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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 001994

2017 JAN 11 AM 10:25

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

I, Terry A. Fodemski, being duly sworn, state as follows:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is the son of the decedent.

3. Said Sylvia Fodemski died on December 8, 2016. See attached Death Certificate for Sylvia Fodemski.

4. The legal description of the premises in question is:

THE NORTH 35.0 FEET OF LOT 17 IN COUNTRY MEADOWS PLANNED DEVELOPMENT RESIDENTIAL, AN ADDITION OT THE TOWN OF WINFIELD, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 90, PAGE 58, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, MORE COMMONLY KNOWN AS 10700 KEYSTONE AVENUE, CROWN POINT, INDIANA 46307;

Tax Key No. 45-17-05-479-001.000-047

Commonly Known As: 10700 Keystone Avenue, Crown Point, IN 46307

5. There is no Federal tax liability by reason of the death of said decedent, and all inheritance taxes due the State of Indiana have been paid.

6. This affidavit relates to a Life Estate Interest.

Terry A. Fodemski

Terry A. Fodemski, Affiant
10700 Keystone Avenue
Crown Point, IN 46307

FILED

JAN 11 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

020233

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CK# 8334
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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 Terry A. Fodemski, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 6th day of January, 2017.

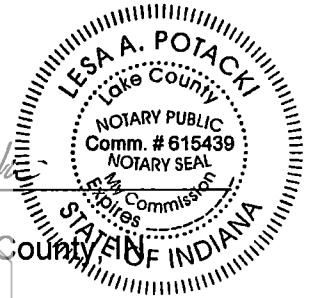
My commission expires: 2/13/2018

Document is NOT OFFICIAL!

Signature: Lesia A. Potacki

This Document is the property of the Lake County Recorder!

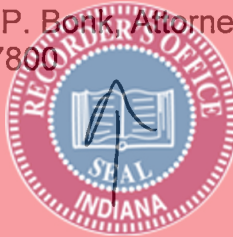
Resident of: Lake County, IN



STOP

"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

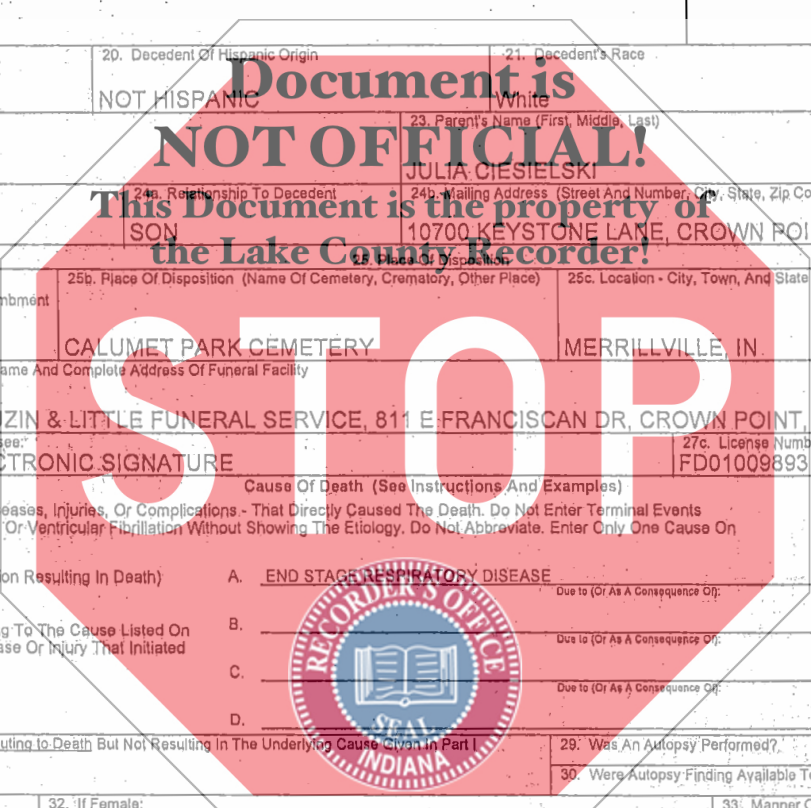
Tracking No. 106896

Local No. 004003

EDR No. 000000547377

State No. 058189

1. Decedent's Legal Name (First, Middle, Last) SYLVIA FODEMSKI				1a. Maiden Name (If female) CIESIELSKI		2. Sex FEMALE		3. Time Of Death 11:58 PM		4. Date Of Death (Month/Day/Year) 12/08/2016	
5. Social Security Number [REDACTED]		6a. Age - Yrs 92		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) 12/06/1924		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 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) ST ANTHONY HOSPICE-CROWN POINT											
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307						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. Last Name Before First Marriage				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18c. Street And Number 10700 KEYSTONE LANE		
18d. Apt. No.			18e. Zip Code 46307			18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
19. Decedent's Education 8TH GRADE OR LESS				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) FRANK CIESIELSKI				23. Parent's Name (First, Middle, Last) JULIA CIESIELSKI				23a. Parent's Last Name Before First Marriage CAP			
24. Informant's Name TERRY A FODEMSKI				24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 10700 KEYSTONE LANE, CROWN POINT, IN 46307			
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) CALUMET PARK CEMETERY				25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83001261			
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009893					
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) A. END STAGE RESPIRATORY DISEASE Due to (Or As A Consequence Of): Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence Of):											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were 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 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 <input type="checkbox"/> Unknown If Pregnant Within 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. Place Of Injury (Isa, Decedent's Home, Construction Site, Restaurant, Wooded Area): THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT				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. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred											
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 01052342A		45. Date Certified 12/12/2016			
46. Additional Funeral Service Provider:						47. Tax Status					
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) DEC 12 2016					



DEC 12 2016

NOT VALID UNLESS