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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. 75<sup>th</sup> 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. 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 7<sup>th</sup> Subdivision, all of Lot 7, in Block 2, Lake County, Indiana; commonly known as 353 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

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 27 day of March, 2019 personally appeared Stanley J. 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  
County of Residence: Porter

*Debra L. Volk* Notary Public  
Debra L. Volk

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.

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

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER  
29 MAR 28 PM 4:30  
MICHELLE BENTLEY  
RECORDED  
2019-018649

2019-018649



*Doc S. Tokarski* FILED

MAR 28 2019

001270

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25  
CS  
AM

**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 1. MICHELLE ELEANOR BEDNAR			SEX 2. FEMALE		DATE OF DEATH 3. OCTOBER 18 2005			
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. WHITE		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. NO		
PLACE OF DEATH 6. MARICOPA		6A. COUNTY 6B. TOWN OR CITY PEORIA		6C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) IMMANUEL CAMPUS OF CARE			6D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT	
DATE OF BIRTH 7. OCTOBER 1 1954		AGE (YEARS LAST BIRTHDAY) 8A. 51		IF UNDER 1 YEAR MOS. DAYS 8B.		IF UNDER 1 DAY HRS. MIN. 8C.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED
STATE AND CITY OF BIRTH 11. GARY, INDIANA		CITIZEN OF WHAT COUNTRY? 12. UNITED STATES		SOCIAL SECURITY NO. 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done, if retired) 14A. NURSE ASSISTANT		KIND OF BUSINESS OR INDUSTRY 14B. HEALTH CARE
USUAL RESIDENCE 15. ARIZONA		15A. STATE 15B. COUNTY MARICOPA		15C. TOWN OR CITY SUN CITY		15D. ZIP CODE 85351		16. YEARS LONG IN ARIZONA 5 YEARS
STREET ADDRESS OF R.F.D. 15E. 10719 W. ALABAMA AVENUE		INSIDE CITY LIMITS? (SPECIFY YES OR NO) 15F. YES		ON RESERVATIONS (SPECIFY YES OR NO) 15G. NO		PREVIOUS STATE OF RESIDENCE 18. INDIANA		ELEMENTARY SECONDARY COLLEGE (1-4 or 5+) 18A. 12 18B.
FATHER'S NAME 19. STANLEY		A. FIRST B. MIDDLE C. LAST JOSEPH LOSINSKI		MOTHER'S MAIDEN NAME 20. MARY		A. FIRST B. MIDDLE C. LAST GENEVIEVE BOGUSLAWSKI		INFORMANT'S SIGNATURE 21. ROBERT J. BEDNAR, JR.
RELATIONSHIP TO DECEASED 22. HUSBAND		ADDRESS 23. 10719 W. ALABAMA AVENUE		CITY AND STATE SUN CITY, AZ.		ZIP CODE 85351		BURIAL CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION
DATE 25. 10/20/05		CEMETERY OR CREMATORY - NAME/LOCATION 26. BEST FUNERAL SERVICES, INC. CREMATORY PEORIA, ARIZONA		EMBALMER'S SIGNATURE 27A. NOT EMBALMED		CERT. NO. 27B.		FUNERAL HOME 28. BEST FUNERAL SERVICES, INC. 9380 W. PEORIA AVE., PEORIA, AZ. 85345
NAME 29A. FRANK KIRKLAND		STREET ADDRESS CITY AND STATE		FUNERAL DIRECTOR or person acting in such (SIGNATURE) 29B. FRANK KIRKLAND		CERT. NO. 29C. F1142		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE 31. 10/19/05
DATE SIGNED (Mo., Day, Year) 31. 10/19/05		HOUR OF DEATH 32. 6:55 P.M.		34. SIGNATURE AND TITLE 35.		DATE SIGNED (Mo., Day, Year) 36.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 37. PRONOUNCED DEAD (Mo., Day, Year) 38. AT
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. ANN GILBERTSON, MD-9720 W PEORIA AVE #128, PEORIA, AZ 85345		REG. FILE NO. 43. 21278		REGISTRAR'S SIGNATURE 44. [Signature]		AUTHOR. PER. FOR CREMATION (SPECIFY) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 41. [Signature]
DATE REGISTERED 42. OCT 28 2005		REG. DISTRICT 45. 0707		DATE RECD IN STATE OFFICE 46.		47A. IMMEDIATE CAUSE (SINGLE DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Rectal cancer		47B. DUE TO OR AS A CONSEQUENCE OF:
47C. DUE TO OR AS A CONSEQUENCE OF:		48. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 52. MO DAY YR HOUR 53. M		INJURY AT WORK? (Specify Yes or No) 54.		DESCRIBE HOW INJURY OCCURRED 55.
49. NO		56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY		WHERE LOCATED? 57.		STREET ADDRESS CITY OR TOWN STATE		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 49. NO 50. YES, FOR CREMATION

01458383

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.

Arizona  
Department of  
Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT