2017 061099

STATE OF INDIANA
LAKE COUNTY
FILED FOR REGORD

2017 SEP | | AM | |: 06
MICHAEL B. BROWN
RECORDER

<b>DECEASED</b>	JOINTHENANGY ARFIDAVIT		,			0
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State of Indiana NOT OFFICIAL! SEP 8 2017
County of County
the Lake County Recorder: JOHN E. PETALAS
JOHN A. WOJTCZAK, hereinafter called Affiant(s) being duly sworn states that he resides
at: 12304 w. 103 Court, St. John, Indiana. That Affiant was acquainted with SHIRLEY
A. WOJTCZAK, hereinafter referred to as Deceased, and at the time of Decedent's death,
was one of the owners of the land in LAKE County, INDIANA, described as:
LOW HORE THE COURT OF
LOT #277, HOMESTEAD ACRES 13th ADDITION TO THE TOWN OF ST. JOHN AS
SHOWN IN PLAT BOOK 61, PAGE 1, IN LAKE COUNTY, INDIANA.
Parcel Number: 45-15-05-176-003 000-015  That the Deceased died on 2000 as evidenced by a copy of
Deceased's death certificate attached hereto. That the Deceased, at the time of his/her
death, held his/her share of the above-mentioned property as a joint tenant.
Subscribed and sworn before me
this Mark 15 2017
041709
Tomma C. Williams John G. Worlgak
Notary Public Affiant's Signature
This instrument prepared by:

Robert J. Zapolis, Zapolis & Associates, 9991 W. 191st Street, Mokena, IL 60448

OFFICIAL SEAL
EMMA: C WILLIAMS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/03/19

AMOUNT \$ 25 000
CASH\_\_\_CHARGE\_\_CHECK#\_\_7356\_
OVERAGE\_\_COPY\_\_NON-CONF\_\_DEPUTY\_\_OS

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 92328

Local No		EDR No 000000518937				State No 030040  3. Time Of Death 4. Date Of Death (Month/Day/Year)					
Decedent's Legal Name (First, Middle, Last)     SHIRLEY ANN WOJTCZAK			WIDMER	e (lifsmale) *		FEMALE		28 AM	4. Date of Death (Month/Day/Yea		
5. Social Security Number 6a. Age		'ear   6c. Under 1 Mc		6e. Under 1 Hour	7. Date of	Birth (Month/Day/				Foreign Country)	
64	Months	Days	Hours	Minutes	0	2/11/1952	c	HICAGO, I	L		
	). If Death Occurred In A	Hospital:			Death Occurred Somewhere Other Than A Hospital						
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify) ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)											
11. Facility Name (If Not Institution, G 12304 WEST 103RD CO	URT			140 0				Martin Contra	a Al Timo O	( Dooth	
12. City Or Town, State, And Zip Code	•			13. County O	Death			14. Marital Status At Time Of Death  ☑ Married ☐ Married, But Separated ☐ Divorced			
SAINT JOHN, IN, 46373 LAKE  15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Name						16. Decedent's Usual Occu				Married Unknown  Of Business/Industry	
15. Surviving Spouse's Name			15a. (If Wile)Give Maiden	Last Marne		o. Decedents os	suai Occupati		II. Kiliu C	d Busiliess/Illiustry	
JOHN WOJTCZAK  18. Residence - State		18a. County		18b. City Or Tow		<u>OMEMAKE</u>	R		H NWO	OME	
		•			''						
INDIANA 18c. Street And Number		AKE		ST. JOHN		18d.	Apt. No.	18e. Zip C	ode	18f. Inside City Limits	
  12304 WEST 103RD COI	IRT				_			400	<b>7</b> 0	⊠ Yes □ No	
19. Decedent's Education		20. Decedent Of Hi	spanic Origin	21 D	ecedent's Ra	ade		463	/3		
SOME COLLEGE CREDI DEGREE	T, BUT NOT A	NOT HISPAN	Docu	White	15						
22. Father's Name (First, Middle, Last)		NI	OTOL	23. Mother's Name (F	irst, Middle,	Las()		23a. Mo	other's Maid	en Last Name	
JOHN WIDMER		141		GERTRUDE V	VIDME	2		оом	S		
24. Informant's Name		24a, Relationsh	ocument	248. Mailing Address	<b>OPC</b>	Number, City, St	tate, Xip Cod		<u></u>		
JOHN WOJTCZAK		HUSBANI		12304 WEST	103RD	COURT, ST	r. John	IN 46373			
25a. Method Of Disposition	25	b. Place Of Disposition	25. Place (Name Of Cemetery, Cre	e Of Disposition matory, Other Place)	25c. Loca	ation - City, Town,	And State				
⊠ Burial	Entombrient										
Other (Specify):			OWN CEMETERY	Y	FREM	ONT, IN					
26. Was Coroner Contacted?	1	nplete Address Of Fun	eral Facility . GARDENS, INC	-SAINT IOHN	8580	WICKER AV	VENILE	SAINT	27a. Fune	ral Home License Numb	
☐ Yes ☒ No	JOHN, IN 46		. GARDENS, INC	CAINT JOHN	1, 0000				FH1020	00006	
27b. Signature Of Indiana Funeral Ser LAWRENCE EUGENE M		CTRONIC SIG	NATURE				onse Number 10601 <mark>5</mark>	(Of Licensee):			
28. Part I. Enter The <u>Chain Of Eve</u> Such As Cardiac Arrest, Respirate A Line. Add Additional Lines If Ne	ory Arrest, Or Ventricu	es, Or Complications lar Fibrillation Withou	Cause Of Death (See - That Directly Caused t Showing The Etiology.	The Death. Do Not E	nter Termi	nal Events One Cause On				Approximate Interval: Onset To Death	
Immediate Cause (Final Disease		In Death) A	. MALIGNANT NEOF	CASM OF THE RIG	HT BREAS	T WITH METAS	TASIS TO L	JNGS AND BE	RAIN	1 YEAR	
		uso Listed On B	S. O. C.		Due to (Or As A	Consequence Of),					
Sequentially List Conditions, If Ar Line A. Enter The Underlying Car	use (Disease Or Injury)	use Pisten Off			Due to (Or As A	A Consequence Of):		SIS A TRU CORD ON			
The Events Resulting In Death) La	ast				Due to (Or As A	A Consequence DI)				. –	
			)	EAL						7	
Part II. Enter Other Significant Condition	ns Contributing to Death	But Not Resulting In	the Underlying Cause Give	DIANA	29. Was A	/ /	2	JUNY29	2016		
31. Did Tobacco Use Contribute To D	eath?   32, If	Female:			30, Were	Autopsy Finding A	Manner Of I	eath:	use or Dear	Yes No	
Yes Probably No 🛭 Ur	known I 🗔		Pregnant At Time Of Death	_			_	// —	_	Pending Investigation	
34. Date Of Injury (Month/Day/Year)		ot Pregnant, But Pregnant 43 D. "ime Of Injury		Unknown If Pregnant Will e Of Injury (E.G., Dece				Could Not Be De		Fights & Morks	
										Yes————Ho	
38. Location Of Injury - State	38a. (	City Or Town	38b. St	reet & Number				38c. Apt. No	380	d. Zip Code	
39. Describe How Injury Occurred						- [ 40	If Transport	ation Injury, Spec	ifv:		
oo. Socialist flow many coccared							Driver/Operator	P. NO Per	VAL L	TUNLESS	
41. Signature, Of Person Certifying CLYLE R MUNN, BY ELEC		IATURE				42. Certifier (		One) Coroner	(T)	Health Officer	
43. Name, Address And Zip Code Of						Continying	44. Licens			Date Certified	
LYLE R MUNN , 85 E. U	S HIGHWAY 6,	MEDICAL PLA	AZA, STE 235, VA	ALPARAISO, II	N_46383	3	0103	82A		06/28/2016	
46. Additional Funeral Service Provide	er:						47. *Aka:	. ~			
48. Signature of Local Health Officer:					-	49. For Registra	r Only - Dat			<del>-</del> ,	
CHANDANA VAVILALA,	VIA ELECTRO		RE DMENT TO CERTIFICAT	TE OF DEATH (ENT	RY OR OR	IGINAL)	<u> </u>	JUN 28 2	016		
49: 06/28/2016							ı I				
23b: DOMS							i				
							! _				
State Form 53395 ATTENTION ES	STATE: The Social Se	curity # is being requ	ested by this state agen	cy in order to pursue	responsibi	lity. Disclosure i	is voluntary	RAISE	DISEA	L-AEFIXED	