

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

TAX KEY NO. 45-08-04-278-007.000-004
Return to: Attorney Steve H. Tokarski
7803 W. 75th Ave., Suite 1, Schererville, IN 46375

AFFIDAVIT OF SURVIVORSHIP

2
STANLEY R. LOSINSKI, after being duly sworn upon his oath states as follows:

- 1) That affiant, Stanley R. Losinski, is the brother of Elizabeth Josephine Losinski.
- 2) That Elizabeth Josephine Losinski died intestate on November 23, 2009 in Maricopa County, Arizona. Attached hereto and made a part hereof is a copy of the death certificate of Elizabeth Josephine Losinski.
- 3) That at the time of her death, Elizabeth J. Losinski held real estate in Lake County, Indiana as tenants in common with Mary Ann Walter, Stanley R. Losinski, Michelle Bentley, Genevieve S. Glowacki, and Frank Losinski, more particularly described as:

Gary Land Company's 7th Subdivision, all of Lot 7, in Block 2, Lake County, Indiana; commonly known as 353 Jefferson Street, Gary, Indiana.

- 4) Affidavit is made to induce the Lake County Auditor to change title to the above real estate into the name of the surviving tenants in common.

Dated this 27th day of March, 2019.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Stanley R. Losinski
Stanley R. Losinski

Before me, the undersigned, a Notary Public, in and for said County and State this 27th day of March, 2019 personally appeared Stanley R. Losinski and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
06/29/2025

Debra L. Volk
Debra L. Volk Notary Public

County of Residence: Porter

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.

Steve H. Tokarski

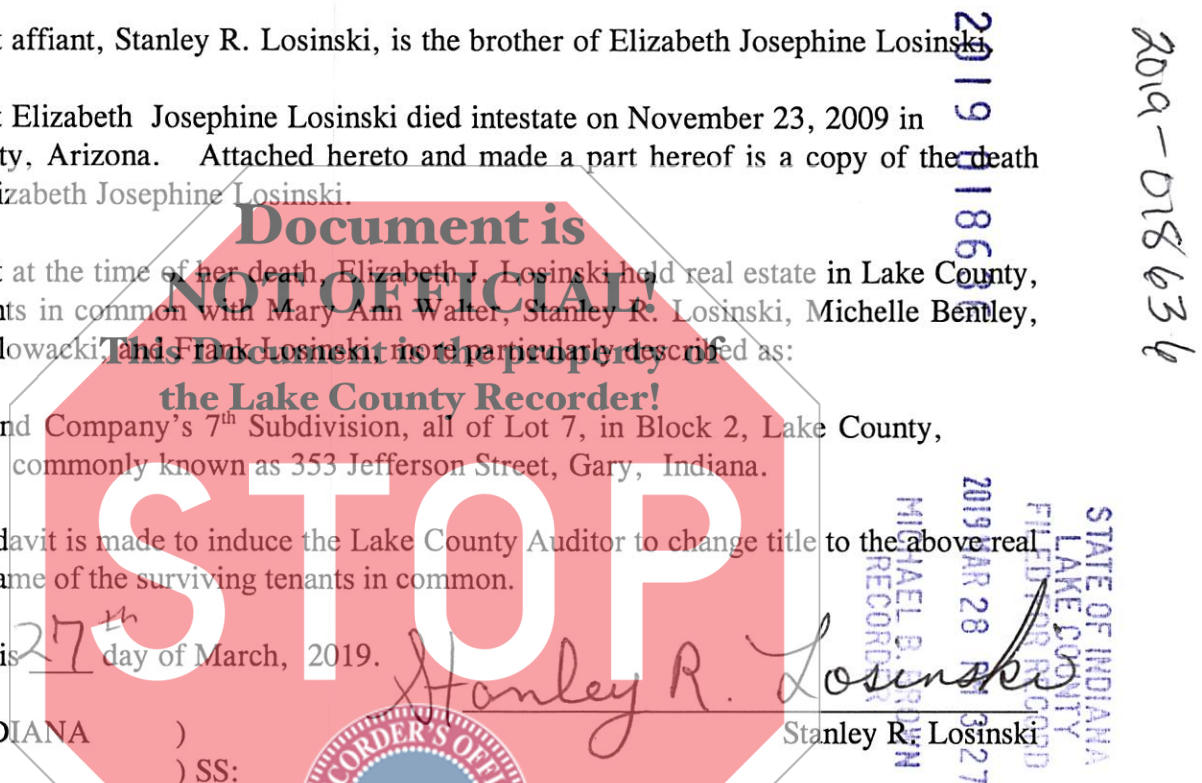
This Instrument Prepared by: Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375. (219)322-1271. E-mail address: tokarskilaw@comcast.net

FILED

MAR 28 2019

040863

JOHN E. PETALAS
LAKE COUNTY AUDITOR



2019-018636
2019-018636

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2019 MAR 28 PM 3:27
MICHAEL B. BRUNN
RECORDER

25
CASG
10

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

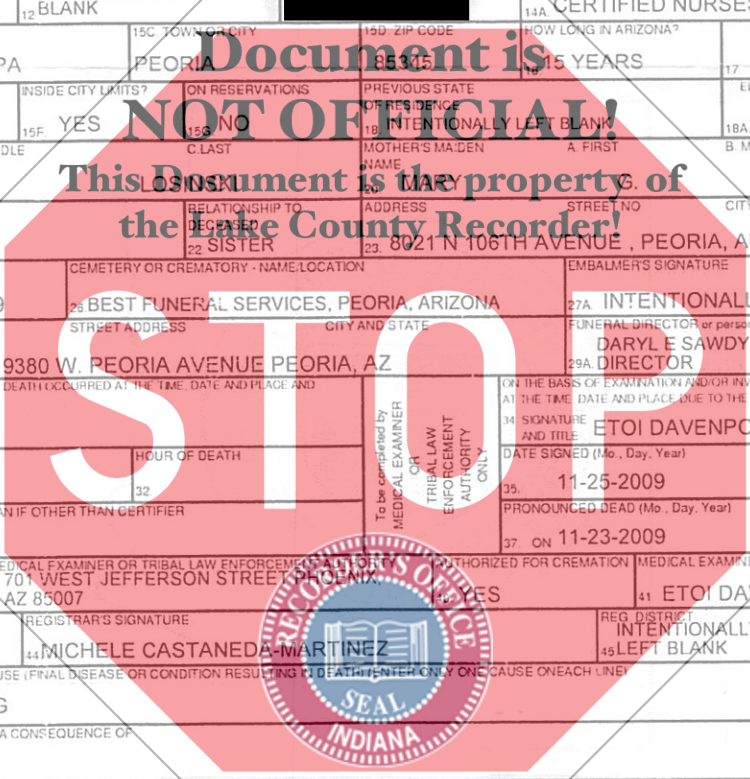
STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. 102-2009-040228

