

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-020593

3:02 PM 2022 Jun 28

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT FOR DEVOLUTION OF PERSONAL AND REAL PROPERTY**

The affiant, Thomas J. Kmiatek, hereby affirm to the best of his knowledge and belief the following:

1. That Mary Ann Kmiatek, deceased, died intestate on September 9, 2021, while domiciled in Lake County, State of Indiana, and that the probate estate was of minimal value wherein the opening of an estate was not required pursuant to Indiana Code §29-1-8 et seq.

2. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction or is contemplated to be filed.

3. That the decedent was not married at the time of her passing. That the party to whom her assets are to be transferred to, by State Statute I.C. 29-1-2 et. seq. is her son, Thomas J. Kmiatek.

4. That at the time of her death, the decedent owned real property located in Lake County, State of Indiana, commonly known as 3910 Robinhood Lane, Hammond, IN 46323. This real property is legally known as:

- a. **Lot 42, in Resubdivision of Lots 30-139 incl, Oakcrest Manor Add. To the City of Hammond, as per plat of said resubdivision recorded in Plat Book 34, page 49, in the Office of the Recorder of Lake County, Indiana.**
- b. 45-07-10-482-011.000-023
- c. Mary Ann Kmiatek obtained possession of the property with her husband, Benjamin A. Kmiatek, via warranty deed recorded as Document Number 635624, recorded on September 28, 1965 (Benjamin A. Kmiatek passed away on June 13, 1980)

5. That by reason of the above and foregoing, the affiant requests that the personal property of the decedent, Mary Ann Kmiatek, be transferred to Thomas J. Kmiatek, as the small estate administrator, pursuant to the provisions of Indiana Code §29-1-8-1 and §29-1-8-2, to be property distributed.

6. That the affiant is entitled to the delivery and payment of the property and requests immediate distribution to Thomas J. Kmiatek, as the small estate administrator, pursuant to the provisions of Indiana Code §29-1-8-3 on behalf of the person listed in Paragraph 3, and that the above-described real property be titled as Thomas J. Kmiatek, as to the ownership of the property.

**FILED**

JUN 28 2022

JOHN E. PETALAS  
LAKE COUNTY AUDITOR


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14600  
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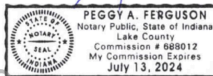
# NOT AN OFFICIAL DOCUMENT

7. That pursuant to the terms of Indiana Code §29-1-8-2, the real property outlined in Paragraph 4 is to be owned by Thomas J. Kmiatek, as stated above.
8. That pursuant to the terms of Indiana Code §29-1-8-2, the person paying or delivering the property to the affiant is released from any liability.

WHEREFORE, the affiant herein hereby request that the holder of property owned by the decedent at the time of passing and presented with this Affidavit of Devolution and Small Estate Affidavit effectuates the transfer of said property to the undersigned affiants or as directed by the affiants, pursuant to the Indiana Code and that distribution of said property to the affiants herein, shall release said holder of such property from any liability with regard to the proper application and disbursement of said personal property; and that the affiant herein, Thomas J. Kmiatek, charges Thomas J. Kmiatek, with the responsibility of proper disbursement of the assets according to the provisions of the Indiana Code, and hereby agree to hold harmless said holder of personal property from any liability with regard to the transfer of said personal property.

Dated this 2nd day of June, 2022.

  
Thomas J. Kmiatek



STATE OF Indiana,  
COUNTY OF Lake, SS:

Before me, a Notary Public in and for said County and State, personally appeared the affiant, Thomas J. Kmiatek, over the age of eighteen (18) years, who executed the foregoing Affidavit for Devolution of Personal and Real Property, and who, having been duly sworn, stated that the facts and matters set forth in it are true and correct.

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 2nd day of June, 2022.

