

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-062823

10:28 AM 2021 Oct 12

STATE OF INDIANA)
)
COUNTY OF LAKE) SS:

SURVIVORSHIP AFFIDAVIT

Jerome A. Wozniewski, being first duly sworn upon his oath, deposes and says:

1. That he is an adult having personal knowledge about the facts herein contained and is otherwise competent to make this Affidavit by virtue of being the surviving spouse for **Ruth M. Wozniewski**.
2. That **Ruth M. Wozniewski** died on the 16th day of **June, 2021**, as is more fully evidenced by the **Certificate of Death** which is attached hereto as **Exhibit A**, made a part hereof and incorporated herein by reference.
3. That on the date of her death, **Ruth M. Wozniewski** was duly and legally married to **Jerome A. Wozniewski**, who survived her.
4. That **Jerome A. Wozniewski** and **Ruth M. Wozniewski** acquired title as **Husband and Wife** to the following described real estate, to-wit:

The East 1/2 of Lot 4 in **Prairie Estates Phase 1**, as per Plat thereof, in **Lake County**,

Parcel # **45-11-12-376-008.000-036**
Common Address: **5741 Phillips Road, Schererville, IN 46375**
5. That the marital relationship which existed between **Jerome A. Wozniewski** and **Ruth M. Wozniewski** at the time they acquired title to the aforesaid real estate remained in effect and unbroken until the date of death of **Ruth M. Wozniewski**.

FILED

OCT 12 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25.00
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6. That all funeral expenses in connection with the death of **Ruth M. Wozniewski** have been paid in full.
7. That the total value of the taxable estate of **Ruth M. Wozniewski**, including joint tenancies, tenancies by the entireties, individual ownership of both real and personal property and insurance on his life, was not sufficient to incur any liability for Federal or Indiana inheritance taxes.

Dated this 11th day of October, 2021,

Jerome A. Wozniewski
Jerome A. Wozniewski

STATE OF INDIANA)

SS:

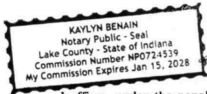
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 11 day of October, 2021.

Commission Expires: January 15th 2028

County of Residence: Lake

Kaylyn Benaim
Notary Public, Printed Name



Kaylyn Benaim

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. Jerome A. Wozniewski

THIS INSTRUMENT PREPARED BY:

Jerome A. Wozniewski
5741 Phillips Road
Scherrererville, IN 46375



NOT AN OFFICIAL STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracing No. 284033

Local No 002453

EDR No 00001120883

State No 2021-032917

| | | | | | | | | | | | |
|--|--|----------------------------|---|--|--|---|--|---|---|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) Ruth Marie Wozniwski | | | 1a. Maiden Name (if female) Dike | | | 2. Gender Female | | 3. Time of Death 02:58 AM | | 4. Date of Death (Month/Day/Year) 06/16/2021 | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 84 | | 6b. Under 1 Year Months: _____ Days: _____ | | 6c. Under 1 Month Hours: _____ | | 6d. Under 1 Day Minutes: _____ | | 7. Date of Birth (Month/Day/Year) 06/20/1936 | |
| 8. 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) | | | 8. Birthplace (City and State or Foreign Country) Hammond, Indiana | | |
| 11. Facility Name (If Not Institution, Give Street and Number) 5741 Phillips Road | | | | | | | | | | | |
| 12. City or Town, State, and Zip Code Schererville, Indiana 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 Jerome Wozniwski | | | | 15a. Last Name Before First Marriage Wozniwski | | | | 16. Decedent's Usual Occupation Manager | | | 17. Kind Of Business/Industry Hardware |
| 18. Residence - State IN | | | 18a. County Lake | | | 18b. City or Town Schererville | | | 18c. Zip Code 46375 | | |
| 18d. Apt. No. | | | 18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | 18f. Zip Code 46375 | | | 18g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 19. Decedent's Education Some college, but no degree | | | 20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino | | | 21. Decedent's Race White | | | 22. Parent's Name (First, Middle, Last) Howard Edward Dike | | |
| 23. Parent's Name (First, Middle, Last) Ottilia Dike | | | 23a. Parent's Last Name Before First Marriage Schillo | | | 24. Informant's Name Jerome Wozniwski | | | 24a. Relationship To Decedent Husband | | |
| 24b. Mailing Address (Street And Number, City, State, Zip Code) 5741 Phillips Road, Schererville, IN, 46375 | | | 25. Place Of Disposition Chapel Lawn Funeral Home And Memorial Garden | | | 25c. Location - City, Town, and State Schererville, IN | | | 27a. Funeral Home License Number FH1700003 | | |
| 25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment | | | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) | | | 25c. Location - City, Town, and State | | | 27b. License Number (Of Licensee) FD01045111 | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322 | | | 27c. License Number (Of Licensee) FD01045111 | | | 27d. Funeral Home License Number FH1700003 | | |
| 27e. Signature of Indiana Funeral Service Licensee: Cornelius A. Xupper | | | Electronically Signed | | | 27f. License Number (Of Licensee) FD01045111 | | | 27g. License Number (Of Licensee) FD01045111 | | |
| 28. Part 1. 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. AMYOTROPHIC LATERAL SCLEROSIS WITH PROGRESSIVE WEAKNESS 8 MONTHS 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. _____ C. _____ D. _____ | | | | | | | | | | | |
| 28. Part 2. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part 1 | | | | | | | | | | | |
| 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 Time Of Death <input type="checkbox"/> Pregnant At Time Of Death, But Pregnant More Than 42 Days Before Time Of 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 | | | 37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 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 checked="" type="checkbox"/> No | | |
| 38. Location Of Injury - State | | | 38a. City Or Town | | | 38b. Street & Number JUN 24 2021 | | | 38c. Apt. No. | | |
| 38d. Zip Code | | | 38e. Apt. No. | | | 38f. Zip Code | | | 40. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NO VEHICLE UNLESS | | |
| 41. Signature of Person Certifying Cause Of Death Cyle R Munn | | | | | | 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: Lyle R Munn 600 Superior Avenue, Munster, IN 46321 | | | | | | 44. License Number 01031582A | | | 45. Date Certified 06/16/2021 | | |
| 46. Additional Funeral Service Provider: | | | | | | 47. Asks | | | 48. For Registrar Only (Date Filed (Month/Day/Year)) 06/18/2021 | | |
| 48. Signature of Local Health Officer: Chandana Vavilala | | | | | | Electronically Signed | | | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | | | |