BY: MA PG #: 3

RECORDER RECORDED AS PRESENTED

FILED

Jul 26 2024 RDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
´O,) SS:
COUNTY OF LAKE)

On this 26th day of July 2024, before me personally appeared Anna Maria Nowak, who being duly sworn on her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

Part of the East 5 acres of the Southeast 1/4 of the Southwest 1/4 of Section 28, Township 35 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as: Commencing at the Southwest corner of said 5 acre tract; thence East 87 feet; thence North 200 feet; thence West 87 feet; thence South 200 feet to the place of beginning, except the South 1 rod thereof for a road.

Parcel No.: 45-11-28-378-017.000-035

Commonly known as: 10450 W. 93rd Ave., St. John, IN 463

- 2. That said premises were formerly owned by Wayne W. Nowak and Anna Marie Nowak, husband and wife.
- 3. That said Wayne W. Nowak died on October 2, 2018, a resident of Lake County, Indiana, per the attached Death Certificate as Exhibit A.

FURTHER AFFIANT SAITH NOT.

NOT AN OFFICIAL DOCUMENT

IN WITNESS WHEREOF, Grantor has executed this Affidavit this 26th day of July 2024.

ANNA MARIE NOWAK

STATE OF INDIANA

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared Anna Marie Nowak who acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this 26th day of July 2024.

Richard A. Zunica

My commission expires: 8/31/2030

County of Residence: Porter

(SEAL)



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. Richard A. Zunica

This Instrument prepared by: Attorney Richard A. Zunica, 162 Washington St., Lowell, IN 46356, File No. 24-28643/ts

7/NOT: ANO OFFICIAL DOGUMENT

EXHIBIT A INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 173233 CERTIFICATE OF DEATH Local No. 903382 EDR No 000000668906 State No 049455 WAYNE WALTER NOWAK 10/02/2018 or Fareign Country Bc. Under 1 Month | Bd. Under 1 Day 01/23/1050 EAST CHICAGO IN 10s. If Death Oc ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing HomerLong-term Care Feolity ☐ Yes 図 No ☐ Unknown ☑ Impatient ☐ Emergency Department Outpatient ☐ Dead on A C Other (Special) 11. Facility Name (If Not Institution, Give Sweet and Number) COMMUNITY HOSPITAL 12. City Or Town, State, And Zip Code A Marin Steller At Time CV Contro 13 County Of Dear Married Married, But Separated Divorced Widowed Never Married Unknown MUNSTER, IN. 46321 Mr. Last Name Refore First Ma 16 Decedent's Usual Occupa 17 Kind Of Business Industry QUALITY ASSURANCE STEEL MILL ANNA MARIA NOWAK LAJCIN 18b. City Or Town 18a Court INDIANA SAINT JOHN LAKE 18d Act No 18e Zig Code Bif Invide City Limits? Yes No 10450 WEST 93RD AVENUE 46373 20 Decedent Of Hispanic Origin 21. Decedent's Race 10 Decedent's Educi SOME COLLEGE CREDIT, BUT NOT A NOT HISPANIC DEGREE White 23. Parent's Name (First, Middle, Lest) 23a Parent's Last Name Refore First Mamage WALTER S NOWAK FRANCES NOWAK 24b Mailing Address (Street And Number, City, State, 7to Code: 24s, Relationship To De 10450 WEST 93RD AVENUE, SAINT JOHN, IN 46373 ANNA MARIA NOWAK SPOUSE 25a Method Cf Disposition 165 Place OUNE 25c Location - Cay Town And State ☐ Bonti ☑ Cremation ☐ Consten ☐ Entembrise Removal From State HEIGHTS CREMATORY CHICAGO HEIGHTS, IL 27 Name and Complete Andress Of Funeta FH10900001 CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311 27b. Signature Cf Indiana Funcral S CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE FD20700033 Cause Of Death (See Instructions Interval: Onset To Death Approximate 28. Part L Enfor The Chain Of Everys - Diseases, Injuries, Or Complications - That Overetty Coused The Death. Do Not pirities. Such as Cardiac Arrest, Respiratory Arrest, Or Vertricular Fibrillation Without Showing The Etiology, Do Not Abbreviate, Brite Albie Add Additional Lines if Nocessary. FINIS IS A TRUE COPY OF ON DINE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT Immediate Cause (Final Disease Or Condition Resulting In Death) A WEST NILE VIRUS NEURO INVASIVE ENGEPHALITIS 061 B WEST NILE FLACCID PARALYS

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 C MYASTHENIC CRISIS D AGRENAL SUPPRESSION
Peri II: Emer Other Standgern Conditions Commission to Death But Not Resulting in The Underlying Cause Given in Part Was LAKE COUNTY HEALTHOUGHOED No. TI Yes TI No ACUTE RESPIRATORY FAILURE ☑ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation Net Program (Mills Park Year | Program A) Tone Of Death | Mill Program & But Program ☐ Yes ☐ Probably ☑ No ☐ Unknown Suicide Cauld Not Ba Dea Kel Pregnant, But Pergnant 40 Copy In 1 year Before Goots 35 Time Of Injury 34. Date Of Injury (Month/Day/Year) Yes No 38 Location Of Injury - State 188 City Or Town 38b Syeet & Number 39 Describe How Injury Occurred NOT VALID UNLESS 41 Signature, Of Person Certifying Cause Of Death 42 Center (Check Only One)

Contributing Physician Co ELEAZAR CALERO, BY ELECTRONIC SIGNATURE ELEAZAR CALERO , 7017 INDIANAPOLIS BLVD., HAMMOND, IN 46324 01072091B 10/09/2018 45 Addition Funeral Service 19. For Registrar Only - Date Filed (Month Cov/Year 48 Signature of Local Health Office OCT 10 2018 CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) State Form 53395 ATTENTION ESTATE. The Social Security # is being requested by this state appropriate increases the pursue responsibility. Disclosure is voluntary and RAISED (SEA) rAFFIXED.