DANCULA SUPERVISOR METAL MANAGEM 18. Residence - State 18a. County 18b. City Or Town	ENT_		
INDIANA LAKE SCHEREVILLE \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Limite?		
FA Vo. 17			
46375	NO		
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED 20. Decedent of Hispanic Origin Culture 121 Decedent's Race			
COMPLETED NOT ALSPANIC White			
22. Father's Name (First, Middle, Last) 23a. Mother's Maiden Last Name 23a. Mother's Maiden Last Name			
WALTER J POLINSKI 24. Informant's Name SHIMKUS 24. Informant's Name SHIMKUS			
PATRICIA POLINSKI WIFEHE Lake Counts Jumer of Schereville, IN 46375			
25. Place Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State			
☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State			
☐ Other (Specify): CHAPEL LAWN MEMORIAL GARDENS SCHERERVILLE, IN			
26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility 27a. Funeral Home License	Number:		
☐ Yes ☑ No ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373 FH19900052			
27b. Signature Of Indiana Funeral Service Licensee:			
JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE Cause Of Death (See Instructions And Examples) Approximately Properties (See Instructions And Examples)	to		
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 To Death A Line. Add Additional Lines If Necessary.			
Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGS COLON CANCER Due to (Or As A Consequence Of):			
Sequentially List Conditions, If Any, Leading To The Dause Listed On Line A. Enter. The Underlying Cause (Disease Or Injury That Initiated			
The Events Resulting In Death) Last C. Due to (Or As A Consequence O):			
P. THE IS A TRUE COPY OF			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulbing in The Understanding to Death But Not Resu			
END STAGE COLON CANCER LAKE COUNTY HEALTH DEPARC Wire Alphopsy Finding Available To Complete The Cause Of Death? Yes [No		
31. Did Tobacco Use Contribute To Death? 32. If Female: Not Pregnant Within Past Yetr Pregnant Affine Of Death Not Pregnant, But Pregnant, But Pregnant, Within 42 Days Of Death. Natural Homicide Accident Pending Investig	ation		
Tes Probably No & Unknown Not Pregnant 3 Days To 1 year Beigne Deligif A & Washington 17 per Part Year Suicide Could Not Be Determined			
34. Date Of Injury (Month/Day/Year) 35. Time Of Injury (♣ 8. Peccedent's Home, Construction Site, Restaurant, Wooded Area) 37. Injury At Work? ∴ □-Yes □	No.		
38. Location Of Injury - State 38a. City Or Town 38b. Street & Number 38c. Apt. No. 38d. Zip Code			
Succession to Su			
39. Describe How Injury Occurred LAKE COUNTY HEALTH OFFICER 140. If Transportation Injury, Specify			
39. Describe How Injury Occurred 40. If Transportation Injury, Specify: Diver/Operator Passanger Passanger	S		
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN , BY ELECTRONIC SIGNATURE 42. Certifier (Check Orfty One) Coroner ☐ Health Officer			
AA THRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE Solution Coroner Health Officer			
KATHRYN HENKLE MULLIGAN , 919 MAIN STREET, SUITE 102, DYER, IN 46311 01052342A 05/09/201	3		
46. Additional Funeral Service Provider. 47. *Akas:			
48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day/Year):			
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE MAY 12 2016			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and the control of the state agency in order to pursue responsibility.