

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 072339

2017 OCT 26 AM 10:02

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

3

AFFIDAVIT

I, John Patrick Seneczko, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the Successor Trustee of the John and Leona Seneczko Living Trust dated December 8, 2006, and the son of the decedent.
3. Said Leona Seneczko died on July 10, 2010. See attached Death Certificate for Leona Seneczko.
4. The legal description of the premises in question is:

Lot 212 in Heather Hills Section 3, Unit 3, as per plat thereof, recorded in Plat Book 73 Page 68, and amended by certificate of change recorded August 19, 1993 as Document No. 93054375, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 8540 Fairbanks Street, Crown Point, Indiana 46307

Key No.: 45-11-26-226-004.000-032
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 her son.



FILED

OCT 26 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

John Patrick Seneczko

John Patrick Seneczko, Affiant
6185 E. 107th Place
Crown Point, IN 46307

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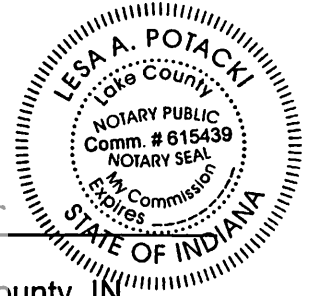
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 25 day of October, 2017.

My commission expires: 2/13/2018



Signature: Lesa A. Potacki
Lesa A. Potacki
Resident of: Lake 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

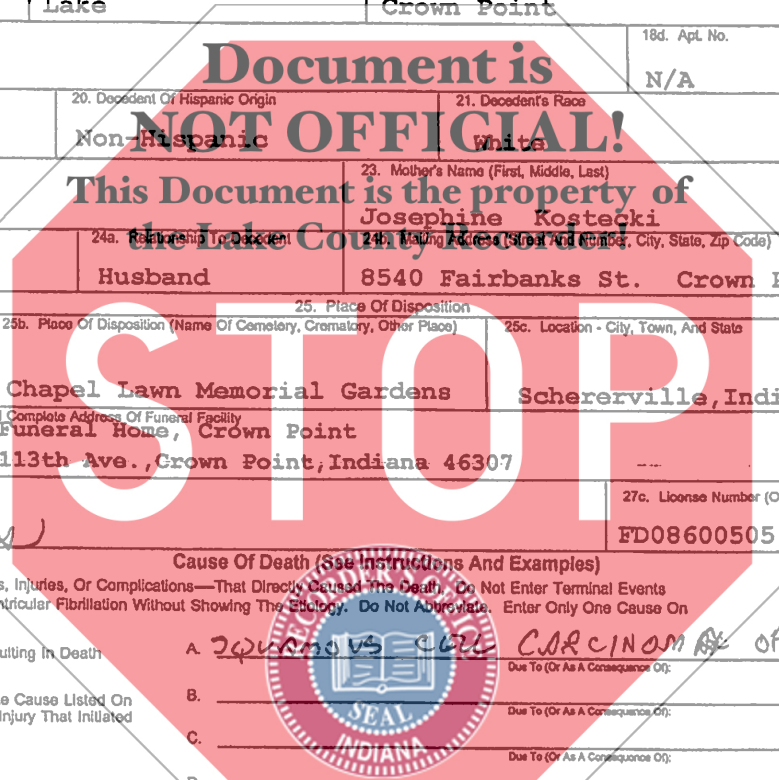


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2206-10

State No.

| | | | | | | | | | |
|--|---|---|---|---|---|---|--|---|---|
| 1. Decedent's Legal Name (First, Middle, Last) Leona Seneczko | | | 1a. Maiden Last Name (If Female) Kostecki | | | 2. Sex Female | 3. Time of Death 10:20 PM | 4. Date of Death (Month/Day/Year) July 10, 2010 | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 73 | 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) June 28, 1937 | | 8. Birthplace (City And State Or Foreign Country) Chicago, Illinois |
| 9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unknown <input type="checkbox"/> | | 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify) | | | | |
| 11. Facility Name (If Not Institution, Give Street And Number) 8540 Fairbanks St. | | | | | | | | | |
| 12. City Or Town, State, and Zip Code Crown Point, Indiana 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 John Seneczko | | | 15a. (If Wife) Give Maiden Last Name N/A | | | 16. Decedent's Usual Occupation Waitress | | 17. Kind Of Business/Industry Hospitality | |
| 18. Residence - State Indiana | | | 18a. County Lake | | | 18b. City Or Town Crown Point | | | 18c. Street And Number 8540 Fairbanks St. |
| 19. Decedent's Education 12 | | | 20. Decedent Of Hispanic Origin Non-Hispanic | | | 21. Decedent's Race White | | | |
| 22. Father's Name (First, Middle, Last) Leo A. Kostecki | | | 23. Mother's Name (First, Middle, Last) Josephine Kostecki | | | 23a. Mother's Maiden Last Name Wojcicki | | | |
| 24. Informant's Name John Seneczko | | | 24a. Relationship To Decedent Husband | | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 8540 Fairbanks St. Crown Point, Indiana 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) Chapel Lawn Memorial Gardens | | | 25c. Location - City, Town, And State Schererville, Indiana 46375 | | | |
| 26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Crown Point -606 E. 113th Ave., Crown Point, Indiana 46307 | | | | | 27a. Funeral Home License Number: FH19900060 | | | |
| 27b. Signature Of Indiana Funeral Service Licensee: <i>Alexis Thomas</i> | | | | | | 27c. License Number (Of Licensee): FD08600505 | | | |
| 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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SQUAMOUS CELL CARCINOMA OF LUNG Due To (Or As A Consequence Of): 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 Given In Part I CHRONIC OBSTRUCTIVE PULMONARY DISEASE | | | | | | 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | 31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 32. If Female: <input checked="" 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 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 type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined | | | | | | | |
| 34. Date Of Injury (Month/Day/Year) | | 35. Time Of Injury | | 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) TRUE | | 37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 38. Location Of Injury - State | | 38a. City Or Town | | 38b. Street & Number | | 38c. Apt. No. | | 38d. Zip Code | |
| 39. Describe How Injury Occurred | | | | | | 40. If Transportation Injury (Specify): <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | |
| 41. Signature, Of Person Certifying Cause Of Death: <i>Jerome Daly</i> | | | | | | 42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer | | | |
| 43. Name, Address and Zip Code Of Person Certifying Cause Of Death: Dr. Jerome Daly 20325 S. Graceland Lane, Frankfort, IL 60423 | | | | | | 44. License Number 1L 036 057011 | | 45. Date Certified 7-14-10 | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Akas: | | | |
| 48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i> | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): July 16, 2010 | | | |



COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT