

AFFIDAVIT

STATE OF Indiana

File No.: FNW1902652

COUNTY OF Lake

On this August 30, 2019 before me personally appeared Nicholas Maloblocki to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- That Marian Maloblocki held a life estate interest in the following described land;
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
- Said Marian Maloblocki died on 5/18/2019
- Is there Federal inheritance tax liability by reason of the death of said decedent? Yes No
If yes, then estimated taxes due are \$ _____
The taxes due are paid or unpaid
- Affiant's relationship to the deceased was _____

IN WITNESS WHEREOF, the undersigned have executed this document on August 30, 2019.

Nicholas Maloblocki
Nicholas Maloblocki

Address: _____

State of Indiana

County of Lake

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Nicholas Maloblocki, as Surviving Trustee under the Nicholas Maloblocki Trust dated February 13, 2001 who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 30th day of August, 2019

Signature: [Signature]

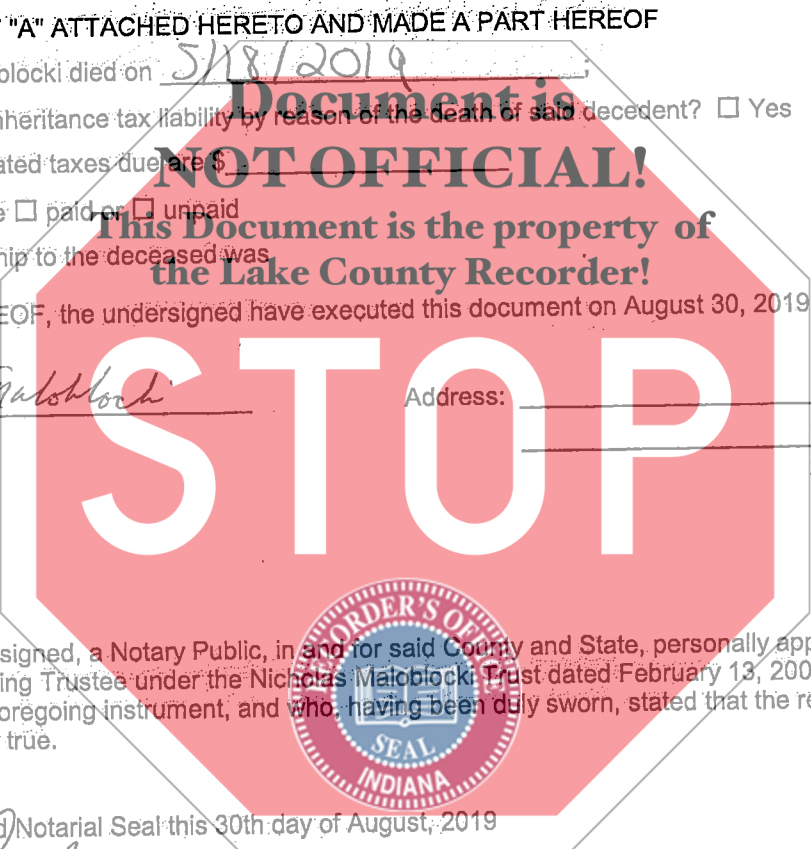
Printed: Lynn S. Hutts
Resident of: LaPorte County
State of: INDIANA
My Commission expires: November 13, 2024

This instrument prepared by: Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C.
130 North Main Street, Crown Point, IN 46307

**FIDELITY NATIONAL
TITLE COMPANY IC**

FNW1902652

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CK#1820704179
10



2019 06 13 99

2019 SEP 10 AM 10:06

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER

052840 **FILED**

SEP 10 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AFFIDAVIT
(continued)

"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."

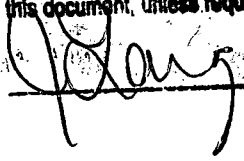




EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-10-12-131-004.000-034

LOT 29 IN SHEFFIELD ESTATES 2ND ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF,
RECORDED IN PLAT BOOK 49 PAGE 85 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No: 195717

Local No 901795

EDR No 00000710890

State No 024316

1. Decedent's Legal Name (First, Middle, Last) MARIAN L. MALOBLOCKI				1a. Maiden Name (If female) PIOTROWSKI		2. Sex FEMALE	3. Time Of Death 01:07 AM	4. Date Of Death (Month/Day/Year) 05/18/2019
5. Social Security Number 302-22-1000	6a. Age - Yrs 90	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 11/16/1928	8. Birthplace (City and State of Foreign Country) CHICAGO, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Other (Specify)				10a. If Death Occurred Somewhere Other Than A Hospital		

11. Facility Name (If Not Institution, Give Street and Number) FRANCISCAN HEALTH - DYER			12. City Or Town, State, And Zip Code DYER, IN, 46311			13. County Of Death LAKE		14. Marital Status: At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. Last Name Before First Marriage			15. Decedent's Usual Occupation SUPERVISOR		17. Kind Of Business/Industry RAILROAD	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town DYER		18c. Street And Number 1329 CAPRI LANE		18d. Apt. No.

19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		23a. Parent's Last Name Before First Marriage DEMBINSKI		
22. Parent's Name (First, Middle, Last) ANTON PIOTROWSKI			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1329 CAPRI LANE, DYER, IN 46311		27a. Funeral Home License Number FH19900052		
24. Informant's Name NICHOLAS MALOBLOCKI			25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ELMWOOD CHAPEL CREMATORY		25c. Location - City, Town, And State CEDAR LAKE, IN		27c. License Number (Of Licensee) FD09200077

27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE			28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease, Or Condition Resulting In Death) A. ATHEROSCLEROTIC HEART DISEASE Due to (Or As A Consequence Of)			Approximate Interval: Onset To Death YEARS		
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I RESPIRATORY FAILURE			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		

31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number		38c. Apt. No.

39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
41. Signature, Of Person Certifying Cause Of Death: JAY C L PAIK, BY ELECTRONIC SIGNATURE			43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JAY C L PAIK, 800 MACARTHUR BLVD, #15, MUNSTER, IN 46321			44. License Number 01030770A		45. Date Certified 05/20/2019
46. Additional Funeral Service Provider:			47. *Akas:			48. For Registrar Only - Date Filed (Month/Day/Year) MAY 20 2019		

48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE			49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		
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THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT

NOT VALID UNLESS

RAISED SEAL AFFIXED