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RECORDING REQUESTED BY:

Timios, Inc.
5716 Corsa Ave., Suite 102
Westlake Village, CA 91362

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

AND WHEN RECORDED MAIL TO:

2017 084010

2017 DEC 12 AM 11:22

FRANCES OSTROWSKI
624 DEARBORN ST
GARY, IN 46403-2813

MICHAEL B. BROWN
RECORDER

prepared by: Dave Jacobs

Timios, Inc.
4955 Steubenville Pike, Suite 305
Pittsburgh, PA 15205

Deal No.: 495403

APN: 45-09-06-302-019,000-004

SPACE ABOVE THIS LINE FOR RECORDER'S USE

1569716

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF INDIANA)

COUNTY OF LAKE)

FRANCES OSTROWSKI of legal age, being first duly sworn, deposes and says:



FRANCES OSTROWSKI is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as FRANCES OSTROWSKI, named as one of the parties in that certain deed dated 11/05/2002, executed by FRANCES J. OSTROWSKI A/K/A Frances Ostrowski to FRANCES J. OSTROWSKI and FRANCES M. OSTROWSKI as joint tenants, recorded on 11/15/2002, as Instrument No. 2002 104947, Official Records of LAKE County, INDIANA describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

Most Commonly Known As: 624 DEARBORN ST, GARY, IN 46403-2813

Dated: 10-26-17

[Signature]

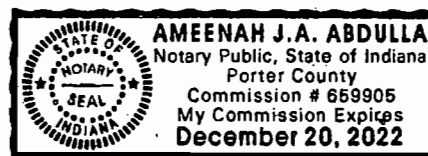
FRANCES OSTROWSKI

FILED

DEC 11 2017

[Signature]
JOHN E. PETALAS
LAKE COUNTY AUDITOR

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 26th day of OCTOBER, 2017



43499

Signature

[Signature: Ameenah J.A. Abdulla]

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE ^(AS)

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

[Signature]
Name

25-
428514
RMB
E

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Key # 46-45-45

CERTIFICATE OF DEATH

Local No. 04 0224

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

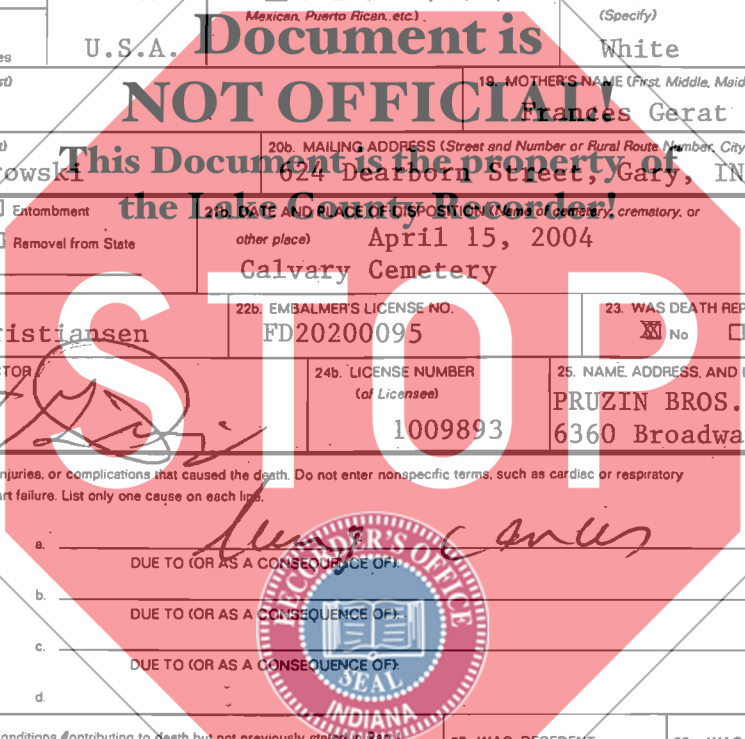
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) FRANCES J. OSTROWSKI		2. SEX Female	3a. TIME OF DEATH 7:45 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) April 9, 2004	
4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) January 13, 1924	
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? ---	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 624 Dearborn Street		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) ---	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self-Employed		12b. KIND OF BUSINESS/INDUSTRY Jewelry Store	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 624 Dearborn Street		
13e. ZIP CODE 46403	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Thomas Spisak			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Gerat		20a. INFORMANT'S NAME (Type/Print) Frances M. Ostrowski			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 624 Dearborn Street, Gary, IN 46403		20c. Relationship Daughter			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Date of interment, crematory, or other place) April 15, 2004 Calvary Cemetery		21c. LOCATION—City or Town, State Portage, Indiana	
22a. EMBALMER'S NAME: Jonathon R. Christiansen		22b. EMBALMER'S LICENSE NO. FD20200095		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) 1009893	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Acute Pancreatitis					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> STEPHEN R. STIGLITZ		MEDICAL LICENSE NO. 35936		29d. DATE SIGNED (Month, Day, Year) 4-16-04	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Maher Ajam, M.D., 8666 Broadway, Merrillville, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) APR 16 2004	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 001669			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 9-pp Cash			



FILED

FEB 18 2005

Vertical stamps: FILED FOR RECORD, APR 16 2004, MERRILLVILLE, IN, 0:41

EXHIBIT "A"

LEGAL DESCRIPTION

File No: 08-01561460

THE FOLLOWING DESCRIBED REAL ESTATE IN **LAKE COUNTY IN THE STATE OF INDIANA, TO-WIT:**

LOTS 45 AND 46 IN BLOCK 2 IN THE SUBDIVISION OF THE WEST 14.80 ACRES OF BLOCK NO. 2 OF MILLER STATION IN THE CITY OF GARY AS PER PLAT THEREOF RECORDED IN PLAT BOOK 4, PAGE 17.

PARCEL: 45-09-06-302-019.000-004

BEING THE SAME PROPERTY CONVEYED TO FRANCES J. OSTROWSKI AND FRANCES M. OSTROWSKI AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP BY DEED FROM FRANCES J. OSTROWSKI A/K/A FRANCES OSTROWSKI RECORDED 11/15/2002 IN DEED INSTRUMENT NO. 2002 104947, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA

