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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 069881

2017 OCT 17 AM 8:34

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Pamela D. Borkowski, of adult age, being first duly sworn, upon deposes and says:

That Pamela D. Borkowski, is the Wife of Richard L. Borkowski, deceased, who died on August 9, 2017 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Pamela D Borkowski recorded March 23, 1998 as Document No. 98019107 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Pamela D. Borkowski, surviving spouse of the decedent.

And further affiant sayeth not this 12th day of October, 2017.

Pamela D. Borkowski
Pamela D. Borkowski

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 12th day of October, 2017.

WITNESS my hand and Notarial Seal.

My Commission Expires:

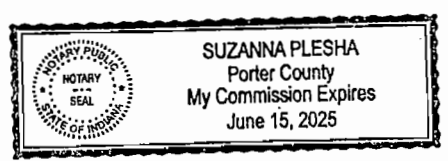
6/15/25

Suzanna Plesha
Signature of Notary Public



Suzanna Plesha
Printed Name of Notary Public

Porter, IN
Notary Public County and State of Residence



This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

2440 East 113th Avenue
Crown Point, IN 46307

Grantee's Address and Mail Tax Statements To:

2440 East 113th Avenue
Crown Point, IN 46307

File No.: 17-33988

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. Debra A, Guy

HOLD FOR MERIDIAN TITLE COF.

FILED

OCT 12 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25-
MT
AD



2149812-1753

042366

LEGAL DESCRIPTION

Lot 2 in Niles Creek Addition, Unit 1, as per plat thereof, recorded in Plat Book 73, page 55, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
State ID Number Only

45-16-11-253-002.000-041



2149812-1753



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBM

Tracking No. 134869

Local No 002780

EDR No 00000592653

State No 039195

1. Decedent's Legal Name (First, Middle, Last) RICHARD LEE BORKOWSKI				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 04:35 PM		4. Date Of Death (Month/Day/Year) 08/09/2017						
5. Social Security Number		6a. Age - Yrs 59		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) 10/16/1957		8. Birthplace (City and State or Foreign Country) MARINETTE, WI														
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" type="checkbox"/> Other (Specify) CONSTRUCTION SITE										
11. Facility Name (If Not Institution, Give Street and Number) LOT 124 SCHILLING DRIVE																
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 checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown							
15. Surviving Spouse's Name PAMELA DIANE BORKOWSKI				15a. Last Name Before First Marriage BIEBER				16. Decedent's Usual Occupation PLUMBER		17. Kind Of Business/Industry BORKOWSKI PLUMBING						
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18c. Street And Number 2440 EAST 113TH AVENUE		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race WHITE			22. Parent's Name (First, Middle, Last) WILLIAM BORKOWSKI							
23. Parent's Last Name Before First Marriage VANDEBLOOMER				24. Informant's Name JARED RICHARD BORKOWSKI				24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1292 PENNSYLVANIA PLACE, CROWN POINT, IN 46307						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MEMORY LANE MEMORIAL PARK			25c. Location (City, Town, And State) CROWN POINT, IN			27a. Funeral Home License Number FH1110003							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility MEMORY LANE CEMETERY AND FUNERAL HOME CHAPEL, 6305 W LINCOLN HIGHWAY CROWN POINT, IN 46307						27c. License Number (Of Licensee) FD20200096							
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 Of Death. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARBON MONOXIDE INTOXICATION B. _____ C. _____ D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last																
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed On Part I																
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. What Agency/Person/County Health Officer Reported The Cause Of Death? LAKE COUNTY HEALTH DEPARTMENT													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 42 Days Of Time Of Death <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 checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34. Date Of Injury (Month/Day/Year) 08/09/2017			35. Time Of Injury 16:35		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) CONSTRUCTION SITE		37. Injury At Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State INDIANA			38a. City Or Town CROWN POINT			38b. Street & Number LOT 124 SCHILLING DRIVE			38c. Apt. No.		38d. Zip Code 46307					
39. Describe How Injury Occurred																
41. Signature Of Person Certifying Cause Of Death MERRILEE D. FREY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer										
43. Name, Address And Zip Code Of Person Certifying Cause Of Death MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307						44. License Number		45. Date Certified 09/07/2017								
46. Additional Funeral Service Provider																
48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) SEP 07 2017										

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This Document is the property of the Lake County Recorder!



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 11 2017

NOT VALID UNLESS

28) Cause A: PENDING INVESTIGATION
45: 8/10/2017 4:13:02 PM
49: 09/11/2017
33: PENDING INVESTIGATION