

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-031809

11:07 AM 2023 Nov 22

SURVIVORSHIP AFFIDAVIT

* Rerecorded to Attach death Certificate

AFFIANT, Walter A. Opasik, being duly sworn on oath states that he resides at 6937 Wicker Avenue, Hammond, Indiana, 46323 and that:

1. He was the husband of Rosemary M. Opasik, deceased, who, along with the decedent were the joint owners of the land in Lake County, Indiana, legally described as follows:
See Attached Legal Exhibit A
2. Decedent Rosemary M. Opasik died on December 13, 2011, as evidence by the certified copy of the Death Certificate of the Decedent hereto attached as part hereof.
3. Affiant and descendant remained married until the decedent's death.
4. The Affidavit is made for the purpose of naming Walter A. Opasik as sole owner of the above-described premises at the time of his death, relying on the statements as true, and in consideration thereof, Affiant guarantees the truth of the statements herein contained.

FILED

MAR 20 2024

Walter A. Opasik
Walter A. Opasik, Affiant.

STATE OF INDIANA)
PEGGY HOLINGA KATONA) S
LAKE COUNTY AUDITOR)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-008539

10:15 AM 2024 Mar 20

Subscribed and sworn to by Walter A. Opasik, before me, a Notary Public in and for said County and State, 21st day of November, 2023.

Witness my hand and notarial seal.

Signed: *Steve E. Haddad*
Printed: Steve E. Haddad
Notary Public
Residing in Lake County, Indiana

My Commission Expires:
October 18, 2025

STEVE HADDAD
Notary Public - Seal
Lake County - State of Indiana
Commission Number 704674
My Commission Expires Oct 18, 2025

25-CC-RAT

25. PSC

FILED

NOV 22 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

NOT AN OFFICIAL DOCUMENT

This instrument prepared by Steve E. Haddad, attorney at law, 6949 Kennedy Avenue, Suite D, Hammond, Indiana 46323. I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Signed: _____

Steve E. Haddad



Prepared by and Mail to:

Steve E. Haddad
Attorney at Law
6949 Kennedy Avenue, Suite D
Hammond, IN 46323
219-554-0200
219-554-0300 fax

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

EXHIBIT A

W.F. TURNER'S ADD. L.1

COMMONLY KNOWN AS: 6937 Wicker Avenue, Hammond, Indiana 46323

Tax Parcel Number(s):
45-07-09-301-005.000-023

Property of Lake County Recorder



NOT AN OFFICIAL DOCUMENT

ISSUED BY INDIANA COUNTY HEALTH DEPARTMENT
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 008940

EDR No 00000234089

State No 054807

1. Decedent's Legal Name (First, Middle, Last) ROSEMARY M OPASIK		1a. Maiden Name (if female) ST. CLAIR		2. Sex FEMALE		3. Time Of Death 21:55		4. Date Of Death (Month/Day/Year) 12/13/2011	
5. Social Security Number		5a. Age - Yrs 74		5b. Under 1 Year Months Days		5c. Under 1 Month Hours		5d. Under 1 Day Hours	
6. Date of Birth (Month/Day/Year) 04/01/1937		7. Date of Birth (Month/Day/Year)		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in A Hospital: <input 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) ST VINCENT HOSPICE		12. City Or Town, State, And Zip Code		13. County Of Death MARION		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. Indiana Address INDIANAPOLIS, IN 46268		15a. (If Wife/Live Marital Last Name)		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOMEMAKER			
15. Residence - State INDIANA		15b. County LAKE		15c. City Or Town HAMMOND		15d. Apt. No.		15e. Zip Code 46323	
15f. Street And Number 6937 WICKER AVENUE		15g. Apt. No.		15h. Zip Code 46323		15i. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. 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)		23. Mother's Name (First, Middle, Last) ANNA ST CLAIR		23a. Mother's Maiden Last Name ISACEK					
24. Informant's Name WALTER OPASIK		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 6937 WICKER AVENUE, HAMMOND, IN 46323					
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) INDIANA MEMORIAL AND CREMATION CENTER		25c. Location - City, Town, And State INDIANAPOLIS, IN					
26. Was Coroner Consulted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility INDIANA MEMORIAL & CREMATION SERVICE, INC, 3562 W. 10TH STREET, INDIANAPOLIS, IN 45222		27c. License Number (Of Licenses) FD08601616		27b. Funeral Home License Number: FH10900037			
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 Venous Thrombosis 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. SEPSIS B. WOUND INFECTION OF LEFT LOWER LEG C. FRACTURE OF RIGHT FEMUR AND LEFT TIBIA FIBULA D.		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 Venous Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Underlying Cause (Cause of Death) A. SEPSIS B. WOUND INFECTION OF LEFT LOWER LEG C. FRACTURE OF RIGHT FEMUR AND LEFT TIBIA FIBULA 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		Approximate Interval: Onset To Death	
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 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 type="checkbox"/> Injury <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year) 11/06/2011		35. Time Of Injury 09:00 AM		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Neighborhood, Visited Area) HOME		36a. Street & Number 6937 WICKER AVENUE		36c. Apt. No. 46323	
38. Location Of Injury - State INDIANA		38a. City Or Town HAMMOND		38b. Street & Number 6937 WICKER AVENUE		38c. Apt. No. 46323		38d. Zip Code 46323	
39. Describe How Injury Occurred FELL AT HOME WHEN SHE LOST HER BALANCE		40. Cause Of Injury (Check Only One) <input type="checkbox"/> Causing Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		41. License Number 01039626A		42. Date Certified 12/14/2011			
43. Name, Address And ZIP Code Of Person Certifying Cause Of Death: EMILY LOWELL GIESEL, 8450 N PAYNE RD, INDIANAPOLIS, IN 46268		43. Name, Address And ZIP Code Of Person Certifying Cause Of Death: EMILY LOWELL GIESEL, 8450 N PAYNE RD, INDIANAPOLIS, IN 46268		43. Name, Address And ZIP Code Of Person Certifying Cause Of Death: EMILY LOWELL GIESEL, 8450 N PAYNE RD, INDIANAPOLIS, IN 46268		43. Name, Address And ZIP Code Of Person Certifying Cause Of Death: EMILY LOWELL GIESEL, 8450 N PAYNE RD, INDIANAPOLIS, IN 46268			
44. Additional Funeral Service Provider: CR 3040004		45. Signature of Local Health Officer: VIRGINIA A CAINE, VIA ELECTRONIC SIGNATURE		45. For Registrar Only - Date Filed (Month/Day/Year) DEC 15 2011					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
49. 15-DEC-11 45: 12/14/2011 12:00:00 AM 2011/1/2/0 48: 12/14/2011 12:00:00 AM 49: 15-DEC-11 11/20/11/2011									

State Form 53365 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.