STATE OF INDIANA COUNTY OF LAKE)) SS:)	TAX KEY NO. 45-08-04-278-006.000-004 Return to: Attorney Steve H. Tokarski 7803 W. 75 th Ave., Suite 1, Schererville, IN 46375										
,												
AFFIDAVIT OF SURVIVORSHIP												
STANLEY R. LOSINSKI, after being duly sworn upon his oath states as follows:												
1) That Stanley R. and f/k/a Michelle Losinsk		ne brother of Michelle Bednar, f/k/a Michelle Bentley,										
Arizona. Attached hereto Michelle Bednar.	and made a p	intestate on October 18, 2005 in Maricopa County, part hereof is a certified copy of the death certificate of cument is										
3) That the name (adult daughter) and Dona	and relationshild J Bentley (ip of the decedent's legal heirs are: Mary Jo Bentley adult son he property of										
Indiana as tenants in com Glowacki, Elizabeth J. Los Gary Land Compar	mon with Mainski, and Francy's 7th Subdiv	h, Michelle Bentley held real estate in Lake County, ary Ann Walter, Stanley R. Losinski, Genevieve S. ank Losinski, more particularly described as vision, all of Lot 6, in Block 2, Lake County, 2 Jefferson Street, Gary, Indiana.										
5) Affidavit is mad	le to induce th	e Lake County Auditor to change title to the above real										
estate into the name of the l		fichelle Bentley as tenants in common Single Sounds										
STATE OF INDIANA) SS:	Stanley R. Losinski										
COUNTY OF LAKE	Cour	ore me, the undersigned, a Notary Public, in and for said only and State this day of March, 2019 personally										
	hereof, I have	whereunto subscribed my name and affixed my official Notary Public ra L. Volk										
County of Residence: Por		e taken reasonable care to redact each social security number										

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

in this document, unless required by law.

25. H

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

STATE OF ARIZONA

STATE OF ARIZONA

ORIGINAL	DEDART	STA MENT OF HEALTH S	TE OF ARIZONA		PECOPOS	DEATH NO			
STATE	DEFANI		ICATE OF DE		NECONDS			035838	5
NAME OF	A. FIRST	B. MIDDLE	C. LAST		EY .	D-102	MONTH	DAY YEAR	
DECEASED						DEATH		10 200) E
RACE (e.g., white, bl	CE (e.g., white, black, American Indian, (specify tribe)etc. WAS DECEDENT OF HISPANIC ORIGIN:		BEDNA C ORIGIN:	IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, WAS DECEASED EVER II				18 200 R IN U.S. ARMED I	
SPECIFY:		(SPECIFY YES OR NO) 4B. NO		CUBAN, ETC.		(S	PECIFY YES OR NO NO)	
PLACE OF 6A. COUNTY 6B. TOWN OR CITY			6C. HOSPITAL OR	(IF RESIDENCE, GIVE	[6D.				
6 MARICOPA PEORIA			IMMANUEL CAMPUS OF CA			DOA DOP EMER.			
	NTH DAY YEAR	AGE (YEARS IF UNDER LAST BIRTHDAY) MOS.	1 YEAR IF UNDER 1 DAY DAYS HRS. MIN.	MARRIED, NEVER		SURVIVING		IFE, GIVE MAIDEN	
7. OCTOBE	R 1 1954	8A.51 8B.	BC.	9. MARRI		10. ROBER	I J. BEDN	AR, JR.	
STATE AND CITY OF BIRTH	(If not in USA, name country)	CITIZEN OF WHAT SPE	SOCIAL SEC	CURITY NO	USUAL OCCUPAT	TION (Give kind of w	ork KIND OF	BUSINESS OR IN	DUSTRY
11. GARY, I		12.UNITED STATES	3			SSISTANT	14B.	HEALTH CA	RE
USUAL RESIDENCE	15A: STATE 15B. COUNTY	150	MOSCH	180. 24 0006	HOW LONG IN AR	RZCNAS	HIGHEST	GRADE COMPLET	ED
15. ARIZON			N CHTY	85351	16. 5 YEA	ARS 17			
STREET ADDRESS (OF R.F.D.	(SPECIFY YES A NOT 15	ON RESERVATIONS	OF RESIDENCE	ne prope	erty	VENTARY SECOND (0-12)	ARY C	COLLEGE 1-4 or 5+)
	W. ALABAMA AVENUE	15F. YES	15G. NO	18. I	NDIANA FIRST	J 18A.	12	18B. C. LAST	
FATHER'S NAME		u	e Lake	Jounty	Record	ici:	DDLE		
19. INFORMANT'S SIGN	ATURE		OSINSKI RELATIONSHIP TO	20. ADDRESS	MARY	the second secon	NEVIEVE Y AND STATE	BOGUSLA	
	ROBERT J. BE	DNAR, JR.	DECEASED						
BURIAL, CREMATIO REMOVAL, OTHER		ZEMETERY OR CREW	22 HUSBAND ATORY - NAME/LOCATION	The same of the sa	. ALABAMA AV	R'S SIGNATURE	UN CITY,		CERT. NO.
24.CREMATION			WERAL SERVICES ARIZONA	s, INC. CRE	MATORY	NOT EMBALM	IED		
FUNERAL HOME	N 25. 10/20/05 NAME	STREET ADDRESS		AND STATE		BIRECTOR or pers			CERT. NO.
28 BEST FIIN	ERAL SERVICES	9380 W. PEOR)	A AVE., PEOR	IA. AZ. 853	45 29A FR	ANK KIRKL	AND	1111	_{298.} F1142
T	O THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	EATH OCCURRED AT THE TIME				AMINATION ANDIOF		MY OPINION DE	ATH OCCURRED
1 ded by	0. SIGNATURE AND TITLE	- ila m	11851	mpleted by EXAMINEF DR AL LAW CEMENT HORITY	34. SIGNATURE AND TITLE	7/			
To be completed by CERTIFYING PHYSICIAN ONLY	ATE SIGNED (Mb. Day, Year)	HOUR	OF DEATH	a completed to a comp	DATE SIGNED (Mo., Da	av, Year)		HOUR OF DEAT	пн
CEH HYSIR	1.10/19/05	32.	6:55 P.M.					36.	
P to N	IAME OF ATTENDING PHYSICIAN OF	OTHER THAN CERTIFIER (Type of	r print)	Same C	PRONOUNCED DEAD	(Mo., Day, Year)	/	PRONOUNCED 38. AT	DEAD (Hour)
NAME AND ADDRES	SS OF CERTIFIER, PHYSICIAN, MEDI		NEORCEMENT AUTHORITY	AUTHO	RZEO FOR CREMATION	MEDICAL EXA	MIXTER'S SIGNATU	E /	
DATE REGISTERED	ERTSON, MD-9720 W	PEORIA AVE #128	, PEORIA, AZ	85345 45.	TYPES INO	41. A	Karls	IN STATE OFFICE	
	2005 REG. FILE NO. 21278	HEGISTRANS SIGNATURE	11/10	01/804	meder 456	the same of the same	46.	N STATE OFFICE	
47.	47A IMMEDIATE CAUSE.	EMAL DISEASE OR CONDITION	RESULTING IN DEATH, IEN	TER ONLY ONE CAUS	E ON EACHLINE)				
SECLENTIALIY UST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, BATTER UNDER VINO CAUSE (DISEASE OR INULRY THAT INTRIBLEMENTS	POCTO	al cax	100)	MAIDN, W	HILL				APPROXIMATE
SECUENTIALLY UST CONDITIONS, IF ANY, EACHING TO IMMEDIATE CAUSE, BNITER UNDERLYING CAUSE (DISSASE OR INLURY HAT INTIATED PARKIT	47B. DUE TO OR AS A CO	INSEQUENCE OF:		- Communication		/		1	INTERVAL BETWEEN
CAUSE, INTIANT	NEZ 2 4								ONSET AND
A 8 8 8 8 8	47C. DUE TO OR AS A CO	INSEQUENCE OF:						4	DEATH
DART II O					LAUTE	OPSY W	/AS CASE REFERRE	ED TO MEDICAL E	VAMINED
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					(Spe	cify Yes or No) (S	Specify Yes or No)		
48. MANNER OF DEATH	DATE OF	MO DAY	YR HOUR	INJURY AT WORK?	49. DESCRIBE HOW INJUR	NO 50	o. YES, F	OR CREMAT	ION
MANNER OF DEATH				(Specify Yes or No)					
☐ ACCIDENT	PENDING 52. INVESTIGATION PLACE OF	FINJURY (At home, farm, street, fa	tory, office building, etc.)	54. WHERE LOCATE	D? STREE	T ADDRESS	CITY OR TO	WN	STATE
51. SUGDE	UNDETERMINED SPECIFY			57.					
SUPPLEMENTARY E				J.,		100		47	
1						V	6/22/20	06	

G3332419

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 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.

