

NOT AN OFFICIAL DOCUMENT

FILED

Jun 28 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-526571
06/28/2022 01:59 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

SEND TAX BILLS TO:

Theresa A. Zawadzki
1310 Stanton Avenue
Whiting, IN 46394

RECORDED DOCUMENT TO:

Attorney Lisa A. Kmak
1022 - 119th Street
Whiting, IN 46394

SURVIVORSHIP AFFIDAVIT

Theresa A. Zawadzki, an interested person herein, being duly sworn, says:

1. That **Edward J. Zawadzki** died on the 20th day of January, 2022. A redacted copy of the Owner's Death Certificate is attached to this Affidavit and made part of it by reference.
2. That **Edward J. Zawadzki and Theresa A. Zawadzki, as husband and wife, as tenants by the entireties**, held fee simple interest in the property commonly known as **1310 Stanton Avenue, Whiting, Indiana 46394**, and further described as follows:

The South 20 feet of Lot 7 and the North 20 feet of Lot 8 in Block 6 in Forsyth Sheffield Subdivision, in the City of Hammond, as per plat thereof, recorded in Plat Book 15, page 30, in the Office of the Recorder of Lake County, Indiana.

Parcel Number: 45-03-06-302-025.000-023

3. That the marital relationship which existed between them remained in effect and unbroken until the date of the death of **Edward J. Zawadzki**.
4. That due to the death of **Edward J. Zawadzki**, fee simple title in the above-described real estate now vests solely in **Theresa A. Zawadzki**.
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 real estate described above, fee simple, to **Theresa A. Zawadzki, 1310 Stanton Avenue, Whiting, IN 46394**.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 311279



Local No 000384

EDR No 000011233049

State No 2022-004293

1. Decedent's Legal Name (First, Middle, Last) Edward J. Zawadzki				1c. Maiden Name (if female)		2. Gender Male		3. Time of Death 06:24 PM		4. Date of Death (Month/Day/Year) 01/20/2022													
5. Social Security Number [REDACTED]		6a. Age - Yrs 62		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) 04/09/1950		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana																					
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died 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"/> Moving Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)															
11. Facility Name (if Not Institution, Give Street and Number) Community Hospital Munster																							
12. City or Town, State, and Zip Code Munster, Indiana 46321				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 Theresa A. Zawadzki				15a. Last Name Before First Marriage Chdalek				16. Decedent's Usual Occupation Machinist				17. Kind of Business/Industry Manufacturing											
18. Residence - State IN				18a. County Lake				18b. City or Town Whiting				18c. Apt. No.				18d. Zip Code 46394				18e. Trade City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Street and Number 1310 Stanton Avenue				19a. Decedent's Education High School graduate or GED completed				20. Decedent's Hispanic Origin Hot Spanish/Hispanic/Latino				21. Decedent's Race White											
22. Parents Name (First, Middle, Last) Stanley Zawadzki				23. Parents Name (First, Middle, Last) Hilda Zawadzki				23a. Person's Last Name Before First Marriage Zielke															
24. Informant's Name Theresa A. Zawadzki				24a. Relationship to Decedent Wife				24b. Mailing Address (Street/Highway Number, City, State, Zip Code) 1310 Stanton Avenue, Whiting, IN, 46394															
25. Place Of Disposition																							
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) St. John Cemetery				25c. Location - City, Town, and State Hammond, IN															
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address of Funeral Facility Baran & Son Inc 1235 119th Street, Whiting, Indiana, 46394				27a. Funeral Home License Number FH83007267															
27b. Signature of Indiana Funeral Service Licensee: Martin A. Dwyer				Electronically Signed				27c. License Number (Of Licensee) FD01019456															
Cause of Death (See Instructions And Examples)																							
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.										Approximate Interval: Onset To Death													
Immediate Cause (Final Disease Or Condition Resulting In Death) A. myocardial infarction										1/19/2022													
B. hypertension																							
C. atherosclerosis																							
D. diabetes																							
29. Part II. Enter Other Significant Conditions Contributing To Death (i.e., Not Resulting In The Underlying Cause Given In Part I)										29a. 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 checked="" 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 6 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant At Onset To 1 Year Before Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Could Not 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 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/Operator <input checked="" type="checkbox"/> NON VALID UNLESS																	
41. Signature of Person Certifying Cause of Death: Rushabh Shah																							
42. Name, Address, And Zip Code Of Person Certifying Cause of Death: Rushabh Shah 901 Macarthur Blvd, Munster, IN 46321																							
43. Additional Funeral Service Provider:																							
44. Signature of Local Health Officer: Chandana Varshil																							
45. For Registrar Only (Date Filed, Month/Day/Year) 01/26/2022																							