STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2017 019439

2017MAR 27 AM 9: 05

STATE OF INDIANA
LAKE COUNTY

LED FOR RECORD

MICHAEL B. BROWN RECORDER

RE: CARL L. DEERING, DECEASED

PARCEL NOS 45 02-25-178-007-000-023-45-02-25

PARCEL NOS. 45-02-25-178-007.000-023, 45-02-25-178-008.000-023

SURVIVORSHIP AFFIDAVIT

SHIRLEY KOWALISYN, being duly sworn, states:

- 1. I am the surviving step-daughter of CARL L. DEERING, now deceased.
- 2. The decedent and I were the owners, of the following described real estate located in Lake County, Indiana:

ESCHENBERGS STATE LINE ADDITION SOUTH 1/2 OF LOT 7, ALL OF LOT 8, AND THE NORTH 1/2 OF LOT 9, ALL IN BLOCK 12

Commonly known 18: 4317 Grover Avenue Hatamond Indiana 46327

- 3. The decedent and I owned the real property listed above as joint tenants with rights of survivorship, until the time of the death of CARL L. DEERING on November 4, 2015, at which time I acquired title to the real estate as surviving tenant. Attached is a certified copy of the death certificate of CARL L. DEERING and incorporated herein by reference as Exhibit "A".
- 4. On January 6, 2017, I caused to be filed a Quit Claim Deed transferring title of such real estate from Shirley Kowalisyn to Shirley Kowalisyn, W. John Kowalisyn and Russell Kowalisyn, as joint tenants with rights of survivorship.
- 5. This affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in, SHIRLEY KOWALISYM, W. JOHN KOWALISYM AND RUSSELL KOWALISYM, and to induce the Auditor of Lake County, Indiana to update the ownership of such real estate on the Auditor's records.

Date:

Shirley Kowalisyn

2017

Shirley Kowalisyn

221 - 173rd Place, Hammond, IN 46324

COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for appounty and State, personally appeared Shirley Kowalisyn, and she being first duly sworn by me upon this oath, stated that the facts alleged in the foregoing Affidavit are true.

Simulated and addition of the upon this cath, stated that the facts alleged in the foregoing

Notary Public

Resident of Lake County, Indiana

CxP.3-5-21

nent.

Reasonable care has been taken to redact each Social Security number in this document. Return document to: Shirley Kowalisyn, 221 - 173rd Place, Hammond, IN 46324 19. A