NAME OF DECEASED 1 ELIZABETH JOSEPHINE LOSINSKI			SEX 2 FEMALE	DATE OF DEATH 3 11-23-2009		
RACE 4A CAUCASIAN		WAS DECEDENT OF HISPANIC ORIGIN 4B NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C		WAS DECEDENT EVER IN U.S. ARMED FORCES? 5 NO
PLACE OF DEATH 6A COUNTY 6 MARICOPA		TOWN OR CITY 6B PEORIA		HOSPITAL OR INSTITUTION 6C 8021 N 106TH AVENUE		DECEDENT'S RESIDENCE 6D
DATE OF BIRTH 7 03-22-1956		AGE (YEARS LAST BIRTHDAY) 8A 53	F UNDER 1 YEAR 8B	F UNDER 1 DAY 8C	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9 NEVER MARRIED, SINGLE	
STATE AND CITY OF BIRTH 11 GARY, INDIANA		CITIZEN OF WHAT COUNTRY? 12 INTENTIONALLY LEFT BLANK		SOCIAL SECURITY NO.		USUAL OCCUPATION 13A CERTIFIED NURSES AIDE
USUAL RESIDENCE 15A STATE 15 ARIZONA		15B COUNTY 15B MARICOPA		15C TOWN OR CITY 15C PEORIA		15D ZIP CODE 15D 85345
STREET ADDRESS OR P.O. BOX 15E 8021 N 106TH AVENUE		INSIDE CITY LIMITS? 15F YES		ON RESERVATIONS 15G NO		PREVIOUS STATE OF RESIDENCE 16 INTENTIONALLY LEFT BLANK
FATHER'S NAME 19 STANLEY J.		MOTHER'S MAIDEN NAME 19B BOGUSLAWSKI		ADDRESS 23 8021 N 106TH AVENUE, PEORIA, ARIZONA 85345		CITY AND STATE 23B PEORIA, ARIZONA
INFORMANT'S SIGNATURE 21 GENEVIEVE S. GLOWACKI		RELATIONSHIP TO DECEASED 22 SISTER		ADDRESS 23 8021 N 106TH AVENUE, PEORIA, ARIZONA 85345		CITY AND STATE 23B PEORIA, ARIZONA
BURIAL CREMATION, REMOVAL, OTHER (Specify) 24 CREMATION		DATE 25 12-02-2009		CEMETERY OR CREMATORY - NAME, LOCATION 26 BEST FUNERAL SERVICES, PEORIA, ARIZONA		EMBALMER'S SIGNATURE 27A INTENTIONALLY LEFT BLANK
FUNERAL HOME 28 BEST FUNERAL SERVICES		NAME 28 9380 W. PEORIA AVENUE PEORIA, AZ		STREET ADDRESS 28B 9380 W. PEORIA AVENUE PEORIA, AZ		CITY AND STATE 28C PEORIA, AZ
FUNERAL DIRECTOR or person acting as such (SIGNATURE) 29A DARYL E SAWDY, FUNERAL DIRECTOR		CERT. NO. 29B F0988		FUNDING SOURCE 30		DATE SIGNED (Mo., Day, Year) 31
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39 ETOI DAVENPORT, M.D., 701 WEST JEFFERSON STREET, PHOENIX, AZ 85007		REGISTERED FOR CREMATION 40 YES		MEDICAL EXAMINER'S SIGNATURE 41 ETOI DAVENPORT		DATE REC'D IN STATE OFFICE 42 11-27-2009
DATE REGISTERED 42 11-27-2009		REG. FILE NO. 43 2009MC-042784		REG. DISTRICT 44 INTENTIONALLY LEFT BLANK		DATE REC'D IN STATE OFFICE 45 INTENTIONALLY LEFT BLANK
SPECIALLY LISTED CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE ENTER CAUSE, INJURY OR DISEASE OR INJURY THAT INITIATED EVENTS PRECEDING IN DEATH 47 PENDING		IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) ENTER ONLY ONE CAUSE ON EACH LINE 47A PENDING		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 47B UNKNOWN		DATE SIGNED (Mo., Day, Year) 35 11-25-2009
PART II - Under specific conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY 49 YES		WAS CASE REFERRED TO MEDICAL EXAMINER 50 YES		DATE SIGNED (Mo., Day, Year) 36 UNKNOWN
MANNER OF DEATH 51 PENDING INVESTIGATION		DATE OF INJURY 52 NOT RECORDED		INJURY AT WORK? 53 NO		DATE SIGNED (Mo., Day, Year) 37 ON 11-23-2009
PLACE OF INJURY SPECIFY 56 NOT RECORDED		WHERE LOCATED? 57		STREET ADDRESS 58		DATE SIGNED (Mo., Day, Year) 38 AT 1840



Date Issued: 12-07-2009

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams

PATRICIA ADAMS ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona Department of Health Services