

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-001301

3:36 PM 2024 Jan 17

4
Mail Recorded Document To: *HILBRICH LAW FIRM, 2637-45th Street, Highland, IN 46322*

Please Mail Tax Statements to: PARCEL NO. #45-10-13-254-010.000-034

John A. Krajewski
519 Cherry Hill Road
Dyer, IN 46311

STATE OF INDIANA)
) SS: IN RE: DECEDENT,
COUNTY OF LAKE) VIOLET KRAJEWSKI

**TRANSFER ON DEATH AFFIDAVIT
(Grantor of TOD Deed now Deceased)**

Comes now JOHN A. KRAJEWSKI who being duly sworn upon oath states as follows:

1. That I have personal knowledge of the assertions herein and my relationship to the decedent, VIOLET KRAJEWSKI, is a son.
2. That VIOLET KRAJEWSKI died on December 9, 2023, a resident of Lake County, Indiana, as evidenced by a redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "A".
3. That prior to her death, VIOLET KRAJEWSKI executed a Transfer on Death Deed on July 9, 2019, which was duly recorded on July 31, 2019, as Document No. #2019-048245, in the Office of the Lake County Recorder, Lake County, Indiana, as to the following property:

Lot 3, Block 4, Pheasant Hills Addition, Unit 1, to the Town of Dyer, Indiana, as shown in Plat Book 39, page 36, in Lake County, Indiana.

Commonly known as: 519 Cherry Hill Road
Dyer, IN 46311

25
CASA
D

FILED

JAN 17 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

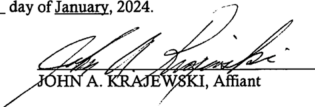
Parcel Number: 45-10-13-254-010.000-034

4. That said Transfer on Death Deed transferred title of the real estate described above to JOHN A. KRAJEWSKI, said transfer to take effect upon the death of the Grantor, VIOLET KRAJEWSKI.
5. That the surviving Transfer on Death beneficiary and his address is:

John A. Krajewski
519 Cherry Hill Road
Dyer, IN 46311
6. That neither a subsequent deed of conveyance revoking, omitting, or changing the beneficiary designations, nor an Affidavit acknowledged or proved under IC 32-21-2-3 revoking or changing the beneficiary designations was recorded before the death of VIOLET KRAJEWSKI pursuant to IC 32-17-14-16(j).
7. That by reason of the death of VIOLET KRAJEWSKI, the real property commonly known as 519 Cherry Hill Road, Dyer, Indiana 46311, and herein legally described, was by operation of law, transferred to beneficiary, JOHN A. KRAJEWSKI .
8. That Affiant makes this Affidavit for the sole purpose of informing proper authorities of the death of the Transfer on Death Deed Grantor, VIOLET KRAJEWSKI, and also for the purposes of perfecting the transfer of the real property to the transfer on death beneficiary, JOHN A. KRAJEWSKI , in accordance with the terms of said Transfer on Death Deed and the Indiana Transfer on Death Property Act.

Affiant further sayeth not, this 17 day of January, 2024.

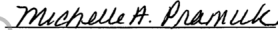
STATE OF INDIANA)
) **SS:**
COUNTY OF LAKE)

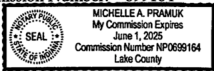

JOHN A. KRAJEWSKI, Affiant

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared JOHN A. KRAJEWSKI and acknowledged the execution of the foregoing Transfer on Death Affidavit.

Witness my hand and Notarial Seal this 17 day of January, 2024.

My Commission Expires: June 1, 2025
My Commission Number: 699164


Michelle A. Pramuk, Notary Public
Resident of Lake County



I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.
Michael D. Dobosz, Attorney at Law

THIS INSTRUMENT PREPARED BY:
MICHAEL D. DOBOSZ, Esq. (#14539-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP
2637 - 45th Street
Highland, Indiana 46322
(219) 924-2427

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 385942

Local No 004299

EDR No 000011650521

State No 2023-063957

1. Decedent's Legal Name (First, Middle, Last) Violet Ann Krajewski			1a. Maiden Name (if female) Lewandowski			2. Gender Female		3. Time Of Death 03:15 PM		4. Date Of Death (Month/Day/Year) 12/09/2023			
5a. Social Security Number 91		5b. Under 1 Year Months		5c. Under 1 Month Days		5d. Under 1 Day Hours		5e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) 05/08/1932			
8. Birthplace (City and State or Foreign Country) Hammond, 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 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 46311										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	
15a. Last Name Before First Marriage						16. Decedent's Usual Occupation Homemaker			17. Kind Of Business/Industry Own Home				
15. Surviving Spouse's Name				15b. Last Name Before First Marriage				17. Kind Of Business/Industry					
18. Residence - State IN				18a. County Lake				18b. City Or Town Dyer					
18c. Street And Number 519 Cherry Hill Road				18d. Apt. No.				18e. Zip Code 46311		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 9th-12th grade, No Diploma						20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) Michael Lewandowski						23. Parent's Name (First, Middle, Last) Anna Lewandowski			23a. Parent's Last Name Before First Marriage Gallas				
24. Informant's Name John A. Krajewski				24a. Relationship To Decedent Son				24b. Mailing Address (Street And Number, City, State, Zip Code) 519 Cherry Hill Road, Dyer, IN, 46311					
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): Chapel Lawn Funeral Home And Memorial Garden Schererville, IN													
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)													
25c. Location - City, Town, And State													
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Fagen-Miller Funeral Gardens, Inc.-Saint John 8580 Wicker Avenue, Saint John, Indiana, 46373				27a. Funeral Home License Number FH10200006					
27b. Signature Of Indiana Funeral Service License: <i>Allison Book</i>						Electronically Signed			27c. License Number (Of Licensee) FD22100050				
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. respiratory failure due to pulmonary edema													
Approximate Interval: Onset To Death 3 days													
Immediate Cause (Final Disease Or Condition Resulting In Death) A. respiratory failure due to pulmonary edema													
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. _____													
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 checked="" type="checkbox"/> No													
31. T11 compression fracture 31a. 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 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 Less Than 6 Months Before Death													
33. Cause Of Death (See Instructions And Examples) <input 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 (If U.S. Property, Give Home, Construction Site, Restaurant, Worked Area) LAKE COUNTY HEALTH DEPARTMENT													
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
38. Location Of Injury - State													
38a. City Or Town													
39. Describe How Injury Occurred													
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)													
41. Signature, Of Person Certifying Cause Of Death: <i>Neha Piyush Patel</i>													
42. Certifier (Check 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: Neha Piyush Patel 701 Superior Avenue, Munster, IN 46321													
44. License Number 03067197A													
45. Date Certified 12/11/2023													
46. Additional Funeral Service Provider:													
47. For Registrar Only: Date Filed (Month/Day/Year) 12/12/2023													
48. Signature of Local Health Officer: <i>Chandana Varadla</i>													
Electronically Signed													
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													

Property of Lake County Health Department

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

DEC 16 2023

EXHIBIT
A

RAISED SEAL AFFIXED