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PARCEL NO.:

**AFFIDAVIT OF DEATH OF  
STANLEY HARRY MAJKOWSKI AKA STANLEY H. MAJKOWSKI**

STATE OF INDIANA        )  
                                      )   SS:  
COUNTY OF LAKE         )

KARI JO SOPKO, being first duly sworn, upon oath deposes and says as follows:

1. This Affidavit is made pursuant to the Indiana Statutes.
2. The undersigned Kari Jo Sopko is the granddaughter of the decedent, Stanley Harry Majkowski AKA Stanley H. Majkowski. This Affidavit is to establish the death of Stanley Harry Majkowski AKA Stanley H. Majkowski who died a resident of Lake County, Indiana, on the 20<sup>th</sup> day of January, 2017.
3. At the time of death of Owner, the Owner held the Real Estate listed below as transfer on death with Kari Jo Sopko. *Decedent died 01-20-2017 002-737*  
*TV That Kari Jo Sopko is the beneficiary of the TOD Prop.*  
See attached Exhibit "A".  
Commonly known at 3406 W. 77<sup>th</sup> Avenue  
Merrillville, Indiana 46410.

4. That this affidavit is made to establish the death of Stanley Harry Majkowski AKA Stanley H. Majkowski

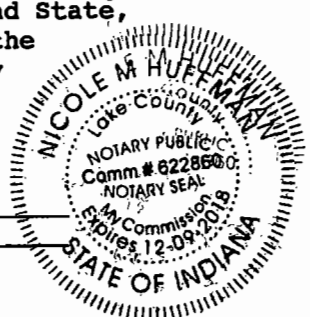
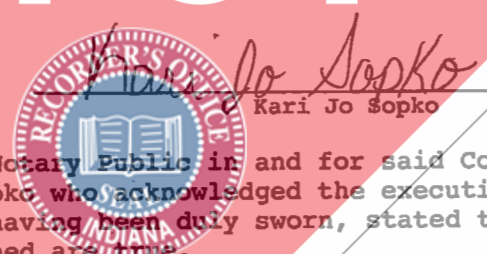
STATE OF INDIANA        )  
                                      )   ss:  
COUNTY OF LAKE         )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Kari Jo Sopko who acknowledged the execution of the foregoing Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this February 10<sup>th</sup>, 2017.

My commission expires: 12-09-2018  
Signature Nicole Huffman  
Printed Nicole Huffman  
Resident of Lake County, Indiana

2017 FEB 14 AM 9:19  
MICHAEL R. BROWN  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
JOHN E. RETALAS  
LAKE COUNTY AUDITOR



This instrument prepared by Law Office of Thomas A. Vater  
7814 Belmont Ave., Hammond, IN 46324

Return affidavit to: Thomas A Vater  
7814 Belmont Hammond IN 46324

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. No representation is made as to any time after this instrument was delivered or given to my client.

Thomas A Vater  
Attorney Thomas A. Vater #1793-45

#16  
CS  
CA  
NON  
CONF

**EXHIBIT "A"**

**LEGAL DESCRIPTION:**

**LOT 61 LINCOLN GARDENS THIRD ADDITION AS SHOWN IN PLAT BOOK 35  
PAGE 33 IN LAKE COUNTY, INDIANA.**

**Commonly known as: 3406 W. 75<sup>th</sup> Avenue  
Merrillville, IN 46410**





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

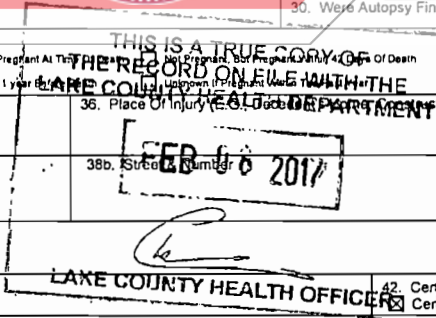
Tracking No. 113716

Local No 000454

EDR No 00000557192

State No 006060

Form fields including: 1. Decedent's Legal Name (STANLEY H MAJKOWSKI), 2. Sex (MALE), 3. Time Of Death (07:13 PM), 4. Date Of Death (01/26/2017), 5. Social Security Number, 6a. Age - Yrs (80), 7. Date of Birth (02/25/1936), 8. Birthplace (EAST CHICAGO, IN), 11. Facility Name (METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE), 13. County Of Death (LAKE), 14. Marital Status (Widowed), 15. Surviving Spouse's Name, 16. Decedent's Usual Occupation (BUSINESS OWNER), 17. Kind Of Business/Industry (MACHINE SHOP), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (MERRILLVILLE), 18c. Street And Number (3406 WEST 77TH AVENUE), 18d. Apt. No., 18e. Zip Code (46410), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (STANLEY MAJKOWSKI), 23. Parent's Name (HELEN MAJKOWSKI), 23a. Parent's Last Name Before First Marriage (ZOLNERCZYK), 24. Informant's Name (KARI JO SOPKO), 24a. Relationship To Decedent (GRANDDAUGHTER), 24b. Address (1099 S. ROSELIND ROAD, CROWN POINT, IN 46307), 25a. Method Of Disposition (Cremation), 25b. Place Of Disposition (NORTHWEST INDIANACREMATATION SERVICES), 25c. Location - City, Town, And State (CROWN POINT, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307), 27a. Funeral Home License Number (FH83002445), 27b. Signature Of Indiana Funeral Service Licensee (JAMES E. BURNS, BY ELECTRONIC SIGNATURE), 27c. License Number (FD20700059), 26 Part I. Cause Of Death (SEPSIS, RESPIRATORY FAILURE), 26 Part II. Other Significant Conditions Contributing to Death (COMPLICATED URINARY TRACT INFECTION), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Findings Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death (Natural), 34. Date Of Injury (02/06/2017), 35. Time Of Injury, 36. Place Of Injury (EAST INDIANACREMATATION SITE, RESTAURANT, WOODED AREA), 37. Injury At Work? (No), 38. Location Of Injury - State (INDIANA), 38a. City Or Town (MERRILLVILLE), 38b. Street Number (3406), 38c. Apt. No., 38d. Zip Code (46410), 39. Describe How Injury Occurred, 40. If Transportation Injury, Specify (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (TEOFILO S VINLUAN, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385), 44. License Number (01057042A), 45. Date Certified (02/07/2017), 46. Additional Funeral Service Provider, 47. \*As, 48. Signature of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (FEB 08 2017)



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