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2019-088012

2019 Dec 19

10:07 AM

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

Chicago Title Insurance Company

CTNW1904867

SURVIVORSHIP AFFIDAVIT

5 On this 12/12/19 before me personally appeared _____
(insert date) Ardella Kowalski

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. Affiant is owner
state interest of affiant in the above premises as "owner", "son of owner", etc.
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Gregory T. Kowalski and Ardella Kowalski;

4. Said Gregory T. Kowalski
(fill in name of co-tenant who died)
died on October 2, 2019
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

* See attached legal *

6. Is there Federal or State 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..

DEC 19 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

004618

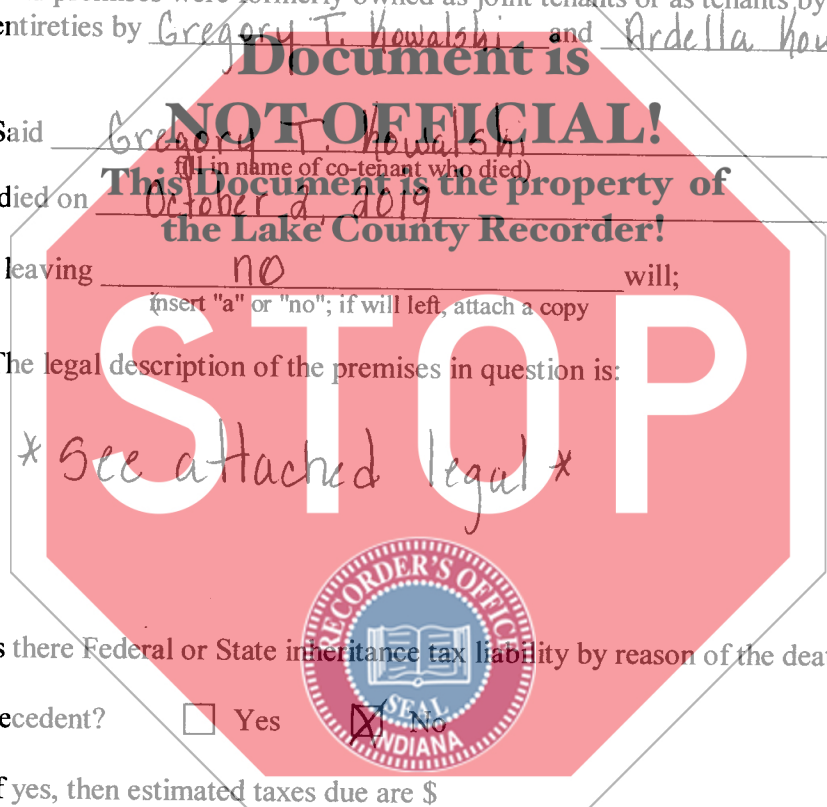
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CHICAGO TITLE INSURANCE COMPANY



7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was wife

Signature: Ardella Kowalohi

Printed Name Ardella Kowalohi

Address: 548 Miami Rd

Schererville IN 46375

Subscribed and sworn to before me by the affiant

This

12/12/19
(insert date)

Document is NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Notary Public

Printed Name

Shirley R. Kasper

My County of Residence is:

Porter

In the State of

IN

My Commission Expires

7/31/24

SHIRLEY R. KASPER
Notary Public - Seal
Porter County - State of Indiana
Commission Number 686292
My Commission Expires Jul 31, 2024

This instrument prepared by

Ardella Kowalohi





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 209961

Local No 903612

EDR No 00000735003

State No

1. Decedent's Legal Name (First, Middle, Last) GREGORY T KOWALSKI				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 10:00 PM		4. Date Of Death (Month/Day/Year) 10/02/2019	
5. Social Security Number		6a. Age - Yrs 73		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) 12/19/1945		8. Birthplace (City and State or 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"/> 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) 548 MIAMI ROAD											
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375						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 ARDELLA KOWALSKI				15a. Last Name Before First Marriage GRANCZEWSKI				16. Decedent's Usual Occupation CRIB TENDER		17. Kind Of Business/Industry ELECTROMOTIVE DIVISION OF GM	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town SCHERERVILLE					
18c. Street And Number 548 MIAMI ROAD						18d. Apt. No.		18e. Zip Code 46375		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) ZIGMUND KOWALSKI				23. Parent's Name (First, Middle, Last) ROSE KOWALSKI				23a. Parent's Last Name Before First Marriage NAWROCKI			
24. Informant's Name ARDELLA KOWALSKI			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 548 MIAMI ROAD, SCHERERVILLE, IN 46375					
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 State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY				25c. Location - City, Town, And State CALUMET CITY, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46375						27a. Funeral Home License Number FH19900052			
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD09200977							
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. CARDIORESPIRATORY FAILURE 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. LUNG CANCER WITH METASTASIS TO LIVER AND KIDNEY Due to (Or As A Consequence Of): C. ACUTE HYPOXIC RESPIRATORY FAILURE Due to (Or As A Consequence Of): D.											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						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. Cerebral Vascular Accident 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown											
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (F.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											
41. Signature, Of Person Certifying Cause Of Death: JOSEPH A VENDITTI JR, 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: JOSEPH A VENDITTI JR, 2000 ROOSEVELT ROAD, MERRILLVILLE, IN 46383						44. License Number 01035813A		45. Date Certified 10/06/2019			
46. Additional Funeral Service Provider:											
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only		Date Filed (Month/Day/Year): OCT 07 2019			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

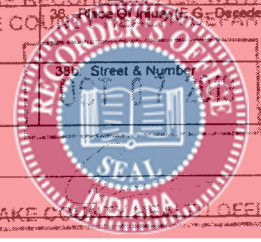
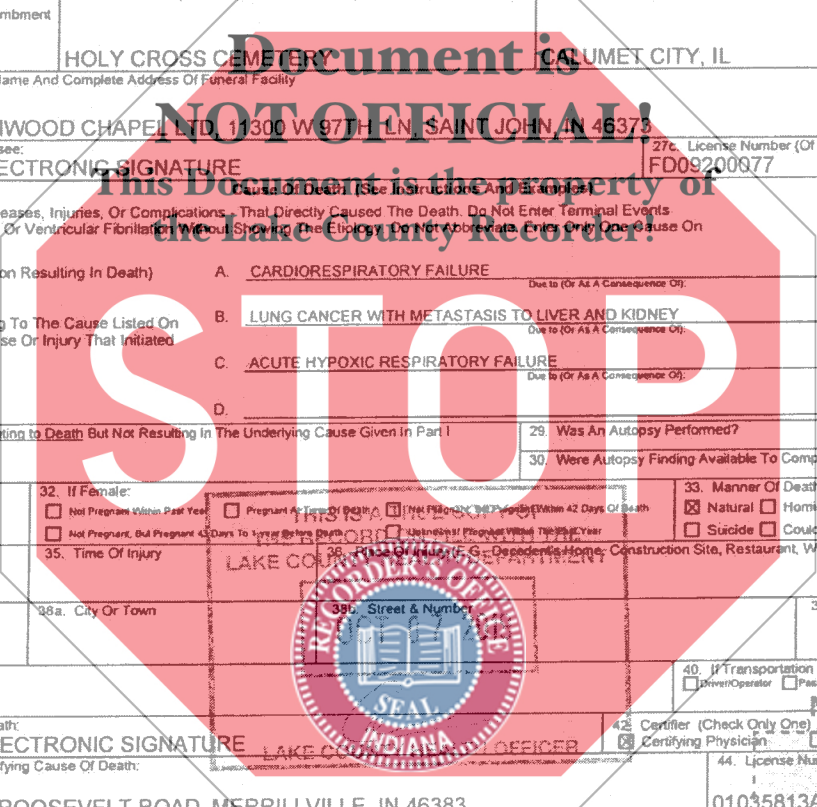


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-11-16-176-009.000-036

LOT 1, EXCEPT THAT PORTION OF LOT 1, LYING SOUTH OF THE SOUTH LINE OF MIAMI ROAD, BOHLING' S SHAWNEE TRAILS THIRD ADDITION, AS SHOWN IN PLAT BOOK 45, PAGE 128, IN LAKE COUNTY, INDIANA.

