

2020-073507

2020 Oct 14

3:02 PM

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

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: JOHN S. MARKOWSKI, Deceased
Parcel No.: 45-11-30-252-006.000-035

4

AFFIDAVIT OF SURVIVORSHIP

Comes now GALE J. MARKOWSKI, being duly sworn upon her oath, and states as follows:

1. That she is the surviving spouse of JOHN S. MARKOWSKI, deceased, and makes this Affidavit based upon personal knowledge.

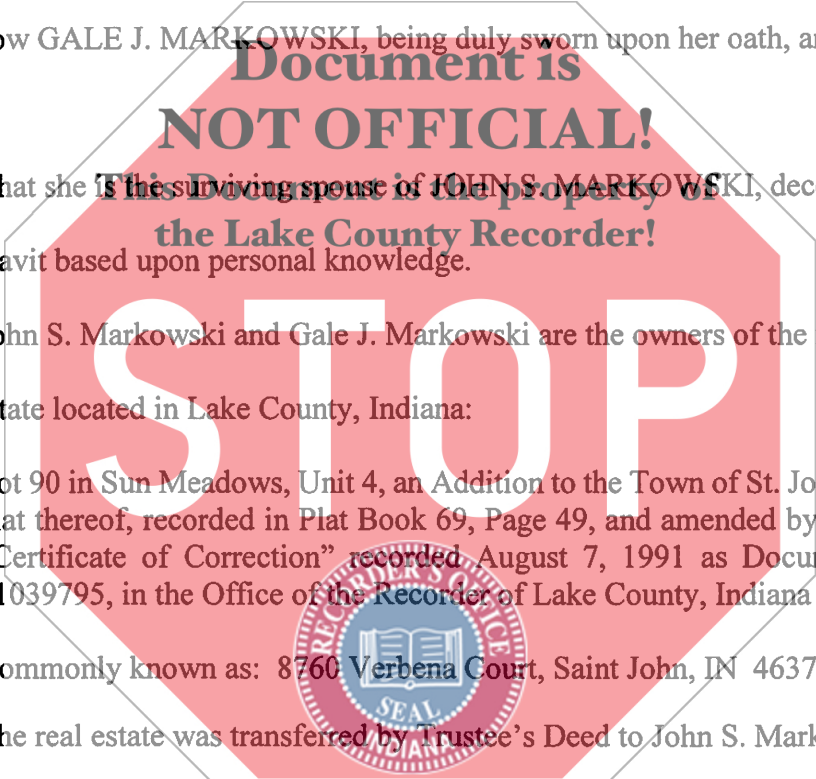
2. John S. Markowski and Gale J. Markowski are the owners of the following described real estate located in Lake County, Indiana:

Lot 90 in Sun Meadows, Unit 4, an Addition to the Town of St. John, as per plat thereof, recorded in Plat Book 69, Page 49, and amended by a certain "Certificate of Correction" recorded August 7, 1991 as Document No. 91039795, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 8760 Verbena Court, Saint John, IN 46373

3. The real estate was transferred by Trustee's Deed to John S. Markowski and Gale J. Markowski, Husband and Wife, as tenants by the entireties on July 19, 1993. Said Deed was duly recorded as Document Number 93050279 in the Office of the Recorder of Lake County, Indiana, on August 3, 1993.

4. John S. Markowski and Gale J. Markowski were married at the time they acquired



FILED

OCT 14 2020

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

027134

ct. 25-1559
D

title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of John S. Markowski on July 30, 2020, at which time Gale J. Markowski acquired title to the real estate as surviving tenant by the entireties. (A true and accurate copy of the death certificate of John S. Markowski, with social security number and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested solely in Gale J. Markowski and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.



STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared GALE J. MARKOWSKI, and she being first duly sworn by me upon her oath, affirms that the facts stated in the foregoing Affidavit are true and acknowledges the execution of the foregoing Affidavit as her free and voluntary act.

Signed and sealed this 13th day of October, 2020.



LAURA L. RYBICKI, Notary Public

IN WITNESS WHEREOF, the undersigned witness certifies that the above Affidavit of Survivorship was EXECUTED and DELIVERED in my presence.

Teralyn A Hamby
Teralyn A. Hamby, Witness

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Document is NOT OFFICIAL!

Before me, a Notary Public in and for said County and State, personally appeared Teralyn A. Hamby, being known to me to be the same person whose name is subscribed as a witness to the foregoing Affidavit of Survivorship, who, being duly sworn by me, deposes and states that the foregoing instrument was executed and delivered by Gale J. Markowski in her presence and that she is not a party to the transaction described in the Affidavit of Survivorship and will not receive any interest in or proceeds from the property that is the subject of the Affidavit.

Signed and sealed this 13th day of October, 2020.



Laura L. Rybicki
Resident Of
Lake County
My Commission Expires:
8/27/2024



Laura L Rybicki
LAURA L. RYBICKI, Notary Public

THIS INSTRUMENT WAS PREPARED BY:
Laura L. Rybicki, Attorney No.: 21389-45
LAURA L. RYBICKI, LLC
9495 Keilman, Suite 2B, St. John S., Indiana 46373
Telephone: (219) 365-7766

Mail Tax Statements To:
Gale J. Markowski
8760 Verbena Court
Saint John, IN 46373

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.

Laura L. Rybicki



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 244421

Local No 003306

EDR No 00000795431

State No 043078

1. Decedent's Legal Name (First, Middle, Last) JOHN S MARKOWSKI			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 01:59 AM	4. Date Of Death (Month/Day/Year) 07/30/2020		
5. Social Security Number	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) 03/09/1952	8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) COMMUNITY HOSPITAL					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		
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			15a. Last Name Before First Marriage SKIBINSKI		16. Decedent's Usual Occupation MECHANIC		17. Kind Of Business/Industry AUTOMOTIVE		
15. Surviving Spouse's Name GALE J MARKOWSKI		18a. County LAKE		18b. City Or Town ST. JOHN		18c. Street And Number 8760 VERBENA COURT	18d. Apt. No.	18e. Zip Code 46373	
18. Residence - State INDIANA		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) JOHN J MARKOWSKI			23. Parent's Last Name Before First Marriage BROZDA			24a. Relationship To Decedent WIFE			
24. Informant's Name GALE J MARKOWSKI			24b. Mailing Address (Street And Number, City, State, Zip Code) 8760 VERBENA COURT, ST. JOHN, IN 46373			25. Place Of Disposition SMITS FUNERAL HOME CREMATORY, DYER, IN			
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)		25c. Location - City, Town, And State		27a. Funeral Home License Number: FH11000037			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311			27b. Signature Of Indiana Funeral Service Licensee JAMES E JANUSZ, BY ELECTRONIC SIGNATURE				
27c. License Number (Of Licensee): FD29700059		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. _____ as a Consequence Of: B. _____ as a Consequence Of: C. _____ as a Consequence Of: D. _____ 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						Approximate Interval To Death	
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 checked="" 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. Location Of Injury - State		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		39. Describe How Injury Occurred			
38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code			
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: AHMED ULLAH SHARIF, 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: AHMED ULLAH SHARIF, 901 MACARTHUR BLVD., MUNSTER, IN 46321			
44. License Number 01082765A						45. Date Certified 08/05/2020			
46. Additional Funeral Service Provider: AUG 12 2020						47. *Attest:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 10 2020			



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
AUG 12 2020



NOT VALID UNLESS