Commission Number: 688012 Resident of Lake County  
My Commission Expires: July 13, 2024 Peggy A. Ferguson Notary Public

I swear under the penalties of perjury that I have taken reasonable care to redact each social security number in this document unless required by law. [Signature]

Return document to: Nathan D. Vis, Vis Law, LLC, P.O. Box 980, Cedar Lake, IN 46303

Prepared by: Attorney Nathan D. Vis, Vis Law, LLC, P.O. Box 980, Cedar Lake, IN 46303

# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 293113

Local No 003665

EDR No 00011162168

State No 2021-051887

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 1. Decedent's Legal Name (First, Middle, Last)<br>Mary Ann Kmiatek  |  | 2. Maiden Name (If Female)<br>Diugopolski  |  | 3. Gender<br>Female  |  | 4. Date of Death (Month/Day/Year)<br>05/10/2021   |  |
| 5. Social Security Number<br>[REDACTED]   |  | 6a. Age - Yrs<br>68  |  | 6b. Under 1 Year<br>Months<br>Days   |  | 7. Date of Birth (Month/Day/Year)<br>12/14/1932   |  |
| 8. Sex<br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female  |  | 9. Usual Residence (Street and Box or Rural Route)<br>3910 Robinhood Lane  |  | 10. City or Town<br>Hammond, Indiana 46323   |  | 11. Birthplace (City and State or Foreign Country)<br>Hammond, Indiana                      |  |
| 12. Cause of Death (See Instructions and Examples)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival   |  | 13. Place of Death<br><input type="checkbox"/> Home <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): |  | 14. Manner of Death<br><input type="checkbox"/> Natural <input type="checkbox"/> Poisoned <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Natural <input type="checkbox"/> Unknown |  | 15. Kind of Business/Industry<br>Combustion Engineering                                     |  |
| 16. Occupation (Title)<br>Secretary   |  | 17. Last Name Before First Marriage<br>Diugopolski   |  | 18. City or Town<br>Hammond  |  | 19. State<br>Indiana  |  |
| 20. Street and Number<br>3910 Robinhood Lane  |  | 21. City or Town<br>Hammond  |  | 22. Zip Code<br>46323  |  | 23. Made City/Live? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No     |  |
| 24. Decedent's Education<br>High School graduate or GED completed   |  | 25. Decedent's Hispanic Origin<br>Not Spanish/Hispanic/Latino  |  | 26. Decedent's Race<br>White   |  | 27. Parent's Last Name Before First Marriage<br>Fudia                                       |  |
| 28. Father's Name (First, Middle, Last)<br>Andrew Diugopolski   |  | 29. Mother's Name (First, Middle, Last)<br>Anna Diugopolski  |  | 30. Marital Status (Street and Box or Rural Route, City, State, Zip Code)<br>12324 Plymouth-Goshen Trail, Plymouth, IN, 46563  |  | 31. Relationship to Decedent<br>Son   |  |
| 32. Method of Disposition<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Release/For State <input type="checkbox"/> Other (Specify):   |  | 33. Place of Disposition (Name of Institution, Cemetery, Other Place)<br>Kelly-Carroll Cremation Service   |  | 34. Location (City, Town, and State)<br>Gary, IN   |  | 35. License Number of Licensee<br>FD20200096  |  |
| 36. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 37. Name and Complete Address of Funeral Home<br>Acevez Funeral Home Inc. 4918 Magoun Ave., East Chicago, Indiana 46322  |  | 38. Funeral Home License Number<br>FH1700007   |  | 39. Signature of Indiana Funeral Service Licensee<br>Robert A. Acevez                       |  |
| 40. Part I - Enter the <b>Cause of Death</b> (Disease, 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. Add Additional Lines if Necessary.<br>Immediate Cause (Final Disease or Condition Resulting in Death)<br>A. Coronary Artery Disease<br>B. Congestive Heart Failure<br>C. Kidney Disease<br>D. _____<br>Sub-cause of Death (If Applicable)<br>1. _____<br>2. _____<br>3. _____ |  | 41. This is a TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT<br>SEP 22 2021  |  | 42. Approximate Interval: Onset to Death<br>unknown<br>unknown   |  | 43. Signature of Person Certifying Cause of Death<br>Pastor Liebet<br>Electronically Signed |  |
| 44. Name, Address and Zip Code of Person Certifying Cause of Death<br>Pastor Liebet 10010 Donald Powers Drive, Munster, IN 46321  |  | 45. Additional Funeral Service Provider  |  | 46. Center (Check Only)<br><input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer   |  | 47. Death Certificate Number<br>01038128A   |  |
| 48. Signature of Local Health Officer<br>Chandana Varsheti  |  | 49. For Registrar Only (Date Filed - Month/Day/Year)<br>09/21/2021   |  | 50. AMENDMENT TO CERTIFICATE OF DEATH (ENTRYP OR ORIGINAL)   |  | 51. Date of Amendment<br>09/21/2021   |  |

RAISED SEAL AFFIXED