50.40 4,844.4 3,744.4

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 69524

Local No 003625					<u>0000</u>		State No 051989 2. Sex						
→ Decedent's Legal Name (F	irst, Middle, Las	st)		1	a, Maiden Nar	ne (If female)		2. Sex	3. 1	ime Of	Death	4. Date	Of Death (Month/Day/Year)
CARL L DEERING 5. Social Security Number	6a. Age - Yrs	6b, Under 1	Year 6c Under 1	Month 6d	Under 1 Day	6e, Under 1 Hou	ır 7 Datı	MA of Birth (Mo	LE nth/Day/Year)	10:30		and State	11/04/2015 or Foreign Country)
b. Goodar Goodarty Humbor	oa. Age - 115				<u> </u>	-			•		, , ,		, , , , , , , , , , , , , , , , , , ,
Ever in U.S. Armed Forces	105 2 10 lf De	Months eath Occurred In	Days A Hospital	Hou	rs	Minutes 10a, If Death Oc	curred Som	06/16/1: ewhere Other			ICAGO,	IL,	
☑ Yes ☐ No ☐ Unkno	ł		ency Department Out	patient 🔲	Dead on Arriva	☐ Hospice Facil	lity 🔲 🛚	Decedent's Ho	-		me/Long-term	Care Fac	ility
11. Facility Name (If Not Inst DYER NURSING A											-		
12. City Or Town, State, And		DILITATIO	NOLNILIN			13. Count	y Of Death		_	14	. Marital Stat	tus At Time	e Of Death
DVED IN 46244						LAKE					☐ Married ☐ ☑ Widowed		But Separated 🔲 Divorced ver Married 🔲 Unknown
DYER, IN, 46311 15. Surviving Spouse's Name					15a. (If Wife)Give Maiden Last Name			16. Decedent's Usual Occupation					
								FITTER				N A A N I I	FACTURING
18. Residence - State			18a. County	1		18b. City Or T	Town	FITTER	<u></u>			IVIAINU	FACTURING
INIDIANA			LAKE			HAMMON	ח						
INDIANA 18c. Street And Number			LANE		_	HAMMON	<u>U</u>		18d. Apt. No		18e. Zip (Code	18f. Inside City Limits?
4317 GROVER AVENUE											40007		⊠ Yes □ No
19. Decedent's Education			20. Decedent of	Hispanic Or	igin	21	Decedent	s Rase	L		463	327	
HIGH SCHOOL GR	ADUATE	OR GED	NOT HISPA		ocu.	ment	15						
22. Father's Name (First, Mid-	dle, Last)		THO I FILOP	$\mathbf{O}^{\mathbf{I}}$	OI	23. Mother's Nam		idle, Last)			23a. M	other's M	aiden Last Name
IOUNIA DEEDING	•			UI		FLIZARET	DEED	INIC			NEUI	MAN	
JOHN W. DEERING 24. Informant's Name	<u>خ</u>		24a. Relation	ship to Dec	ment	ELIZABETH	ess (Street	And Number,	City, State, Zip	Code)	INEUI	WAIN	
SHIRLEY KOWALI	SYN		DANCH	SP SBR 01		_		~	OND, IN 4				
			THE STATE OF THE S			ace Of Disposition	COI	<i>x</i> C1 .					
25a. Method Of Disposition ☐ Burial ☐ Cremation ☐	Donation E		5b, Place Of Disposit	on (Name C	of Cemetery, C	rematory, Other Plac	:e) 25c.	Location - City	, Town, And St	ate			
Removal From State	_						\\						
Other (Specify); 26. Was Coroner Contacted?	1 2'		LMWOOD CE omplete Address Of F				(HAI	MMOND,	IN	_		27a. Fu	neral Home License Number
⊠ Yes □ No	A		& DZIADOWIO			ME, INC (HAI	MMONI) , 4404 (CAMERO	N AV	E,	FH83	002835
27b. Signature Of Indiana Fu KEITH D. ANTHON			SIGNATUR	=					7c. License Nu D0101191		Of Licensee):		
•	· · · · · · · · · · · · · · · · · · ·			Cause		e Instructions An		es)					Approximate
28. Part I. Enter The Cha Such As Cardiac Arrest, I	Respiratory Ari	rest, Or Ventrici											Interval: Onset To Death
A Line. Add Additinal Lin		•		4 000	07475	SER WITH BONE I		THIS I	SATRUE	COP	Y OF		, YEARS
Immediate Cause (Final I	Disease Or Co	naition Resultin	ig in Death)	A. PRO	STATECANO	JER VVII II BONE I	Due to (D	ASIA Consequence	ARD ON F	1 12/1/1	THE		ILARO
Sequentially List Condition				В				As A Consequent	TY HEALTH	4 DE	PARTME	NT	
Line A. Enter The Under The Events Resulting In I	y That Initiated	C.				1	MOV 0 5 2045						
						SEAL S	Due to (O	As A Consecutive	13/ 0 0	ZUIJ			
Part II. Enter Other Significan	t Conditions Co	ntributing to Deal	th But Not Resolting I	D n The Under	lying Cause Gi	yin In Raft I	29. W	as Arr Autopsy	Performed?	>	/ D v	⊠ N	
					The state of the s		30. W	ere Autopsy F	inding Available		Ç. □ Yes mplêtê The C		
31. Did Tobacoo Use Contrib	oute To Death?		f Female:				W	WE COU			MEICER		
☐ Yes ☐ Probably ☒ N	o 🗌 Unknowr	n	Not Pregnant Within Past Yea Not Pregnant, But Pregnant 4	_		Not Pregnant, But P Unknown if Pregnan					سا <u>دا</u> ۔۔۔۔۔۔ uld Not Be De		Pending Investigation
34. Date Of Injury (Month/Da	ıy/Year)		Time Of Injury			ace Of Injury (E.G., D							37. Injury At Work?
													Yes No
38. Location Of Injury - State	•	38a.	City Or Town		38b. \$	Street & Number					38c. Apt. N	lo.	38d. Zip Code
20 Bassiba Hawking Oce										enortati	on Injuny Soc	ucifu:	
39. Describe How Injury Occ	штеа							5	Driver/Ope	rator Lati	on Injury, Spe Passenger [7]P	VAL	D ÜNLESS
41. Signature, Of Person Co			ATURE		-				entifier (Check (
JAY C L PAIK , BY 43. Name, Address And Zip								I M C	ertifying Physici		Coronei Number		Heath Officer 45. Date Certified
JAY C L PAIK , 80	O MACVE.	THIID DIV	'D #15 MILINE	יי פאדב	J 46321			-	010	; 3077	na' :-		11/05/2015
46. Additional Funeral Service		THUN DLV	<u>υ, πτυ, Ινιυίνι</u>	<u>, 1413, 11</u>	1 70021					*Akas:		<u> </u>	1 170012010
48. Signature of Local Health	n Officer:					••		49. For R	tegistrar Only	- Date I	Filed (Month/	Day/Year)	
SUSAN W. BEST,		TRONIC S									NOV 06		
			AME	NDMENT T	O CERTIFICA	ATE OF DEATH (E	NTRY OR	ORIGINAL)		1	··		
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