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STATE OF INDIANA  
LAKE COUNTY  
FILED

AFFIDAVIT

2019 064239

2019 SEP 19 AM 08:06

STATE OF Indiana  
COUNTY OF Lake

File No.: FNW1902652

*\*See attached death cert.*

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

1. Affiant resides at the address given below affiant's signature;
2. That Marian Maloblocki held a life estate interest in the following described land;  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
3. Said Marian Maloblocki died on 5/18/2019;
4. 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
5. Affiant's relationship to the deceased was \_\_\_\_\_

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

Nicholas Maloblocki  
Nicholas Maloblocki

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

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



JOHN E. PETALAS  
LAKE COUNTY AUDITOR

FILED

SEP 10 2019

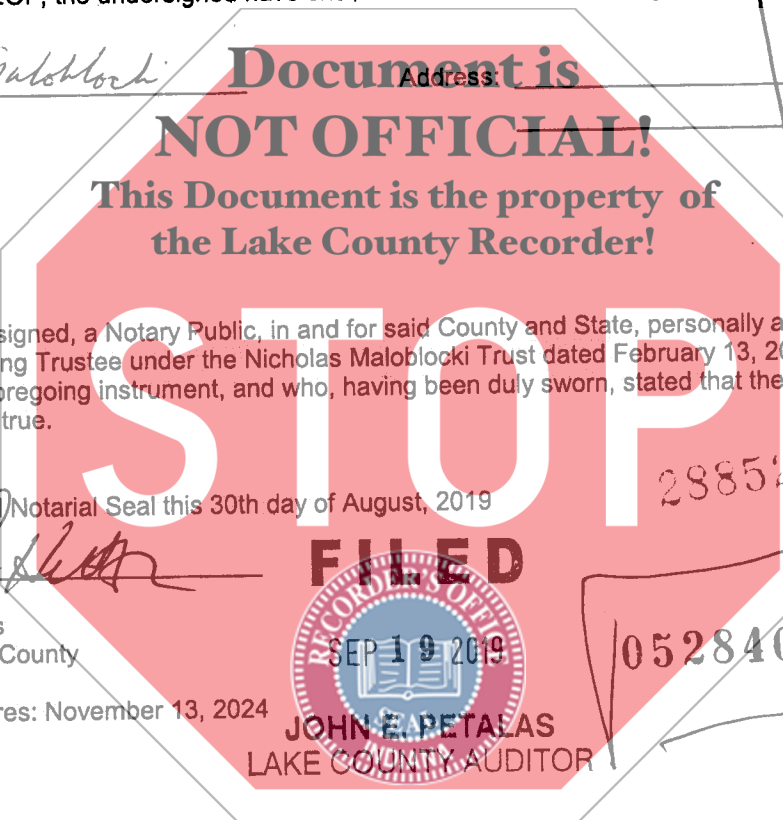
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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

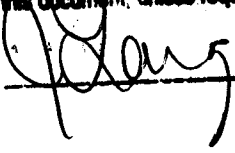
25  
CK#1820704179  
CK#1820704192

2019 061399  
STATE OF INDIANA  
LAKE COUNTY  
FILED  
2019 SEP 10 11:00 AM  
NICHOLAS MALOBLCKI



**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."



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**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

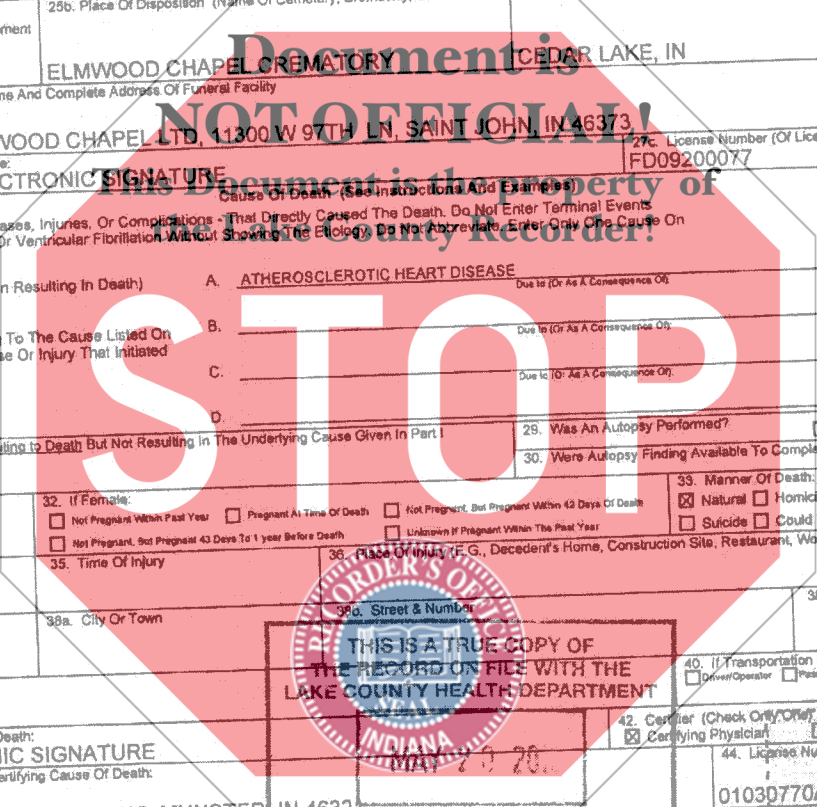
Tracking No. 195717

Local No 901795

EDR No 00000710890

State No 024316

1. Decedent's Legal Name (First, Middle, Last) <b>MARIAN L MALOBLOCKI</b>				1a. Maiden Name (If female) <b>PIOTROWSKI</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>01:07 AM</b>	4. Date Of Death (Month/Day/Year) <b>05/18/2019</b>
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>90</b>	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) <b>11/16/1928</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) <b>FRANCISCAN HEALTH - DYER</b>						13. County Of Death <b>LAKE</b>		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
12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</b>			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>SUPERVISOR</b>		17. Kind Of Business/Industry <b>RAILROAD</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>DYER</b>		18d. Apt. No.	18e. Zip Code <b>46311</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>1329 CAPRI LANE</b>		19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		23a. Parent's Last Name Before First Marriage <b>DEMBINSKI</b>
22. Parent's Name (First, Middle, Last) <b>ANTON PIOTROWSKI</b>		23. Parent's Name (First, Middle, Last) <b>JOANNE PIOTROWSKI</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1329 CAPRI LANE, DYER, IN 46311</b>		24c. License Number (Of Licensee) <b>FD09200077</b>
24. Informant's Name <b>NICHOLAS MALOBLOCKI</b>		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) <b>ELMWOOD CHAPEL CREMATORY</b>		25c. Location - City, Town, And State <b>CEDAR LAKE, IN</b>		27a. Funeral Home License Number: <b>FH19900052</b>
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373</b>		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) <b>A. ATHEROSCLEROTIC HEART DISEASE</b>  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last  <b>B. RESPIRATORY FAILURE</b>  <b>C. [REDACTED]</b>  <b>D. [REDACTED]</b>		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death <b>YEARS</b>
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 43 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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		
38. Location Of Injury - State		38a. City Or Town		38a. Street & Number		38c. Apt. No.		
38. Location Of Injury - State		38a. City Or Town		38a. Street & Number		38c. Apt. No.		
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		41. Signature, Of Person Certifying Cause Of Death: <b>JAY C L PAIK, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only ONE) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JAY C L PAIK, 800 MACARTHUR BLVD, #15, MUNSTER, IN 46321</b>		44. License Number <b>01030770A</b>		45. Date Certified <b>05/20/2019</b>		46. Additional Funeral Service Provider:		
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 20 2019</b>		49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 20 2019</b>		49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 20 2019</b>		



RAISED SEAL AFFIXED