

# NOT AN OFFICIAL DOCUMENT

DULY ENTERED FOR TAXATION  
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

2024-51008  
04/03/2024 01:42 PM  
TOTAL FEE: 25.00  
BY: JAS  
PG #: 4  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

Apr 02 2024 LM

PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA )  
)  
) SS:  
COUNTY OF LAKE )  
Grantee's address & )  
SEND TAX BILLS TO: )  
Robert Groszek )  
Jennifer Groszek )  
541 Walnut Dr. )  
Schererville, IN 46375 )

### TRUSTEE'S DEED

THIS INDENTURE WITNESSETH, that John Waricka and Jody Schaaf, Successor Co-Trustees of The Robert J. Waricka Revocable Trust dated December 1, 1998, convey & warrant to GRANTEES, Jennifer Groszek and Robert Groszek, as Co-Trustees of the J&R Groszek Family Trust dated January 1, 2024, for & in consideration of the sum of One Dollar (\$1.00), the receipt whereof is hereby acknowledged, the following described Real Estate in Lake County in the State of Indiana, to-wit:

LOT "A", RESUBDIVISION OF LOT 1 OF LINCOLNSWOOD SUBDIVISION, IN THE TOWN OF SCHERERVILLE, AS SHOWN IN PLAT BOOK 36, PAGE 96, IN LAKE COUNTY, INDIANA.

PARCEL NO.: 45-11-16-179-016.000-036

Commonly Known As: 1995 Lincolnwood Drive Schererville, IN 46375

Subject to all covenants, conditions, restrictions, easements, right-of-way of record, all taxes, liens, assessments, and other matters of record.

The undersigned person(s) executing this deed on behalf of Grantor represent and certify that they are duly authorized and have been fully empowered by the trust document to execute and deliver this deed; that said trust is still in force and effect.

No legal opinion given to grantors or grantees regarding deed or legal description or form of holding ownership. All information used in preparation of document was supplied by title company.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in the document, unless required by law. Haridimos Kouklakis

2 of 3  
24BAR59689



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Jody aka Jody Warieka Schaaf 3/15/24

Jody Schaaf a/k/a Jody A. Warieka Schaaf as Successor Co-Trustee Date  
The Robert J. Warieka Revocable Trust  
dated December 1, 1998, Grantor

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public, personally appeared Jody Schaaf a/k/a Jody A. Warieka Schaaf as Successor Co-Trustee of The Robert J. Warieka Revocable Trust dated December 1, 1998, who swore to the truth of the representations contained herein and acknowledged the execution of the above to be his/her free and voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this 15th day of March, 2024.



Madilyn K. Maher  
Madilyn K. Maher, Notary Public  
Exp: 4/25/2030  
County: Lake  
Commission: NP0740759

See exhibit A for death cert

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Exhibit A

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **332259**

Local No <b>002924</b>			EDR No <b>000011401908</b>			State No <b>2022-039859</b>						
1 Decedent's Legal Name (if not Middle, Last) <b>Robert John Warneka</b>			2a Maiden Name (if female)			2 Gender <b>Male</b>		3 Time of Death <b>11:36 AM</b>		4 Date of Death (Month/Day/Year) <b>07/16/2022</b>		
5 Social Security Number <b>74</b>		6a Age - Yrs <b>74</b>		6b Under 1 Year Months <b>0</b>		6c Under 1 Month Days <b>0</b>		6d Under 1 Day Hours <b>0</b>		7 Date of Birth (Month/Day/Year) <b>03/19/1948</b>		
8 Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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									
9 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)			8a Birthplace (City and State or Foreign Country) <b>Gary, Indiana</b>									
11 Facility Name (if Not Institution, Give Street and Number) <b>Community Hospital Munster</b>												
12 City or Town, State, and Zip Code <b>Munster, Indiana 46521</b>						13 County of Death <b>Lake</b>			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				15a Last Name Before First Marriage				16 Decedent's Usual Occupation <b>Owner</b>		17 Kind Of Business/Industry <b>Restaurant</b>		
18 Residence - State <b>IN</b>			18a County <b>Lake</b>			18b City or Town <b>Schererville</b>			18d Apt. No.		18e Zip Code <b>46375</b>	
18c Street And Number <b>1995 Lincolnwood Road</b>			18f Trade City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19 Decedent's Education <b>Bachelor's degree (e.g. BA, AB, BS)</b>			20 Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino			
20 Decedent's Education			21 Decedent's Race <b>White</b>			22 Parent's Name (First, Middle, Last) <b>John Warneka</b>			23a Parent's Last Name Before First Marriage <b>Duchscher</b>			
24 Informant's Name <b>Jody Schaaf</b>			24a Relationship To Decedent <b>Daughter</b>			24b Mailing Address (Street And Number, City, State, Zip Code) <b>1004 W Frontenac Drive, Arlington Heights, IL, 60004</b>			25a Place Of Disposition <b>St. Michael Church Cemetery</b>			
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 Location - City, Town, and State <b>Schererville, IN</b>			26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27 Name And Complete Address Of Funeral Facility <b>Fagen-Miller Funeral Gardens, Inc.-Saint John 8580 Wicker Avenue, Saint John, Indiana, 46373</b>			
27a Funeral Home License Number <b>FH10200006</b>			27b Signature Of Indiana Funeral Service Licensee <i>Jody Schaaf</i>			27c License Number Of Licensee <b>FD20400030</b>			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 Venous/Arterial 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) <b>A. pancreatic cancer</b> <b>B. encephalopathy</b>  Sequential 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.</b> <b>D.</b>			
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 Venous/Arterial Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines, if Necessary.			28b Death Or All Contributing Cause			28c Approximate Interval - Onset To Death			28d Date Of All Contributing Cause			
28b Death Or All Contributing Cause			28c Approximate Interval - Onset To Death			28d Date Of All Contributing Cause			29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29 Was An Autopsy Performed?			30 Were Autopsy Findings Applicable 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 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			
31 Did Tobacco Use Contribute To Death?			32 If Female:			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)			
33 Manner Of Death			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)			
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			
36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37 Injury At Work?			38 Location Of Injury - State			38a City or Town			
37 Injury At Work?			38 Location Of Injury - State			38a City or Town			38b Street & Number			
38a City or Town			38b Street & Number			38c Apt. No.			38d Zip Code			
38b Street & Number			38c Apt. No.			38d Zip Code			39 Describe How Injury Occurred			
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)			
39 Describe How Injury Occurred			40 If Transportation Injury Specify:			41 Signature of Person Certifying Cause of Death <i>Joseph C. Legaspi</i>			42 Gender (Check Only One) <input checked="" type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both (Only if Transsexual)			
41 Signature of Person Certifying Cause of Death			42 Gender (Check Only One)			43 Name, Address And Zip Code Of Person Certifying Cause of Death <b>Joseph C. Legaspi 9445 calumet Avenue, Munster, IN 46321</b>			44 License Number <b>01059155A</b>			
43 Name, Address And Zip Code Of Person Certifying Cause of Death			44 License Number			45 Date Certified <b>07/19/2022</b>			46 Additional Funeral Service Provider			
44 License Number			45 Date Certified			46 Additional Funeral Service Provider			47 Date Filed (Month/Day/Year) <b>07/19/2022</b>			
46 Additional Funeral Service Provider			47 Date Filed (Month/Day/Year)			48 Signature of Local Health Officer: <i>Chandana Venkida</i>			49 For Registrar Only: Date Filed (Month/Day/Year)			
48 Signature of Local Health Officer:			49 For Registrar Only: Date Filed (Month/Day/Year)			AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			LAKE COUNTY HEALTH OFFICER			