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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 058508

2016 AUG 26 PM 1:03

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MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Robert C. Szwajkowski, of adult age, being first duly sworn, upon deposes and says:

That Robert C. Szwajkowski, is the Son of Mary Szwajkowski A/K/A Mary J Szwajkowski, deceased, who died on March 10, 2016 a resident of Lake County, Indiana.

That affiant and said decedent, as joint tenants with rights of survivorship acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Mary Szwajkowski, As surviving Trustee, of Deed in Trust recorded October 27, 2015 as Document No. 2000-052466 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Robert C. Szwajkowski, surviving spouse of the decedent.

And further affiant sayeth not this 19th day of August, 2016.

*Robert C. Szwajkowski*  
Robert C. Szwajkowski

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 19th day of August, 2016.

WITNESS my hand and Notarial Seal.

My Commission Expires: 7-20-22

*Laura J. Brasovan*  
Signature of Notary Public

LAURA J BRASOVAN  
Printed Name of Notary Public

*Lake County, IN*  
Notary Public County and State of Residence

**This instrument was prepared by:**

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

**Property Address:**

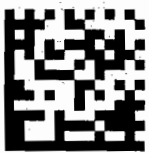
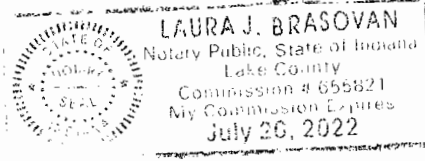
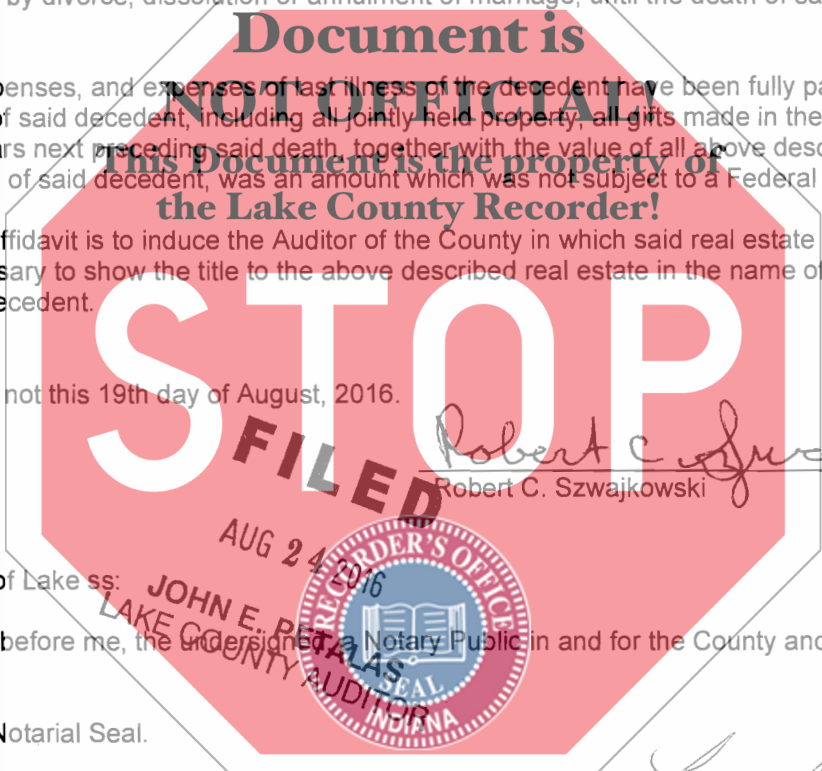
1366 South Illinois Street  
Hobart, IN 46342

**Grantee's Address and Mail Tax Statements To:**

1366 South Illinois Street  
Hobart, IN 46342

File No.: 16-24519

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. Debra A, Guy



2084740-1753

HOLD FOR MERIDIAN TITLE CORP

\$16,000

1 ref

JAS

014817 MT

**LEGAL DESCRIPTION**

Lot Numbered 13, 14, 15, and 16 in SPI-DEL Manor as per plat thereof recorded in Plat Book 32, page 11 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):	
State ID Number Only	45-13-05-252-018.000-018
State ID Number Only	45-13-05-252-017.000-018
State ID Number Only	45-13-05-252-016.000-018







INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

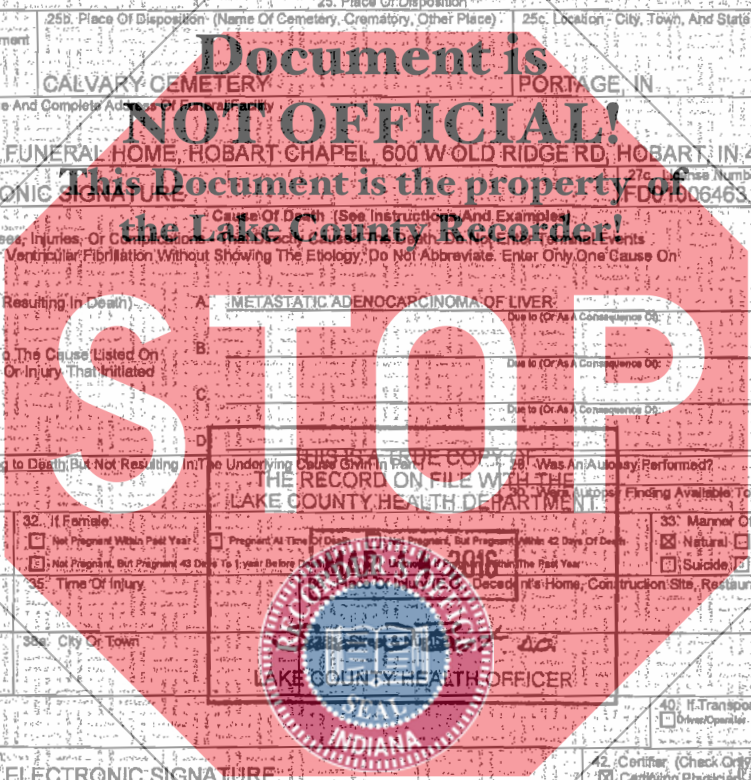
Tracking No. 82472

Local No 000835

EDR No 00000500472

State No 011640

1. Decedent's Legal Name (First, Middle, Last) MARY J. SZWAJKOWSKI				1a. Maiden Name (If female) SAWA		2. Sex FEMALE	3. Time Of Death 02:00 AM	4. Date Of Death (Month/Day/Year) 03/10/2016						
5. Social Security Number [REDACTED]		6a. Age - Yrs 78	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) 06/19/1937		8. Birthplace (City and State or Foreign Country) GARY, 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/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) 1366 SOUTH ILLINOIS STREET										12. City Or Town, State, And Zip Code HOBART, IN, 46342				
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"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				15. Surviving Spouse's Name 15a. (If Wife) Give Maiden Last Name 16. Decedent's Usual Occupation STEELWORKER 17. Kind Of Business/Industry STEEL						
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART						18c. Street And Number 1366 SOUTH ILLINOIS STREET		18d. Apt. No.	18e. Zip Code 46342	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) CLEM SAWA				23. Mother's Name (First, Middle, Last) JEAN SAWA				23a. Mother's Maiden Last Name ROWE						
24. Informant's Name ROBERT SZWAJKOWSKI			24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 811 SOUTH ASH STREET, HOBART, IN 46342								
25a. 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)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALVARY CEMETERY			25c. Location - City, Town, And State PORTAGE, IN								
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342				27a. Funeral Home License Number FH83003069								
27b. Signature Of Indiana Funeral Service Licensee JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD01006463				28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Contributing Causes Leading To Death. List In Order From Immediate Cause To Underlying Cause. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC ADENOCARCINOMA OF LIVER Due to (Of As A Consequence Of): B. Due to (Of As A Consequence Of): C. Due to (Of As A Consequence Of): D. Part II: Enter Other Significant Conditions Contributing To Death (But Not Resulting In Death) Underlying Cause (Final Cause Of Death) E. METASTATIC ADENOCARCINOMA OF LIVER Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Was Autopsy Finding 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 checked="" type="checkbox"/> No <input 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"/> Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant 1 To 5 Years Before The Past Year		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)		35. Time Of Injury		36. Location Of Injury - State 36a. City Or Town 36b. Apt. No. 36c. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. Describe How Injury Occurred										40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger				
41. Signature Of Person Certifying Cause Of Death STEPHANIE ANNE BRYANT, 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 STEPHANIE ANNE BRYANT, 164 BRACKEN PARKWAY, HOBART, IN 46342						44. License Number 02004025A		45. Date 03/11/2016						
46. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only 03/11/2016								



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