

# NOT AN OFFICIAL DOCUMENT

**FILED**

Mar 16 2022 LM  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

2022-511394  
03/16/2022 02:52 PM  
TOTAL FEES: 25.00  
BY: SP  
PG #: 3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**SEND TAX BILLS TO:**

Cecelia J. Smith  
c/o Susan D. Gajewski  
1311 Water Lily Circle  
Porter, IN 46304

**RECORDED DOCUMENT TO:**

Attorney Lisa A. Kmak  
1022 - 119<sup>th</sup> Street  
Whiting, IN 46394

## SURVIVORSHIP AFFIDAVIT

**Susan D. Gajewski**, an interested person herein, being duly sworn, says:

1. That **Homer L. Smith** died on the 26<sup>th</sup> day of September, 2017.
2. That **Homer L. Smith** and **Cecelia J. Smith**, as husband and wife (tenants by the entireties) held a fee simple interest in one-half (½) of the title to the property commonly known as 2712 New York Avenue, Whiting, Indiana 46394, and further described as follows:

LOT 5 AND THE SOUTH 10 FEET OF LOT 4, BLOCK 3, WILCOX FIRST  
ADDITION TO WHITING, AS SHOWN IN PLAT BOOK 2, PAGE 51, IN LAKE  
COUNTY, INDIANA.

Parcel No.: 45-03-18-277-005.000-023

3. That the marital relationship which existed between them remained in effect and unbroken until the date of the death of **Homer L. Smith**.
4. That due to the death of **Homer L. Smith**, title to the fee simple one-half (½) interest in the above-described real estate now vests solely in **Cecelia J. Smith**.
5. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the fee simple one-half (½) interest in the above-described the real estate described above, to **Cecelia J. Smith, c/o Susan D. Gajewski, 1311 Water Lily Circle, Porter, Indiana 46304**

See attached death certificate

2045

22BAR5582

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Further your affiant sayeth not on this 8 day of March, 2022.

Susan D. Gajewski  
Susan D. Gajewski

STATE OF INDIANA     )  
                                  ) SS  
COUNTY OF LAKE     )

Before me, a Notary Public in and for said County and State, this 8 day of March, 2022, personally appeared Susan D. Gajewski, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing Survivorship Affidavit are true.

Lisa A. Kmak  
Lisa A. Kmak, Notary Public  
Resident of Lake County  
My Commission #705935 Expires: 11/7/2025



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



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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 36853

Local No 003339

EDR No 00000600615

State No 047676

1. Decedent's Legal Name (First, Middle, Last) <b>HOMER L SMITH</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time of Death <b>06:22 AM</b>		4. Date of Death (Month/Day/Year) <b>09/28/2017</b>			
5. Social Security Number		6a. Age - Yrs <b>78</b> Months Days Hours		6b. Under 1 Year Under 1 Month Under 1 Day		6c. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) <b>01/19/1939</b>			
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. Inpatient <input type="checkbox"/> Emergency/Department Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Other (Specify)		10. 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. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>					
11. Facility Name (if not Institution, Give Street and Number) <b>MUNSTER COMMUNITY HOSPITAL</b>											
12. City or Town, State, and Zip Code <b>MUNSTER, IN, 46321</b>											
13. County of Death <b>LAKE</b>											
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 <b>CECELIA J SMITH</b>			15a. Last Name Before First Marriage <b>KNAPP</b>			16. Decedent's Usual Occupation <b>MASON</b>			17. Kind of Business/Industry <b>STEEL MILL</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City or Town <b>WHITING</b>		18c. Apt. No.		18d. Zip Code <b>46394</b>		18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Parents' Name (First, Middle, Last) <b>HOMER SMITH</b>		23. Parents' Last Name Before First Marriage <b>NARDO</b>			
24. Informant's Name <b>MRS CECELIA J SMITH</b>		24a. Relationship to Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>947 119TH STREET, WHITING, IN 46394</b>		25a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment Foreign State <input type="checkbox"/> Other (Specify)		25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) <b>REGIONAL CREMATION SERVICE</b>		25c. Location - City, Town, and State <b>MUNSTER, IN</b>	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BARAN &amp; SON INC, 1235 119TH STREET, WHITING, IN 46394</b>		27a. Funeral Home License Number <b>FH83007267</b>		27b. License Number (Of Licensee) <b>FD01019456</b>		27c. Signature Of Indiana Funeral Service Licensee <b>MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE</b>		27d. Cause of Death (See Instructions And Examples) <b>CHRONIC RENAL FAILURE</b>	
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 Disease Or Injury On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>CHRONIC RENAL FAILURE</b>		29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Old Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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 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. Type Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooden 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		38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature of Person Certifying Cause of Death: <b>SHELDON RODERICK LEWIS, BY ELECTRONIC SIGNATURE</b>	
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number <b>01049868A</b>		44. Date Certified <b>09/29/2017</b>		45. Name, Address And Zip Code Of Person Certifying Cause of Death: <b>SHELDON RODERICK LEWIS, 3641 RIDGE ROAD, HIGHLAND, IN 46322</b>		46. Additional Funeral Service Provider		47. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>	
48. For Registrar Only - Date Filed (Month/Day/Year) <b>OCT 02 2017</b>		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		49. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	