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

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STATE OF INDIANA )
) SS:
COUNTY OF LAKE )
KARI JO SOPKO, being first duly sworn, upon oath deposes and ays
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 a Majkowski who died a resident of
Lake County Indiana, on the 26th day of January, 2017.
NUI UFFICIAL:
3. At the time of death of Owner, the Owner held the Real Estate Histocher with Kari
1. Jo Sonka Develor de stad O 543 57 Data at 2017 202,737 . TV
TV That War To Sight is the went it the Tol Doch is
See attached Exhibit "A".
Commonly known at 3406 W. 77th 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:  JOHNE, PETATAS JOHNEY AUDITOR
COUNTY OF LAKE COUNTY AUDITOR
COUNTY OF LAKE ) LAKE COOK
COUNTY OF LAKE COUNTY
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 time.
Witness my hand and Notarial Seal this
My commission expires: Signature Will Huffman Ecommission expires:
2-09-2019 Resident of Lake County, Indiana
OF Washington
This instrument prepared by Law Office of Thomas A. Vater
7814 Belmont Ave., Hammond, IN 46324
Return affidavit to: 1 hm/3 H Vater
7514 Dalmont Homm 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.

Attorney Thomas A. Vater #1793-45

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### EXHIBIT "A"

### LEGAL DESCRIPTION:

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



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 113716

Local No 000	EDF	DR No 000000557192				State No 006060						
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)			2. Sex				4. Date Of Death (Month/Day/Year)		
STANEEY H MAJKOWSKI  5. Social Security Number   6a, Age - Yrs	6b. Under 1 Year 6c. Under 1 N		6d. Under 1 Day	6e. Under 1 Hour	ur 7. Date of Birth (Me			07:13		01/26/2017 ce (City and State or Foreign Country)		
	-		•		7. 54.0							
Yes       ☑ No       ☐ Unknown       ☐ Hospice Facility       ☐ Decedont's Home       ☐ Nursing Home/Long-term Care Facility         44 Facility News (Abb between Care Facility Impatient Impati												
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE												
12 City Or Town, State, And Zip Code  MERRILLVILLE, IN, 46410-709		13. County Of Death				14 Marital Status At Time Of Death  ☐ Marned ☐ Marned, But Separated ☐ Uni  ☑ Widowed ☐ Never Married ☐ Uni				t Separated Divorced		
15. Surviving Spouse's Name	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	15a.	Last Name Before F							17. Kind C	of Business/Industry	
18. Residence - State	18a. Co	ounty	_	BUSINESS OWNER					R MACHINE SHOP			
		,										
INDIANA 18c. Street And Number	LAKE			MERRILLVI	LLE		18d. Apt. No.		18e. Zıp Co	de	18f. Inside City Limits?	
3406 WEST 77TH AVENUE									4641	n	⊠ Yes □ No	
19. Decedent's Education		Decedent Of Hispan	nic Origin	nenf	ecedents	Race			70-71			
HIGH SCHOOL GRADUATE C COMPLETED		HISPANIC		White	2							
22. Parent's Name (First, Middle, Last)		NO	TOR	23, Parent's Name (	First, Midd	le, Last)			23a. Pare	ent's Last N	lame Before First Marriage	
STANLEY MAJKOWSKI 24. Informant's Name	T	Aal Selationship To	ament i	HELEN MAJK	OWS!	KI Monther C	y, State, Zip	Code)	ZOLNI	ERCZY	'K	
KARI JO SOPKO				1089 SRORE					IN 46307	7		
25a. Method Of Disposition	25b. Place	Of Disposition (Na		ematory, Other Place)	25c, Lo	ocation - City,	Town, And Sta	ate				
☐ Bunal ☑ Cremation ☐ Donation ☐ En☐ Removal From State		NATEST INDI	ANACREMAT	1001								
Other (Specify):	SERVIC	CES		ION	CRO	WN PON	NT, IN					
	Name And Complete A	ddress Of Funcral I	Facility							27a. Fune	ral Home License Number:	
Pes No BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307 FH83002445  27b. Signature Of Indiana Funeral Service Licensee:												
JAMES E. BURNS, BY ELECTRONIC SIGNATURE FD20700059												
28 Part I Enter The Chain Of Events - D Such As Cardiac Arrest, Respiratory Arre	st, Or Ventricular Fibri	Complications - Th	nat Directly Caused	The Death Do Not I	Enter Ter	minal Events	e On				Approximate Interval: Onset To Death	
A Line. Add Additional Lines If Necessary  Immediate Cause (Final Disease Or Cond		ith) A.	SEPSIS TUTOE	R'S Oll							LESS THAN TWO WEEKS	
,			E O.L.	THE STREET	Oue to (Or A	As A Consequence	Οή /				2101155110	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated									TWO WEEKS			
The Events Resulting in Death) Last		C			Due to (Or A	As A Consequence	69					
		D	E VO	Almer								
Part II, Enter Other Significant Conditions Control	nbuting to Death But No	t Resilting In The L	Inderlying Course Giv	PAPIPATITIES		S An Autopsy Sin	Performed?	To Com	Yas	⊠ No	th2	
COMPLICATED URINARY TRACT INFECT 31. Did Tobacco Use Contribute To Death?	32. If Female:		TH	IS IS A Train	. /		33. Manner				Yes No	
☐ Yes ☐ Probably ☐ No ☒ Unknown	Not Pregnant	Within Past Year	Pregrant ALTERPIER	IS IS A TRUE OF THE PROPERTY O	"E 4711T. CYONYA(	Geffe Of Death MaiTЫ⊏	H 0	П a			Pending Investigation	
34. Date Of Injury (Month/Day/Year)	35. Time Of I	Injury	36. Plac	e Of Injury (E.S.L.Dec	EDEPA	RTARENT	tion Site, Rest	aurant, V	Vooded Area)		Injury At Work?	
38. Location Of Injury - State	222 - 612 - 62	-		EFR S.A.		_			38c, Apt. No.	20/	Yes No	
36. Location Of Injury - State	38a. City Or T	own	386. 2	real Vanuage O	(01/		İ		Soc. Apt. No.	360	a. Zip Code	
39. Describe How Injury Occurred				(k			40. If Trans	sportation	n Injury, Speci	ry: /ALTO	TUNLESS	
41. Signature, Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, BY ELECTRONIC SIGNATURE  LAKE COUNTY HEALTH OFFICE A2. Certifier (Check Only One)  Health Officer  Health Officer												
TEOFILO S VINLUAN, BY EL 43. Name, Address And Zip Code Of Person C						Ctrn⊠ Cer	ofying Physicia 44. Li	idense N	☐ Coroner lumber		Health Officer Date Certified	
TEOFILO S VINLUAN , 261 TALL TIMBERS COURT, VALPARAISO, IN 4					6385				7042A 02/07/2017			
46. Additional Funeral Service Provider			1					Akas.				
48. Signature of Local Health Officer:			49. For Re	gistrar Only								
CHANDANA VAVILALA, VIA E	LECTRONIC S		NT TO CERTIFICA	TE OF DEATH (EN	RY OR C	DRIGINAL)		, <u> </u>	EB 08 20	) ( [		
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