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2020-049017

2020 Jul 30

1:29 PM

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

Send Tax Bills to:

Nancy Cook & James Jaroszewicz
1530 Fischrupp Avenue
Whiting, IN 46394

Send Recorded Document to:

Lisa A. Kmak, Attorney at Law
1022 - 119th Street
Whiting, IN 46394

TRANSFER ON DEATH AFFIDAVIT

James Jaroszewicz, being first duly sworn, makes the following statements:

1. On the 24th day of January, 2017, Mary Jaroszewicz ("Owner") signed a Transfer on Death Deed transferring to Patricia Hearne, James Jaroszewicz, Robert Jaroszewicz and Nancy Cook, as joint tenants with Rights of Survivorship ("Primary Beneficiaries"), on the Owner's death, the Owner's interest in the following described real estate in Lake County, Indiana:

Lot 20, of Block 2, of Fischrupps Addition to Whiting, Indiana, according to the recorded plat of said addition as recorded in the Recorder's Office of Lake County, Indiana, as the same appears of record in Plat Book No. 2, on page 21, in Lake County, Indiana.

Commonly known as: 1530 Fischrupp Avenue, Whiting, IN 46394
Parcel Number: 45-03-07-279-016.000-025

2. Such Transfer on Death Deed was recorded on the 2nd day of March, 2017, in the office of the Recorder of Lake County, Indiana, as Document No. 2017 013869.

3. The Owner died on the 5th day of April, 2020, owning an interest in the above-described real estate. A redacted copy of the Owner's death certificate is attached to this Affidavit as Exhibit "A" and made part of it by reference.

4. That two of the Primary Beneficiaries, Robert Jaroszewicz and Patricia Hearne have executed and recorded Disclaimers of all interest in the above-described real estate, which Disclaimers appear of record being recorded on the 22nd day of June, 2020 as Document No. 2020-037898 and on the 30 day of June, 2020, as Document No. 2020- 040250, and as such said Primary Beneficiaries are deemed to have predeceased Owner.

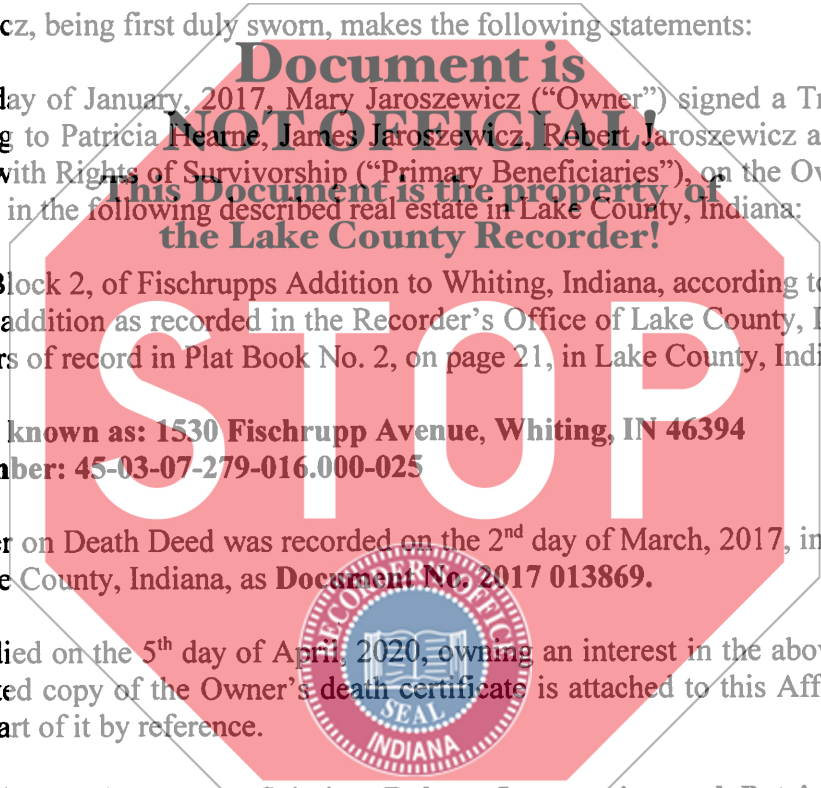
5. The surviving Primary Beneficiaries, as joint tenants with rights of survivorship (JTWROS), are each entitled to an undivided fee simple interest in the above-described real estate as follows:

Nancy Cook, 1530 Fischrupp Avenue, Whiting, IN 46394
James Jaroszewicz, 1532 Fischrupp Avenue, Whiting, IN 46394

FILED

JUL 30 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR



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6. This Affidavit is made, executed and recorded to comply with the requirements of IC 32-17-14-26(b)(20) to transfer on death the Owner's interest in the above-described real estate.

Dated this 7 day of July, 2020.

James Jaroszewicz
James Jaroszewicz
1532 Fischrupp Avenue, Whiting, IN 46394

Document is NOT OFFICIAL!

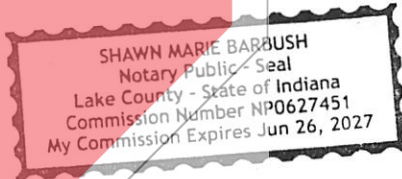
STATE OF INDIANA)
COUNTY OF LAKE)

This Document is the property of the Lake County Recorder!

Before me, a Notary Public, in and for said County and State, this 7 day of July, 2020, personally appeared James Jaroszewicz, and who acknowledged the execution of the forgoing Transfer on Death Affidavit as his free and voluntary act.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Shawn Marie Barbush
Notary Public Name: Shawn Marie Barbush
County of Residence: Lake
Commission No. NP0627451 Expires: 06/26/2027



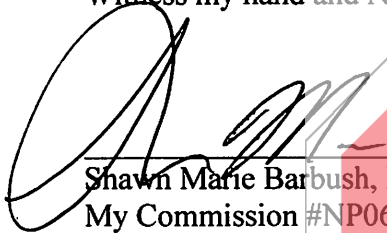
EXECUTED AND DELIVERED in my presence:

Lisa A. Kmak
Lisa A. Kmak

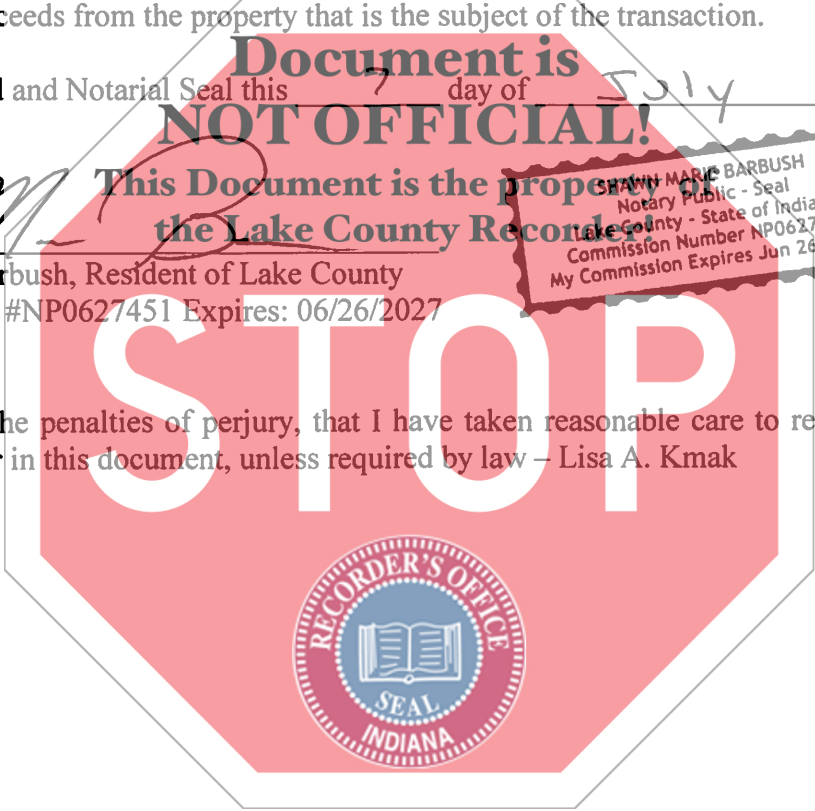
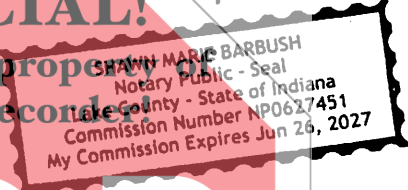
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Lisa A. Kmak, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, or on the basis of satisfactory evidence, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by James Jaroszewicz in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 7 day of July, 2020.



Shawn Marie Barbush, Resident of Lake County
My Commission #NP0627451 Expires: 06/26/2027



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law – Lisa A. Kmak

Prepared by Attorney Lisa A. Kmak, 1022 - 119th St., Whiting, IN 46394, (219) 659-1355

CERTIFICATE OF DEATH

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No 000073

EDR No 000000771176

State No

1. Decedent's Legal Name (First, Middle, Last) MARY JAROSZEWICZ			1a. Maiden Name (if female) JANIK		2. Sex FEMALE	3. Time Of Death 10:55 PM	4. Date Of Death (Month/Day/Year) 04/05/2020
5. Social Security Number [REDACTED]	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) 04/01/1930	8. Birthplace (City and State or Foreign Country) WHITING, 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street and Number) REGENCY PLACE - EAST CHICAGO							
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312				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			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town WHITING		18c. Street And Number 1532 FISCHRUPP AVENUE	18d. Apt. No.
18e. Zip Code 46394		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) ANDREW JANIK	
23. Parent's Name (First, Middle, Last) MARY JANIK		23a. Parent's Last Name Before First Marriage MATEY				24. Informant's Name MR JAMES G JAROSZEWICZ	
24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1532 FISCHRUPP AVENUE, WHITING, IN 46394				25. 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):	
25a. Method Of Disposition		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394				27a. Funeral Home License Number. FH83007267	
27b. Signature Of Indiana Funeral Service Licensee: MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01019456				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. CARDIOVASCULAR COLLAPSE <small>Due to (Or As A Consequence Of):</small> B. INFECTED SACRAL DECUBITUS ULCER <small>Due to (Or As A Consequence Of):</small> C. LUMBAR DISC DISEASE <small>Due to (Or As A Consequence Of):</small> D. Sequitally 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	
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. CHF, HTN, MORBID OBESITY		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Findings 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)	
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: KANTILAL S PATEL, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01043474A		45. Date Certified 04/08/2020	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KANTILAL S PATEL, 525 WEST CHICAGO AVENUE, EAST CHICAGO, IN 46312		46. Additional Funeral Service Provider:		47. *AKAs:		48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE	
48. Signature of Local Health Officer:		49. For Registrar Only - Date Filed (Month/Day/Year): APR 13 2020				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	



Exhibit "A"

VOID IF ALTERED OR REASSED