

Prepared by and After Recording Return To:

Todd M. Van Baren Hoogendoorn & Talbot LLP 122 South Michigan Ave. Suite 1220 Chicago, IL 60603

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2023-010677

9:41 AM 2023 Apr 14

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF IN) COUNTY OF Lake) ss:

Bernard J. Pawlasek, being duly sworn states that he resides at 12228 West 181st Avenue, Lowell, Indiana 46356.

That he was acquainted with Carole Pawlasek, deceased who, at the time of her death, was one of the owners of the land in Lake County, Indiana, described as:

See Exhibit A

That the deceased died MARCH 16, 2013 as evidenced by a certified copy of death certificate attached hereto.

That the deceased died:

- Leaving no Last Will & Testament. Leaving a Last Will & Testament a copy of which is attached hereto. Leaving a Last Will & Testament which was filed with the Circuit Court of Lake County, Indiana on

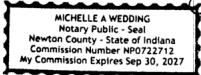
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, did not exceed the amount which would subject the estate to federal estate taxes, taking into consideration applicable deductions and exclusions.

Affiant makes this affidavit for that purpose of inducing any title insurance company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Bernard J. Pawlasek this 18 day of March, A.D. 2023

Bernard J. Pawlasek Bernard J. Pawlasek

Michelle A. Wedding Notary Public



FILED

APR 14 2023

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

25 27026 E

NOT AN OFFICIAL DOCUMENT

EXHIBIT A

Legal Description:

Lot Numbered 3 as shown on the recorded plat of correction Hayden's Acres recorded in Plat Book 41, page 82 in the Office of the Recorder of Lake County, Indiana.

Property Address: 12228 West 181st Avenue, Lowell, Indiana 46356

PIN NO.: 45-19-20-376-002.000-037

Property of Lake County Recorder



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001016

EDR No 00000313857

State No 013786

1. Decedent's Legal Name (First, Middle, Last) CAROLE PAWLASEK				1a. Maiden Name (if female) SMUTKO		2. Sex FEMALE		3. Time Of Death 08:11 AM		4. Date Of Death (Month/Day/Year) 03/16/2013	
5. Social Security Number 63		6a. Under 1 Year Months 63		6b. Under 1 Month Days 63		6c. Under 1 Day Hours 63		6d. Under 1 Hour Minutes 63		7. Date of Birth (Month/Day/Year) 04/08/1949	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10. 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) HAMMOND, IN					
11. Facility Name (If Not Institution, Give Street and Number) 12228 WEST 181ST STREET						12. City Or Town, State, and Zip Code LOWELL, IN 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. (If Wife/Give Maiden Last Name) LAKE			16. Decedent's Usual Occupation HOUSE WIFE		17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA				18a. County LAKE		18b. City Or Town LOWELL		18c. Apt. No.		18d. Zip Code 46356	
18e. Street And Number 12228 WEST 181ST STREET				18f. Inmate 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 HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) FRANK SMUTKO				23. Mother's Name (First, Middle, Last) DELORES SMUTKO				25a. Mother's Maiden Last Name DARLENE			
23a. Informant's Name BERNARD PAWLASEK				24a. Relationship To Decedent HUSBAND				24b. Mailing Address (Street And Number, City, State, Zip Code) 12228 WEST 181ST STREET, LOWELL, IN 46356			
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) HEIGHTS CREMATORY				25c. Location - City, Town, And State CHICAGO HEIGHTS, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311				27a. Funeral Home License Number: FH10900001			
27b. Signature Of Indiana Funeral Service Licensee: CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20700033				Approximate Interval: Onset To Death 2/2008 THRU 2/2013			
28. Part 1. 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 Venecular Flaccidation 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. METASTATIC BREAST CANCER TO BONE											
28. Part 2. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part 1 Metastatic Breast Cancer to Bone											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Were Autopsy Findings Significant To 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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input checked="" 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 To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Cause Of Death (See Instructions And Examples) LAKE COUNTY HEALTH OFFICER			
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Areas)			
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. Street & Number				38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: MOHAMED I. FARHAT, BY ELECTRONIC SIGNATURE				42. Certificate (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. License Number 01066262A			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MOHAMED I. FARHAT, 1205 SOUTH MAIN STREET, STE 301, CROWN POINT, IN 46307				44. License Number 01066262A				45. Date Certified 03/19/2013			
46. Additional Funeral Service Provider: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				46. For Registrar Only - Date Filed (Month/Day/Year) MAR 21 2013							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											