

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-012807

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

10:12 AM 2022 Apr 12

AFFIDAVIT OF SURVIVORSHIP

Comes now DAVID MICHAEL BIELSKI and MARK LEONARD BIELSKI being duly sworn upon their individual oaths, state as follows:

1. That they are the affiants;
2. That their mother, ELSIE A. BIELSKI, died on February 16, 2022. A copy of her death certificate is attached hereto and incorporated herein as Exhibit "A";
3. That prior to her death, ELSIE A. BIELSKI owned the following real estate which she transferred to DAVID MICHAEL BIELSKI and MARK LEONARD BIELSKI via a Transfer on Death Deed dated January 18, 2018 and recorded under number 2018 004387:

EASTLAND ESTATES, UNIT 3, LOT NO. 11, AN ADDITION TO THE TOWN OF LOWELL, LAKE COUNTY, INDIANA, AS SHOWN IN PLAT BOOK 080, PAGE 25, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Commonly Known As: 252 Banyan Drive, Lowell, Indiana 46356
Parcel No: 45-19-25-229-001.000-008

4. That tax statements regarding this property should be mailed to: David M. Bielski and Mark L. Bielski, 8999 Patterson Street, St. John, IN 46373.
5. That the aforementioned property should be placed solely in the name of DAVID MICHAEL BIELSKI and MARK LEONARD BIELSKI.
6. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction;

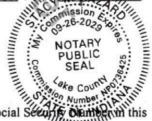
David Michael Bielski
DAVID MICHAEL BIELSKI, Affiant

Mark Leonard Bielski
MARK LEONARD BIELSKI, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, came DAVID MICHAEL BIELSKI and MARK LEONARD BIELSKI and acknowledged the execution of the foregoing instrument this 14th day of April, 2022.

Wash Hazard
Commission Expires: 09/28/2029
Wash Hazard, Notary Public
Laurel County Resident



I swear and affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number on this document, unless required by law.

John S. Dull

JOHN S. DULL #4628-45
PO Box 14058
Merrillville, IN 46411

FILED

APR 12 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25 cc
AK# 7269
K6



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracing No. 316152

Local No 000886

EDR No 000011247046

State No 2022-010740

1. Decedent's Legal Name (First, Middle, Last) Elsie Bielski		18. Maiden Name, (If Female) Wentz		2. Gender Female	3. Time Of Death 09:42 AM	4. Date Of Death (Month/Day/Year) 02/16/2022	
5. Social Security Number 90		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) 07/07/1931
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 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) Rugby, North Dakota	
11. Facility Name (If Not Institution, Give Street and Number) 252 Banyan Drive							
12. City Or Town, State, And Zip Code Lowell, Indiana 46356				13. County Of Death Lake		14. Marital Status At Time Of Death <input 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 Housekeeping		17. Kind Of Business/Industry Business Owner
18. Residence - State IN		18a. County Lake		18b. City Or Town Lowell		18c. Street And Number 252 Banyan Drive	
18d. Apt. No.		18e. Zip Code 46356		18f. 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) Leonard V. Wentz			23. Parent's Name (First, Middle, Last) Juliana Wentz			23a. Parent's Last Name Before First Marriage Kraft	
24. Informant's Name David Bielski		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 8899 Patterson Street, Saint John, IN, 46373			
25. Place Of Disposition							
25a. 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)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) NWI Cremation Service		25c. Location - City, Town, And State Crown Point, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home (Crown Point) 10101 Broadway, Crown Point, Indiana, 46307				27a. Funeral Home License Number FH83002445	
27b. Signature Of Indiana Funeral Service Licensee <i>James F. Burns</i>				Electronically Signed Cause Of Death (See Instructions And Examples)		27c. License Number (Of Licensee): FD01009461	
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. Congestive Heart Failure <small>Do Not Box An A Combination Use</small>							
B. End Stage Renal Disease <small>Do Not Box An A Combination Use</small>							
C. Abdominal Aortic Aneurysm with leak <small>Do Not Box An A Combination Use</small>							
D.							
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							
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. 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 checked="" 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"/> Pregnant Or Pregnant Within The Past Year <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"/> Cause Not To Be Determined		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		43. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Other	
39. Describe How Injury Occurred							
41. Signature, Of Person Certifying Cause Of Death: <i>Ragini Bielski</i>				Electronically Signed		45. 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: Ragini Bielski 10215 Broadway Suite 205, Crown Point, IN 46307				44. License Number 01Q82142A		45. Date Certified 02/18/2022	
46. Additional Funeral Service Provider:				47. Fax:		49. For Registrar Only (Date Filed (Month/Day/Year)) 02/18/2022	
48. Signature of Local Health Officer: <i>Chandana Varshala</i>				Electronically Signed		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	