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2017 044705

2017 JUL 19 AM 10:33

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

I, Regina Skopelja, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature. *AKA JOSEPH SOWA BA*
2. Affiant is the Successor Trustee of the Joseph A. Sowa Living Trust dated December 19, 2011, and is the daughter of the decedent. *AKA JOSEPH SOWA BA*
3. Said Joseph A. Sowa died on November 11, 2016. See attached Death Certificate for Joseph A. Sowa. *AKA JOSEPH SOWA BA*
4. The legal description of the premises in question is:

LOT 39, WILLOW TREE FARMS, BLOCK TWO, TO THE CITY OF CROWN POINT, AS SHOW IN PLAT BOOK 42, PAGE 75, IN LAKE COUNTY, INDIANA.

Commonly Known As: 9806 Arthur Place, Crown Point, IN 46307

Key No.: 45-12-32-427-009-009-029
5. There is no Federal or State inheritance tax liability by reason of the death of said decedent.
6. This affidavit relates to a Life Estate Interest.
7. Affiant's relationship to the deceased was his daughter.



22932
NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

X Regina Skopelja

Regina Skopelja, Affiant
4655 Hillcrest Court
Crown Point, IN 46307

FILED
JUL 17 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK # 3814
OVERAGE _____
COPY _____
NON-COM _____
CLERK br

004045

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 14 day of July, 2017.

My commission expires:

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!
Signature: _____

RICHARD A. ZUNIGA
NOTARY PUBLIC
SEAL
Porter County, State of Indiana
My Commission Expires August 31, 2022

Resident of: _____ County, IN

"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



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 104603

Local No. 003679

EDR No. 00000542251

State No.

1. Decedent's Legal Name (First, Middle, Last) JOSEPH A SOWA	11a. Maiden Name (If female)	2. Sex MALE	3. Time Of Death 02:05 AM	4. Date Of Death (Month/Day/Year) 11/11/2016
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5. Social Security Number [REDACTED]	6a. Age - Yrs 93	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 05/07/1923	8. Birthplace (City and State or Foreign Country) LANSING, IL
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9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival	10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)
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11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT	12. City Or Town, State And Zip Code CROWN POINT, IN, 46307	13. County Of Death LAKE	14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
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15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation MECHANIC	17. Kind Of Business/Industry INLAND STEEL COMPANY
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town CROWN POINT	18c. Apt. No.	18d. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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16c. Street And Number 9806 ARTHUR PLACE	19. Decedent's Education ASSOCIATE DEGREE (AA, AS)	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race White
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22. Parent's Name (First, Middle, Last) MARTIN SOWA	23. Parent's Name (First, Middle, Last) MARY SOWA	23a. Parent's Last Name Before First Marriage ROK
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24. Informant's Name REGINA G SKOPELJA	24a. Relationship To Decedent DAUGHTER	24b. Mailing Address (Street And Number, City, State, Zip Code) 4655 HILLCREST COURT, CROWN POINT, IN 46307
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25a. Method Of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY	25c. Location - City, Town, And State CALUMET CITY, IL
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307	27a. Funeral Home License Number FH83001261
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27b. Signature Of Indiana Funeral Service Licensee: THOMAS G PRUZIN, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee) FD01009893
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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. VENTRICULAR ARRHYTHMIA Due to (Or As A Consequence Of):		15 MINUTES
B. RESPIRATORY FAILURE Due to (Or As A Consequence Of):		2 WEEKS
C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of):		5 YEARS
D. CONGESTIVE HEART FAILURE - ETIOLOGY IS CORONARY ARTERY DISEASE		5 YEARS

Part II: Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I:	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 43 days or 6 weeks <input type="checkbox"/> Not Pregnant, But Pregnant 43 days to 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year	33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
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34. Date Of Injury (Month/Day/Year) NOV 15 2016	35. Time Of Injury	36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT	37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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39. Describe How Injury Occurred	40. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
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41. Signature Of Person Certifying Cause Of Death: ELIZABETH PRZENICZNY, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ELIZABETH PRZENICZNY, 5265 COMMERCE DRIVE SUITE D, CROWN POINT, IN 46307	44. License Number 01033089A	45. Date Certified 11/14/2016
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46. Additional Funeral Service Provider:	47. Attest: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filled (Month/Day/Year): NOV 15 2016
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48. Signature Of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filled (Month/Day/Year): NOV 15 2016
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49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	
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NOV 15 2016

RAISED SEAL AFFIXED