

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

TAX KEY NO. 45-08-04-278-006.000-004
Return to: Attorney Steve H. Tokarski
7803 W. 75th Ave., Suite 1, Schererville, IN 46375

AFFIDAVIT OF SURVIVORSHIP

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

- 1) That Stanley R. Losinski is the brother of Michelle Bednar, f/k/a Michelle Bentley, and f/k/a Michelle Losinski.
- 2) That Michelle Bednar died intestate on October 18, 2005 in Maricopa County, Arizona. Attached hereto and made a part hereof is a certified copy of the death certificate of Michelle Bednar.
- 3) That the name and relationship of the decedent's legal heirs are: Mary Jo Bentley (adult daughter) and Donald J. Bentley (adult son).
- 4) That at the time of her death, Michelle Bentley held real estate in Lake County, Indiana as tenants in common with Mary Ann Walter, Stanley R. Losinski, Genevieve S. Glowacki, Elizabeth J. Losinski, and Frank Losinski, more particularly described as Gary Land Company's 7th Subdivision, all of Lot 6, in Block 2, Lake County, Indiana; commonly known as 359 Jefferson Street, Gary, Indiana.
- 5) Affidavit is made to induce the Lake County Auditor to change title to the above real estate into the name of the legal heirs of Michelle Bentley as tenants in common.

Dated this 27 day of March, 2019



Stanley R. Losinski
Stanley R. Losinski

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State this 27 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:
June 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.

Dr. S. Tokarski

FILED

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

MAR 28 2019

040864

JOHN E. PETALAS
LAKE COUNTY AUDITOR

2019-01863
2019-018637

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

25-
CASH
A

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. D-102 2005 - 035838

Name of Deceased: MICHELLE ELEANOR BEDNAR, Sex: FEMALE, Date of Death: OCTOBER 18 2005

Race: WHITE, Decedent of Hispanic Origin: NO, Deceased in U.S. Armed Forces: NO

Place of Death: MARIKOPIA COUNTY, PEORIA, Imanuel Campus of Care

Date of Birth: OCTOBER 1 1954, Age: 51, Marital Status: MARRIED, Spouse: ROBERT J. BEDNAR, JR.

State and City of Birth: GARY, INDIANA, Social Security No. [REDACTED], Usual Occupation: NURSE ASSISTANT

Usual Residence: ARIZONA, MARIKOPIA COUNTY, SUN CITY, Education Highest Grade Completed: HEALTH CARE

Street Address of R.F.D.: 10719 W. ALABAMA AVENUE, Inside City Limits: YES, Previous State of Residence: INDIANA

Father's Name: STANLEY JOSEPH LOSINSKI, Informant's Name: MARY GENEVIEVE BOGUSLAWSKI

Informant's Signature: ROBERT J. BEDNAR, JR., Relationship to Deceased: HUSBAND, Address: 10719 W. ALABAMA AVENUE, SUN CITY, AZ. 85351

Burial/Cremation: CREMATION, Date: 10/20/05, Location: BEST FUNERAL SERVICES, INC. CREMATORY, PEORIA, ARIZONA

Funeral Home: BEST FUNERAL SERVICES, INC., 9380 W. PEORIA AVE., PEORIA, AZ. 85345, Embalmer's Signature: FRANK KIRKLAND

Physician's Signature: [Signature], Date Signed: 10/19/05, Hour of Death: 6:55 P.M.

Name and Address of Certifier: ANN GILBERTSON, MD-9720 W PEORIA AVE #128, PEORIA, AZ 85345

Date Registered: OCT 28 2005, Registrar's Signature: [Signature], Date Recd in State Office: 6/22/2006

Immediate Cause: Rectal cancer

Underlying Cause: [Blank], Due to or as a consequence of: [Blank]

Part II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

Manner of Death: [Blank], Date of Injury: [Blank], Injured at Work: [Blank]

Place of Injury: [Blank], Where Located: [Blank], Street Address: [Blank], City or Town: [Blank], State: [Blank]

Supplementary Entries: [Blank]

6/22/2006

Patricia Adams

PATRICIA ADAMS ASSISTANT STATE REGISTRAR

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:

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

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

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Arizona Department of Health Services