

2019-082142

2019 Nov 27

3:45 PM

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

AFFIDAVIT OF SURVIVORSHIP

3

STATE OF *Indiana*)

COUNTY OF *LAKE*)

ss:

Document is NOT OFFICIAL!

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ANTOINETTE J. BARTOSZEK, being first duly sworn upon oath, deposes and says:

1. That JAMES R. BARTOSZEK and ANTOINETTE J. BARTOSZEK were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot Number Two (2) in Toth's Fifth Avenue Addition to the Town of Highland, as shown in Plat Book 48, Page 10, in Lake County, Indiana

Address of Property: 2946 98th Street, Highland, Indiana 46322

2. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of James R. Bartoszek's death on October 26, 2019.
3. That all funeral expenses in connection with the death of said decedent have been paid in full.
4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

FILED

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Handwritten initials and numbers: S., 28601, B.

Antoinette J. Bartoszek
ANTOINETTE J. BARTOSZEK

Subscribed and sworn to before me, a Notary Public, this 25th day of November, 2019



Shirley Orr
NOTARY PUBLIC

My commission expires: 11/8/20 county of Residence: Lake

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: Lee Newell, Jr., Attorney at Law
2540 Ridge Road
Lansing, Illinois 60438



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 211996

Local No 903878

EDR No 000000738997

State No 052778

1. Decedent's Legal Name (First, Middle, Last) JAMES RICHARD BARTOSZEK				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 08:40 AM	4. Date Of Death (Month/Day/Year) 10/26/2019		
5. Social Security Number 000000000		6a. Age - Yrs 68	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) 10/14/1951		8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
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"/> 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 checked="" 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) 2946 98TH STREET						12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322		13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name ANTOINETTE BARTOSZEK			15a. Last Name Before First Marriage KOWALSKI		16. Decedent's Usual Occupation SELF EMPLOYED		17. Kind Of Business/Industry TRUCKING			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 2946 98TH STREET		19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race White		22. Parent's Name (First, Middle, Last) STEVE BARTOSZEK			
22. Parent's Name (First, Middle, Last) ANTOINETTE BARTOSZEK		23. Parent's Name (First, Middle, Last) KATHERINE BARTOSZEK		23a. Parent's Last Name Before First Marriage RIBOVICH			24. Informant's Name ANTOINETTE BARTOSZEK			
24. Informant's Name ANTOINETTE BARTOSZEK		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2946 98TH STREET, HIGHLAND, IN 46322						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From Site <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOHN ST JOSEPH CEMETERY		25c. Location - City, Town, And State HAMMOND, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375						27a. Funeral Home License Number: FH10200037		
27b. Signature Of Indiana Funeral Service Licensee: JOHN S PRUZIN JR, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD29600100						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. SUDDEN CARDIAC DEATH						Due to (Or As A Consequence Of):		
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. _____						Due to (Or As A Consequence Of):		
		C. _____						Due to (Or As A Consequence Of):		
		D. _____						Due to (Or As A Consequence Of):		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. CORONARY ARTERY DISEASE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death 5 MINUTES		
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 checked="" type="checkbox"/> No <input 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 To 1 Year Before 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			
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)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
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)		41. Signature, Of Person Certifying Cause Of Death: JAMES BERNARD WALSH, BY ELECTRONIC SIGNATURE						
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: JAMES BERNARD WALSH, 9122 COLUMBIA AVENUE, MUNSTER, IN 46321		44. License Number 01027487A		45. Date Certified 10/29/2019				
46. Additional Funeral Service Provider:		47. *As:		48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						
49. For Registrar Only - Date Filed (Month/Day/Year): OCT 30 2019		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								



NOT VALID UNLESS

RAISED SEAL AFFIXED