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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JAN 11 AM 9:50

MICHAEL B. BROWN
RECORDER

2017 001939

AFFIDAVIT

TAX: ID. NO. 45-07-29-228-007:000-026

Daniel R. Ciucki, being first duly sworn upon oath, deposes and says:

1. That Antoinette R. Ciucki a/k/a Antoinette Ciucki, died on the 23rd day of September, 2016 at Munster, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest in the following described real estate:

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STOP

LOT SEVEN (7) IN BRANTWOOD THIRD ADDITION TO HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 25, PAGE 39, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA
Commonly known as 3333 W. WYOMING DRIVE, HIGHLAND, INDIANA 46322
3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Antoinette R. Ciucki a/k/a Antoinette Ciucki.
4. That this Affiant's relationship to the Decedent was Son.

FURTHER, your Affiant saith naught.

Daniel R. Ciucki
DEANNA L. GRIGGS
Lake County DANIEL R. CIUCKI
My Commission Expires February 20, 2021

STATE OF INDIANA, COUNTY OF LAKE COUNTY

Subscribed and Sworn to before me, a Notary Public this 12th day of December, 2016.

My Commission Expires: 2/20/21 Signature: [Signature]
Resident of Lake County Printed: Deanna L. Griggs, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature]
Signature of Preparer **FILED**

Deanna L. Griggs
Printed Name of Preparer

010130

\$ 13,000

JAN 09 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 1611300

JTB

CM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 100023

Local No 003076

EDR No 000000533786

State No 044759

1. Decedent's Legal Name (First, Middle, Last) ANTONETTE CIUCKI					1a. Maiden Name (if female) HUS		2. Sex FEMALE	3. Time of Death 02:55 PM	4. Date of Death (Month/Day/Year) 09/23/2016		
5. Social Security Number		6a. Age - Yrs 97	6b. Under 1 Year Months 9	6c. Under 1 Month Days 1	6d. Under 1 Day Hours 1	6e. Under 1 Hour Minutes 55	7. Date of Birth (Month/Day/Year) 06/13/1919		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"/> Hospital <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Death at Arrival				10a. If Death Occurred Somewhere Other Than a Hospital <input checked="" type="checkbox"/> Hospice Facility <input 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) WILLIAM J. RILEY MEMORIAL RESIDENCE HOSPICE											
12. City or Town, State, and Zip Code MUNSTER, IN 46321					13. County of Death LAKE			14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married & Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Residence - State INDIANA					15a. County LAKE		15b. City or Town HIGHLAND		16. Decedent's Usual Occupation HOMEMAKER		
15c. Street Address 8939 WAYMOND AVENUE					15d. Zip Code 46322		15e. Inset City/Union <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED					20. Decedent's Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Parents Name (First, Middle, Last) JOHN HUS					23. Parents Name (First, Middle, Last) TERLA HUS		24. Parents Last Name Before First Marriage ZIMNY				
24. Informant's Name DANIEL R CIUCKI					24a. Relationship to Decedent SON		24b. Mailing Address (Street and Number, City, State, Zip Code) 5926 MCINNIS ROAD, DUBLIN, IN 49016				
25a. Method of Exhumation <input type="checkbox"/> Sarcophagus <input type="checkbox"/> Crypt <input type="checkbox"/> Other (Specify):					25b. Place of Exhumation (Name of Cemetery, Deceased, Other Place)		25c. Location - City, Town, and State SCHERERVILLE, IN				
26. What Country Certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					27. Name and Complete Address of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375					27a. Funeral Home License Number FH10200037	
27b. Signature of Indiana Funeral Service Licensee DEAN G WAGNER - BY ELECTRONIC SIGNATURE					27c. License Number (Of Licensee) FD08800057						
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Forget Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous Thrombosis 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) A. HYPOTENSIVE SHOCK DUE TO RUPTURED ABDOMINAL AORTIC ANEURYSM Approximate Interval: Onset To Death 2 WEEKS											
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) B. ABDOMINAL AORTIC ANEURYSM											
29. Was An Accrual 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. The Informant Uses Certificate To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					32. If Yes, Date		33. Manner Of Death <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accurate <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined				
34. Date of Injury (Month/Day/Year)					35. Time of Injury		36. Decedent's Home - Construction Site, Restaurant, Workshop, etc.		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury (State)					38a. City or Town		38b. Street & Number		38c. Zip Code		
39. Describe How Injury Occurred: LAKE COUNTY HEALTH OFFICER					40. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): NOT VALID UNLESS						
41. Signature of Person Certifying Cause of Death LYLE R MUNN - BY ELECTRONIC SIGNATURE					42. Certified (Check One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01031582A		44. Date Certified 09/24/2016		
43. Name, Address and Zip Code of Person Certifying Cause of Death LYLE R MUNN - 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383					46. Address of Funeral Service Provider		47. Address				
48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year) SEP 26 2016						

