

NOT AN OFFICIAL DOCUMENT

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Survivorship Affidavit – 316 True, Griffith, Indiana 46319

STATE OF INDIANA)
)
COUNTY OF LAKE)

The Estate of Bonnie Jania, deceased

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-024847

9:19 AM 2022 Aug 2

SURVIVORSHIP AFFIDAVIT

On this 22nd day of July, 2022, before me personally appeared, Richard L. Jania, who being duly sworn upon her oath made the following statement and affirmations:

- 1. He is the owner in fee simple absolute of the real estate located in Lake County, Indiana, commonly known as 316 True, Griffith, Indiana 46319.

Legal Description: Lot 72 in Southwood Estates 3rd Addition to the Town of Griffith, as per plat thereof, recorded in Plat Book 52, Page 23 in the Office of the Recorder of Lake County, Indiana.

- 2. That the affiant and Bonnie Jania were married on the 4th day of January, 1971. That he acquired title to said real estate with his spouse on October 11, 2006, by a Warranty Deed. The title to the real estate was held as tenants by the entirety.
- 3. That Bonnie Jania died on the 15th day of June 2022, at which time the real estate became the sole property of the affiant.
- 4. That any required Federal Estate Tax Return has been filed and the assessed taxes paid.
- 5. That this affidavit is being filed to clarify the title to the real estate.

Dated this 22nd day of July, 2022:

Richard L. Jania
Richard L. Jania

ACKNOWLEDGEMENT

STATE OF INDIANA)
)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared **Richard L. Jania** who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

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RM

FILED
AUG 02 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Survivorship Affidavit – 316 True, Griffith, Indiana 46319

Witness my hand and Notary Seal this 22nd day of July, 2022.

My Commission Expires: July 2, 2027
County of Residence: Lake


Joanne Marie Rymus, Notary Public

Mail Tax Bills To:

Richard L. Jania
316 True
Griffith, Indiana 46319



Pursuant to IC §36-2-11-15, 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.

By:  Date Signed: July 22, 2022
Daniel Zamudio

*This instrument prepared by: Daniel Zamudio, Attorney at Law, Zamudio Law Professionals, PC,
233 S. Colfax, Griffith, Indiana 46319*

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. **329201**

Local No 002551		EDR No 000011387121			State No 2022-034349	
1. Decedent's Legal Name (First, Middle, Last) Bonnie Sue Jania		1a. Maiden Name (If Female) Owczarski		2. Gender Female	3. Time of Death 02:09 AM	4. Date of Death (Month/Day/Year) 06/15/2022
5. Social Security Number [REDACTED]	6a. Age - Yrs 72	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	7. Date of Birth (Month/Day/Year) 03/13/1950	8. Birthplace (City and State or Foreign Country) Michigan City, 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"/> Dead 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"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Dyer						
12. City Or Town, State, And Zip Code Dyer, Indiana			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 Richard		15a. Last Name Before First Marriage Jania		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home
18. Residence - State IN		18a. County Lake		18b. City Or Town Griffith		
19c. Street And Number 316 N True Street		19d. Apt. No.		19e. Zip Code 46319		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White		
22. Parent's Name (First, Middle, Last) Leo S Owczarski			23. Parent's Name (First, Middle, Last) Jennie Owczarski		23a. Parent's Last Name Before First Marriage Swiger	
24a. Relationship To Decedent Husband			24b. Mailing Address (Street And Number, City, State, Zip Code) 316 N True Street, Griffith, IN, 46319			
25. Place Of Disposition						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Solan Pruzin Crematory		25c. Location - City, Town, And State Schererville, IN		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Solan-Pruzin Funeral Services Inc. Dba Solan-Pruzin 14 Kennedy Avenue, Schererville, Indiana, 46375			27a. Funeral Home License Number FH10200037	
27b. Signature Of Indiana Funeral Service Licensee <i>Judith S. Pruzin Jr</i>		Electronically Signed		27c. License Number Of Licensee FD29600199		
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. ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE				UNKNOWN
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. _____				
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 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 43 Days To 1 Year Before Death <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"/> 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, Worked 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
39. Describe How Injury Occurred						
41. Signature Of Person Certifying Cause Of Death: <i>Wassim Atassi</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certified Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Wassim Atassi 9696 Gordon Dr., Highland, IN 46322				44. License Number 010158603A		
46. Additional Funeral Service Provider:				45. Date Certified 06/16/2022		
48. Signature Of Local Health Officer <i>Chandana Venkula</i>				49. For Registrar Only: Date Filed (Month/Day/Year) 06/21/2022		

NOT VALID UNLESS

THIS RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT

JUN 21 2022

Electronically Signed

LAKE COUNTY HEALTH OFFICER