STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 010692

2017 FEB 21 AM 10: 38

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

3

SURVIVORSHIP AFFIDAVIT

I, DEAN RICHWALSKI, this 31st day of January, 2017, being first duly sworn upon oath, states as follows:

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1. That I am the son of Charlene M. Richwalski, deceased;

2. That my mother, Charlene M. Richwalski passed away on the 22nd day of February, 2013. A copy of Charlene M. Richwalski's death certificate is attached hereto.

3. That Charlene M. Richwalski was duly and legally married to Norbert M. Richwalski at the time they, as husband and wife, acquired the following real estate:

   LOT 2, IN BLOCK 2, AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF JOHN ZACHAU'S ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK 28, PAGE 26, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

   Commonly known as: 434 Vine Court, Hammond, IN 46324

   Key No.: 45-06-12-207-006.000-023

4. That the marital relationship which existed between Charlene M. Richwalski and Norbert M. Richwalski at the time they acquired title to said real estate remained in effect and unbroken until the date of Charlene M. Richwalski's death;

5. That all funeral expenses in connection with the death of Charlene M. Richwalski have been paid in full; and

6. That the estate of Charlene M. Richwalski did not necessitate the filling of a Federal Estate Tax Return.

FILED

FEB 21 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

021275

15.
CK-005376
to

FURTHER AFFIANT SAYETH NOT.

DEAN RICHWALSKI

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 31st day of January, 2017.

My commission expires:

KIMBERLY A. SEITZINGER
Lake County
My Commission Expires
June 25, 2022

Notary Public

Resident of Lake County

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. Robert F. Tweedle

Return Recorded Document to:
Robert F. Tweedle
2850 – 45th Street, Suite A
Highland, IN 46322

This instrument prepared by:
Robert F. Tweedle, #20411-45
2850 - 45th Street, Suite A
Highland, IN 46322 / 219-924-0770

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STOP
RECORDER'S OFFICE SEAL INDIANA

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000677 EDR No 000000309035 State No 009379

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
CHARLENE M RICHWALSKI	PRAYFROCK	FEMALE	02:31 AM	02/22/2013

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	79	Months	Days	Hours	Minutes	06/25/1933	GARY, IN

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): COMMUNITY HOSPITAL

12. City Or Town, State, And Zip Code: MUNSTER, IN, 46321

13. County Of Death: LAKE

14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name: NORBERT RICHWALSKI

15a. (If Wife) Give Maiden Last Name:

16. Decedent's Usual Occupation: HOMEMAKER

17. Kind Of Business/Industry: HOME

18. Residence - State: INDIANA

18a. County: LAKE

18b. City Or Town: HAMMOND

18c. Street And Number: 434 VINE COURT

18d. Apt. No.:

18e. Zip Code: 46324

18f. Inside City Limits? ☒ Yes ☐ No

19. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED

20. Decedent Of Hispanic Origin: NOT HISPANIC

21. Decedent's Race: White

22. Father's Name (First, Middle, Last): EDWIN PRAYFROCK

23. Mother's Name (First, Middle, Last): HAZEL PRAYFROCK

23a. Mother's Maiden Last Name: PERRY

24. Informant's Name: NORBERT RICHWALSKI

24a. Relationship To Decedent: HUSBAND

24b. Mailing Address (Street And Number, City, State, Zip Code): 434 VINE COURT, HAMMOND, IN 46324

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): HOLY CROSS CEMETERY

25c. Location - City, Town, And State: CALUMET CITY, IL

26. Was Coroner Contacted? ☐ Yes ☒ No

27. Name And Complete Address Of Funeral Facility: BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321

27a. Funeral Home License Number: FH83004968

27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS , BY ELECTRONIC SIGNATURE

27c. License Number (Of Licensee): FD08601763

Cause Of Death (See Instructions And Examples)

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.

		Approximate Interval Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. ACUTE RESPIRATORY FAILURE	2 HOURS
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	Due To (Or As A Consequence Of): B. PLEURAL EFFUSION	1 WEEK
	Due To (Or As A Consequence Of): C. CONGESTIVE HEART FAILURE	YEARS
	Due To (Or As A Consequence Of): D. DILATED CARDIOMYOPATHY	YEARS

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: DIABETES MELLITUS II, HYPERTENSION, ACUTE HEPATIC FAILURE, ACUTE ON CHRONIC RENAL INSUFFICIENCY

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☒ Yes ☐ Probably ☐ No ☐ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

34. Date Of Injury (Month/Day/Year):

35. Time Of Injury:

36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area):

37. Injury At Work? ☐ Yes ☐ No

38. Location Of Injury - State:

38a. City Or Town:

38b. Street & Number:

38c. Apt. No.:

38d. Zip Code:

39. Describe How Injury Occurred:

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: MARK FRANCIS KEVIN , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MARK FRANCIS KEVIN , 7905 CALUMET AVENUE, MUNSTER, IN 46321

44. License Number: 01036785A

45. Date Certified: 02/25/2013

46. Additional Funeral Service Provider:

47. *Aka's:

48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): FEB 26 2013

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.