STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2017 046816

2017 JUL 28 AM 9: 34

MICHAEL B. BROWE RECORDER

## AFFIDAVIT of SURVIVORSHIP

Tax: I.D. NO. 45-06-01-155-007.000-023

RICHARD SROCZYNSKI, being first duly sworn upon oath, deposes and says:

- 1. That ADELINE SROCZYNSKI a/k/a ADELINE G. SROCZYNSKI, died on the 8th day of July, 1994 at Dyer, Lake County, Indiana.
- 2. That at the time of her death, she was co-owner as coint Tenant with Richard Sroczynski in the following described real estate

1/2) OF LOT EIGHTEEN (18), BLOCK MINESO HOMEWOOD ISDUITION TO CHAMMOND, AS SHOWN IN PLAT BOOK 2, PAGE 29 IN LAKE COLINTR AND IANA!

Commonly known as: 30 DETROIT STREET, HAMMOND, INDIANA 46320

- 3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Adeline Sroczynski.
- 4. That this Affiant's relationship to the Decedent was Son.

DEANNA L. GRIGGS Lake County Commission Expires February 20, 2021

FURTHER, your Affiant saith naught.

STATE OF INDIANA, COUNTY OF

Subscribed and sworn to before me, a Motory Ruble this

My Commission Expires: County of Residence:

Printed

JOHH-BURGALAB AKE COUNTY AUDITOR

This instrument prepared by

MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45 No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

Inder the penalties for perjury, that I have taken reasonable care to redact each Social number in this decument, unless required by law.

Signature of Preparer

Printed Name of Preparer

004189

\*ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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State No.	• • •	 	 	٠.		٠.				

Local No. ... THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 DECEASED-NAME (First, Middle, L381) 2. SEX 34 TIME OF DEATH 3b. DATE OF DEATH (Month Day, Yr) TYPE/PRINT ADELINE SROCZYNSKI 3:25 P. w JULY 8, 1994 FEMALE IN Sa. AGE-Last Birthday \*SOCIAL SECURITY NUMBER SE UNDER TYEAR I SC UNDER 1 DAY 8. DATE OF BIRTH (Mo. Day, Yr) 7. BIRTHPLACE (City and State or Foreign Country) PERMANENT Days Minutes 82 BLACK INK 17, 1912 CHICAGO, ILLINOIS FEB. 9e. PLACE OF DEATH (Check only one, See instructions) RA WAS DECEDENT BE YEAR LAST SERVED IN A U.S. VETERAN? U.S. ARMED FORCEST HOSPITAL Inpetient OTHER Nursing Home Other (Specify) NO Residence ☐ ER/Outpatient ☐ DOA 9b. FACILITY NAME (If not institution, give street and number) 9c. CITY, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH DECEDENT ST. MARGARET/MERCY HEALTHCARE CENTER 10. MARITAL STATUS II SURVIVING SPOUSE 128. DECEDENT'S USUAL OCCUPATION (Give kind of work Jone during most of working life. Do not use retired) 12b. KIND OF BUSINESS/INDUSTRY WIDOWED OWN HOME NONE HOUSEWIFE 134 RESIDENCE-STATE 13d. STREET AND NUMBER 13b. COUNTY 13c CITY, TOWN OR LOCATION HAMMOND INDIANA LAKE 30 DETROIT STREET 13. ZIP CODE 131. INSIDE CITY LIMITS 14 CITIZEN OF 15. WAS DECEDENT OF HISPANIC ORIGIN? 16. RACE-American Ingian. 17 DECEDENT'S EDUCATION □ No XXYes (Specify only righest great comple (Specify) Elementary/Secondary (0-12) College (1-4 or 5 + ) 46320 13g. ON A FARM? U.S.A. WHITE XXVo D Yes 18. FATHER'S NAME (First Middle, Last) 19 MOTHERS NAME VEirst Middle, Maiden Surnamel PARENTS FRANK 20c. Relationship 20a :NEORMANT'S NAME (Type/Pont) er or Rural Route Number, City or Town, State, Zo Code) **INFORMANT** Documentistic stoppanton 46320 RICHARD SROCZXNSKILLS SON 21c. LOCATION-City or Town State HOLY CROSS MAUSOLEUM CALUMET CITY ILLINOIS 228. EMBALMER'S NAME: 225. EMBALMER'S LICENSE NO 23. WAS BEATH REPORTED TO CORONER! DISPOSITION No No LEO V. HENNESSY IL 034-010388 25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME #287 248 SIGNATURE OF FUNERAL DIRECTOR 245. LICENSE NUMBER (of Li<mark>censee</mark>) MC COY FUNERAL CHAPEL, 5713 HOHMAN AV. HENNESSY-NOWAK FUNERAL 29300133 HAMMOND IN FOR 28. PART I. Approximate Interve Between Onset and Death IMMEDIATE CAUSE IFINE DUE TO JOR AS A CONSEQUENCE OF disease or contribor esumo in ceem) CAUSE OF ions, if any, which gave nse to the mille stating the underlying WAS DECEDENT WAS AN AUTOPSY 28h WERE AUTOPSY FINDINGS PREGNANT DR 98 DAYS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE POSTPARTUMZ (Yes or no) (Yes or no) /NO OF DEATH? (Yes or no) No 29a. CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, deeth occurred at the time, data, and disce, and due to the cause(s) as stated (Check anly 29c. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month Day, Year) 296. SIGNATURÉ ANS TITLE DE CERTIFIER DR. JEROME E. MARCH, 200 MONTICELLO DR., DYER, INDIANA 46311 THIS CERTIFIES THE ABOVE IS A VALUE OF THE CONTROL 8/94 CERTIFIER 31. HEALTH OFFICER'S SIGNATURE HEALTH OFFICER LEGIOUPAN PORKT 31 MANNER OF DEATH JAN DATE OF INJURY (Month Day, Year) APR 28 1997 Pending Natural 34e. PLACE OF INJURY-At home, farm street factory, office 341 LOCATION (Street and Number of ☐ Suicide Could not be alexagistic LAKE COURTY HEALTH COMMISSIONER Mag DATE PRONOUNCED DEAD (Month Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no.) If yes, specify driver, passenger, of