

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 046816

2017 JUL 28 AM 9:34

MICHAEL B. BROWN
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 Joint Tenant with Richard Sroczyński in the following described real estate:

LOT NINETEEN (19) AND THE WEST HALF (1/2) OF LOT EIGHTEEN (18), BLOCK NINE (9) HOMERIDGE IN HAMMOND, AS SHOWN IN PLAT BOOK 2, PAGE 29 IN LAKE COUNTY, INDIANA.

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 Sroczyński .

4. That this Affiant's relationship to the Decedent was Son.

FURTHER, your Affiant saith naught.



Richard Sroczyński
RICHARD SROCZYNSKI

FILED

STATE OF INDIANA, COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public this 26 day of July, 2017. **JUL 26 2017**

My Commission Expires: 2021
County of Residence: Lake

Signature *Deanna L. Griggs*
Printed **DEANNA L. GRIGGS**
JOHN E. DEJALAS
LAKE 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.

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.

Matthew W. Deulley
Signature of Preparer

Deanna L. Griggs
Printed Name of Preparer

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AR

004189

Community Title Company
File No. 1712386

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1559-94

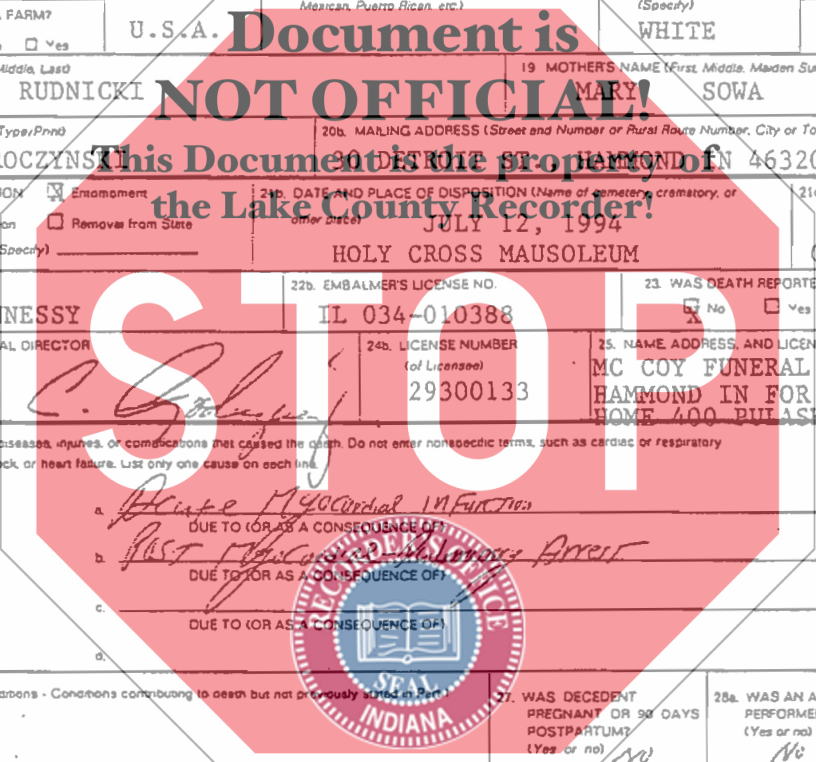
CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (ADELINE G. SROCYNSKI), SEX (FEMALE), TIME OF DEATH (3:25 P.M.), DATE OF DEATH (JULY 8, 1994), SOCIAL SECURITY NUMBER, AGE (82), DATE OF BIRTH (FEB. 17, 1912), BIRTHPLACE (CHICAGO, ILLINOIS), FACILITY NAME (ST. MARGARET/MERCY HEALTHCARE CENTER), CITY/TOWN/LOCATION OF DEATH (DYER), COUNTY OF DEATH (LAKE), MARITAL STATUS (WIDOWED), SURVIVING SPOUSE (NONE), DECEASED'S USUAL OCCUPATION (HOUSEWIFE), KIND OF BUSINESS/INDUSTRY (OWN HOME), RESIDENCE-STATE (INDIANA), COUNTY (LAKE), CITY/TOWN OR LOCATION (HAMMOND), STREET AND NUMBER (30 DETROIT STREET), ZIP CODE (46320), FATHER'S NAME (FRANK RUDNICKI), MOTHER'S NAME (MARY SOWA), INFORMANT'S NAME (RICHARD SROCYNSKI), ADDRESS (30 DETROIT ST., HAMMOND, IN 46320), RELATIONSHIP (SON), METHOD OF DISPOSITION (Embalment), DATE AND PLACE OF DISPOSITION (JULY 12, 1994, HOLY CROSS MAUSOLEUM, CALUMET CITY ILLINOIS), EMBALMER'S NAME (LEO V. HENNESSY), LICENSE NUMBER (IL 034-010388), SIGNATURE OF FUNERAL DIRECTOR, NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (MC COY FUNERAL CHAPEL, 5713 HOHMAN AV., HAMMOND IN FOR HENNESSY-NOWAK FUNERAL HOME 400 PULASKI, CALUMET CITY, IL), CAUSE OF DEATH (Acute Myocardial Infarction), CERTIFIER (ALEXANDER S. WILLIAMS, M.D.), HEALTH OFFICER'S SIGNATURE (ALEXANDER S. WILLIAMS, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY (APR 28 1997), PLACE OF INJURY, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER