

time they acquired title until the death of Edward R. Golon on November 18, 2011. (A true and accurate copy of the death certificate of Edward R. Golon, with social security number and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")

6. The Surviving Owner, Lorraine M. Golon, died on October 30, 2020, as the fee simple owner of the above-described real estate. (A true and accurate copy of the Surviving Owner's death certificate, with social security number and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "B.")

7. The name and address of each designated beneficiary who survived the Owners are as follows:


<u>Name of Beneficiary</u>	<u>Beneficiary Address</u>
Darlene Cowan	572 - 213 th Place, Dyer, IN 46311
Mark Golon	1725 Ravin Nest Court, Crown Point, IN 46307

8. There are no designated beneficiaries who failed to survive the Owners.

9. This Affidavit is made, executed and recorded to comply with the requirements of I.C. §32-17-14-26(b)(20) to transfer the Owners' interest in the above-described real estate to Darlene Cowan and Mark Golon.

FURTHER AFFIANT SAYETH NOT.

Date: April 1, 2021



 Darlene Cowan

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Darlene Cowan, and she being first duly sworn by me upon her oath, stated that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 1st day of April, 2021.



Laura L. Rybicki
LAURA L. RYBICKI, Notary Public

Revised to:

THIS DOCUMENT WAS PREPARED BY:

Laura L. Rybicki, Attorney No.: 21389-45
LAURA L. RYBICKI, LLC
9495 Keitman, Suite 2B, St. John, Indiana 46373
Telephone: (219) 365-7766

Mail Tax Statements To:
Darlene Cowan and Mark Golon
1725 Ravin Nest Court
Crown Point, IN 46307

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

LAKE COUNTY, INDIANA, 0021-00032, I



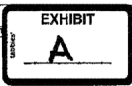
INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **003599**

EDR No **000000229992**

State No

1. Decedent's Legal Name (First, Middle, Last) EDWARD R GOLON		2. Maiden Name (if female)		3. Sex MALE	4. Date of Death (Month/Day/Year) 09:50 PM 11/18/2011
5. Social Security Number 90	6a. Age - Yrs 90	6b. Under 1 Year Months 07/25/1921	6c. Under 1 Month Days 07/25/1921	6d. Under 1 Day Hours 07/25/1921	7. Date of Birth (Month/Day/Year) 07/25/1921
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. 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	
11. Facility Name (If Hospital) ST MARGARET MERCY HEALTHCARE CENTERS-DYER					
12. City Of (For State And Zip Code) DYER, IN, 46311			13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Sponsoring Employer's Name LORRAINE GOLON		16a. If Wife/Girl: Maiden Last Name KOWALCZYK		16. Decedent's Usual Occupation MILL WRIGHT US STEEL CORPORATION	
17a. Residence - State INDIANA		17b. County LAKE		17c. City Or Town DYER	
18c. Street And Number 522 WILLOW LANE		18d. Apt. No.		18e. Zip Code 46311	
18f. Inland City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 9TH - 12TH GRADE, NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC	
21. Decedent's Race White		22. Mother's Name (First, Middle, Last) ANNA GOLON		23a. Mother's Maiden Last Name LESNIEWSKI	
24. Informant's Name LORRAINE GOLON		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 522 WILLOW LANE, DYER, IN 46311	
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) ABRAHAM LINCOLN NATIONAL CEMETERY ELWOOD, IL.		25c. Location - City, Town, And State	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11805 W 97TH LN, SAINT JOHN, IN 46373		27a. Funeral Home License Number FH19900052	
28a. Signature Of Indiana Funeral Service Licensee JAMES F BOKOWSKI, BY ELECTRONIC SIGNATURE		28b. License Number (Of Licensee) FD09200077		28c. License Number (Of Licensee)	
29. Part I. Enter The Cause Of Death - 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. 2 DAYS					
B. 30 YEARS					
C. 30 YEARS					
D. 30 YEARS					
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. Was 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 checked="" type="checkbox"/> No					
32. If Female: <input type="checkbox"/> No Pregnancy In Last Year <input type="checkbox"/> Pregnancy In Year Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year					
33. Cause Of Injury (If G. Decedent's Home) <input type="checkbox"/> Motor Vehicle (Do Not Specify) <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
34. Date Of Injury (Month/Day/Year)					
35. Place Of Injury (If G. Decedent's Home) <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)					
36. Location Of Injury - State					
36a. City Or Town					
36b. Street & Number					
36c. Apt. No.					
36d. Zip Code					
37. Describe How Injury Occurred					
38. Signature, Of Person Certifying Cause Of Death SHARON ANN HARIG, BY ELECTRONIC SIGNATURE					
39. Name, Address And ZIP Code Of Person Certifying Cause Of Death SHARON ANN HARIG, 8895 BROADWAY, MERRILLVILLE, IN 46410					
40. Additional Funeral Service Provider					
41. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. License Number					
44. Date Certified					
45. Additional Funeral Service Provider					
46. Additional Funeral Service Provider					
47. *Ages: D0103:172A 11/21/2011					
48. For Registrar Only - Date Filed (Month/Day/Year) NOV 23 2011					
49. For Registrar Only - Date Filed (Month/Day/Year)					



NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 0621-043-22, 1-5

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **254800**

Local No **004720**

EDR No **000000814696**

State No **062295**

1. Decedent's Legal Name (First Middle Last) LORRAINE M GOLON		2. Maiden Name (If Female) KOWALCZYK		3. Sex FEMALE	4. Date Of Death 17-16	5. Date Of Death (Month/Day/Year) 10/30/2020
6. Social Security Number 50	7a. Age - Yrs 60	7b. Under 1 Year Days	7c. Under 1 Month Months/Day	7d. Under 1 Year Months	7e. Date of Birth (Month/Day/Year) 08/24/1960	8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. Decedent Occurred In A Residence <input checked="" type="checkbox"/> In Residence <input type="checkbox"/> In Temporary Residence <input type="checkbox"/> In Institution <input type="checkbox"/> In Care Facility		11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL		
12. City Or Town, State, And Zip Code MUNSTER IN 46321		13. County LAKE		14. Medical Service Area Of Death <input type="checkbox"/> Medical <input type="checkbox"/> Nursing, But Spoke with <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name		16. Last Name Before First Marriage LAKE		17. Decedent's Usual Occupation HOME MAKER		
18. Residence - State INDIANA		19. County LAKE		20. City Or Town DYER		
21. Street And Number 1502 WILLOW LANE		22. Apartment No.		23. Zip Code 46311		24. Inlake City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		26. Declaration of Hispanic Origin NOT HISPANIC		27. Decedent's Race White		
28. Parent's Name (First Middle Last) VINCENT KOWALCZYK		29. Parent's Name (First Middle Last) HATTIE KOWALCZYK		30. Parent's Last Name Before First Marriage RATUSZNY		
31. Informant's Name DARLENE COWAN		32. Relationship To Decedent DAUGHTER		33. Mailing Address (Street And Number, City, State, Zip Code) 1725 RAVIN NEST COURT CROWN PT IN 46407		
34. Method Of Disposition <input 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)		35. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ABRAHAM LINCOLN NATIONAL CEMETERY ELWOOD IL		36. Location (City, Town, And State)		
37. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD. 11300 W 97TH LN SAINT JOHN IN 46373		39. Funeral Home License Number FH19900052		
40. Signature Of Indiana Funeral Service Licensee JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE		41. License Number Of Licensee FD09200077		42. Cause Of Death (See Instructions And Examples) HEART DISEASE		
43. 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 Septicemia Unless They Are The Underlying Cause Of Death. List All Causes On A Line, And Additional Lines If Necessary. HEART DISEASE		44. Part II: Enter The Underlying Cause Of Death (See Instructions And Examples). HEART DISEASE		45. Approximate Interval, Onset To Death 1 DAY		
46. Part III: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given in Part I.		47. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
49. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		50. Time Of Death NOV 12 2020		51. Where Autopsy Was Performed LAKE COUNTY HEALTH DEPARTMENT		
52. Sex Of Injury (Male/Female/Year)		53. Location Of Injury - State IN		54. City Or Town MUNSTER		55. Street Number NOV 12 2020
56. Location Of Injury - State		57. City Or Town		58. Street Number		59. Zip Code
60. Date Of Injury Occurred		61. If Transportation Injury, Specify NOT VALID UNLESS		62. Carrier (Check ONE) <input type="checkbox"/> Commercial (Specify) <input type="checkbox"/> Common <input type="checkbox"/> Death Of Officer		
63. Signature Of Person Completing Certificate Of Death JENNIFER ALLISON PLATT, BY ELECTRONIC SIGNATURE		64. Name, Address, And Zip Code Of Person Completing Certificate Of Death JENNIFER ALLISON PLATT 901 MACARTHUR BLVD, MUNSTER, IN 46321		65. Date Certified 11/11/2020		
66. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		67. Registrar Only NOV 12 2020		68. Date Certified		

EXHIBIT

B

RAISED SEAL AFFIXED