

2017 007100

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 FEB -1 AM 10:37

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

I, Amy L. Johnson-Sobek, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the niece of Theodore Domanski and Mary A. Domanski (aka Mary Anne Domanski).

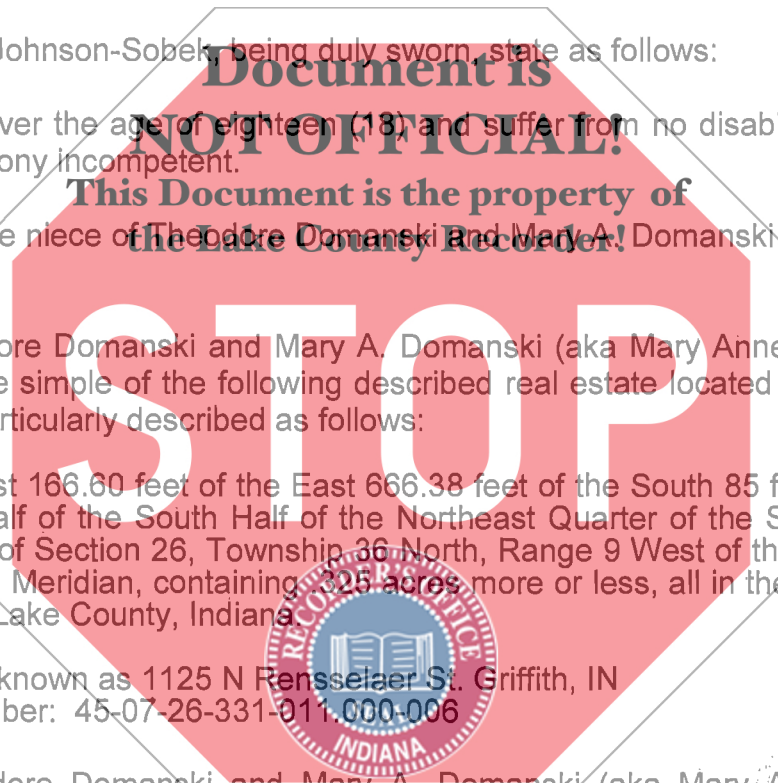
3. Theodore Domanski and Mary A. Domanski (aka Mary Anne Domanski) are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The West 166.60 feet of the East 666.38 feet of the South 85 feet of the North Half of the South Half of the Northeast Quarter of the Southwest Quarter of Section 26, Township 36 North, Range 9 West of the Second Principal Meridian, containing .325 acres more or less, all in the Town of Griffith, Lake County, Indiana.

Commonly known as 1125 N Rensselaer St. Griffith, IN
Parcel Number: 45-07-26-331-011-000-006

4. Theodore Domanski and Mary A. Domanski (aka Mary Anne Domanski) acquired title to said real estate by deed of conveyance on the 15th day of May, 1975, and recorded in the Office of the Lake County Recorder on June 19, 1975, as Document No. 303882.

5. Theodore Domanski died on December 21, 2003, at which time Mary A. Domanski (aka Mary Anne Domanski) became the sole owner of the property. See attached Death Certificate for Theodore Domanski.



FILED

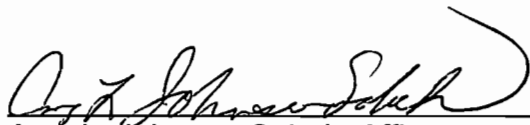
FEB 01 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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M^e
#8359

00517

6. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



Amy L. Johnson-Sobek, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Amy L. Johnson-Sobek, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 18th day of January, 2017.

My commission expires: 02/13/2018

Signature: 
Lesa A. Potacki
Resident of: Lake County, Indiana



"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



ATTENTION ESTATE: Disclosure of the \$# we need to pursue our responsibilities voluntary and there will be no penalty for fusal.*

INDIANA STATE DEPARTMENT OF HEALTH

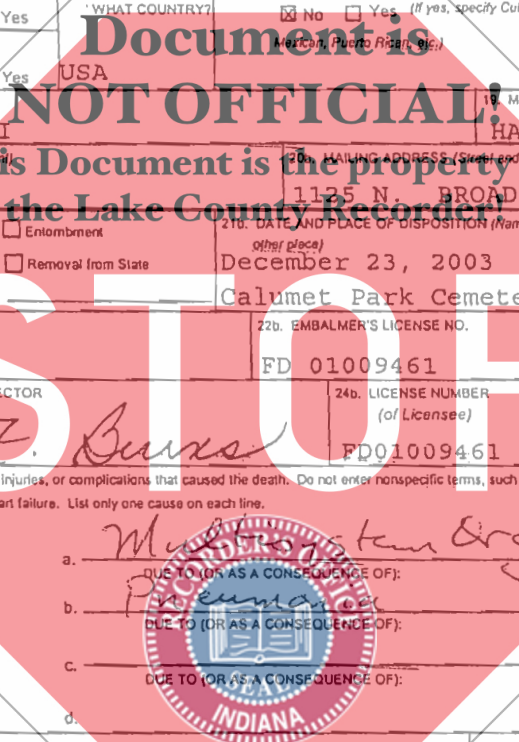
CERTIFICATE OF DEATH

State No.....

Local No. **3035-03**

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED - NAME (First, Middle, Last) THEODORE E DOMANSKI		2. SEX Male	3a. TIME OF DEATH 1:30 PM	3b. DATE OF DEATH (Month, Day, Yr.) December 21, 2003	
	4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 88	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr.) June 11, 1915
DECEASED	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	PLACE OF DEATH (Check only one - See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence			
	9b. FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9d. COUNTY OF DEATH Lake	
INFORMANT	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) MARY KOVECSI	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) EXECUTIVE		12b. KIND OF BUSINESS/INDUSTRY TREASURY DEPARTMENT	
	13a. RESIDENCE - STATE IL	13b. COUNTY COOK	13c. CITY, TOWN OR LOCATION GLENVIEW		13d. STREET AND NUMBER 2505 GREENWOOD ROAD	
INFORMANT	13e. ZIP CODE 60025	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College _____
	18. FATHER'S NAME (First, Middle, Last) ROMAN DOMANSKI		18. MOTHER'S NAME (First, Middle, Maiden Surname) HATTIE WEJNA			
INFORMANT	20a. INFORMANT'S NAME (Type/Print) ROSE JOHNSON		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1125 N. BROAD STREET, GRIFFITH, IN		20c. Relation Sister	
	21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 23, 2003 Calumet Park Cemetery		21c. LOCATION - City or Town, State Merrillville, IN	
DISPOSITION	22a. EMBALMER'S NAME James F. Burns		22b. EMBALMER'S LICENSE NO. FD 01009461		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>		24b. LICENSE NUMBER (of Licensee) FD01009461		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FH83 10101 Broadway, Crown Point, IN	
CAUSE OF DEATH	26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Myocardial Infarction a. _____ DUE TO (OR AS A CONSEQUENCE OF): Pneumonia b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____					
CERTIFIER	PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Dementia Peripheral Vascular Disease		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTO AVAILABLE COMPLETE OF DEATH No	
	29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>J.A. Kacmar, M.D.</i>			29c. MEDICAL LICENSE NO. 01027088
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. JOSEPH A. KACMAR 123 N. COURT ST., CROWN POINT, IN 46307					
	31. HEALTH OFFICER'S SIGNATURE <i>Susan D. Bist</i>				32. DATE FILED IN Jan 14	
HEALTH OFFICER	33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED (IE IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT) NO
	34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10101 Broadway, Crown Point, IN 46307			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) December 21, 2003		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.				



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