

FILED

Sep 24 2024 EP
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Phyllis A. Kwiecien, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Frank S. Kwiecien, and that Frank S. Kwiecien and Phyllis A. Kwiecien were married on the date that they acquired Cedar Lake, as marked and laid down on the recorded plat of said Addition, as recorded in the Recorder's Office of Lake County, Indiana, as shown in Plat Book 11, page 17.

All Lots 37, 38, 39 and 40 in Block 4, Plat "F" of the Shades Addition to Cedar Lake, as marked and laid down on the recorded plat of said Addition, as recorded in the Recorder's Office of Lake County, Indiana, as shown in Plat Book 11, page 17.

Commonly known as 13325-13331 Edison Street, Cedar Lake, IN 46303

TAX KEY NO(S): 45-15-26-205-013.000-043; 45-15-26-205-012.000-043; 45-15-26-205-011.000-043; and 45-15-26-205-010.000-043

2. The marital relationship which existed between Frank S. Kwiecien and Phyllis A. Kwiecien continued unbroken from the time they so acquired title to said real estate until the death of Frank S. Kwiecien on April 12, 2022 at which time Phyllis A. Kwiecien acquired title as surviving tenant by the entirety.

3. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his/her records.

AFFIANT FURTHER SAYETH NOT.

Phyllis A. Kwiecien
Phyllis A. Kwiecien, Affiant



Before me, a Notary Public in and for said County and State personally appeared Phyllis A. Kwiecien, who acknowledged the execution of the foregoing Affidavit of Survivorship.

WITNESS my hand and Notarial Seal this 18th day of SEPTEMBER, 2024.

Notary Public: Jennifer C. Waters
Commission Expires: September 20, 2025
Commission No.: 4PC703616
County of Residence: Lake



MAIL TAX BILLS TO: Phyllis A. Kwiecien

855 Carol St. Crown Point, IN 46307
855 Carol St. Crown Point, IN 46307

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF, #5575-56 Attorney at Law 325 N. Main Street, Crown Point, IN 46307 (219) 662-2977.

FILE NO.: IN-24-69449-02

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.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Phyllis A. Kwiecien, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Frank S. Kwiecien, and that Frank S. Kwiecien and Phyllis A. Kwiecien were married on the date that they acquired title as husband and wife to certain real estate by deed recorded on July 26, 1977 as Document No. 419524 in the Office of the Recorder of Lake County, Indiana, more particularly described as follows, to-wit:

All Lots 37, 38, 39 and 40 in Block 4 , Plat "F" of the Shades Addition to Cedar Lake, as marked and laid down on the recorded plat of said Addition, as recorded in the Recorder's Office of Lake County, Indiana, as shown in Plat Book 11, page 17.

Commonly known as 13325-13331 Edison Street, Cedar Lake, IN 46303

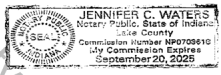
TAX KEY NO(S): 45-15-26-205-013.000-043; 45-15-26-205-012.000-043; 45-15-26-205-011.000-043; and 45-15-26-205-010.000-043

2. The marital relationship which existed between Frank S. Kwiecien and Phyllis A. Kwiecien continued unbroken from the time they so acquired title to said real estate until the death of Frank S. Kwiecien on April 12, 2022 at which time Phyllis A. Kwiecien acquired title as surviving tenant by the entireties.

3. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his/her records.

AFFIANT FURTHER SAYETH NOT.

Phyllis A. Kwiecien
Phyllis A. Kwiecien, Affiant



Before me, a Notary Public in and for said County and State personally appeared Phyllis A. Kwiecien, who acknowledged the execution of the foregoing Affidavit of Survivorship.

WITNESS my hand and Notarial Seal this 19th day of SEPTEMBER, 2024.

Notary Public: Jennifer C. Waters
Commission Expires: September 20, 2025
Commission No.: NP0703616
County of Residence: Lake



MAIL TAX BILLS TO: Phyllis A. Kwiecien

855 CAROL ST. CROWN POINT, IN 460307
855 CAROL ST. CROWN POINT, IN 460307

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF, #5579-56 Attorney at Law 325 N. Main Street, Crown Point, IN 46037 (219) 662-2977.
FILE NO.: IN-24-69448-02
I affirm, under penalties for perjury, that I have taken reasonable care to reduce each Social Security Number in this document, unless required by law:

[Handwritten Signature]

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **324157**

Local No 001886

EDR No 000011272430

State No 2022-025001

1. Decedent's Legal Name (First, Middle, Last) Frank Stanley Kwiecien Jr.				1a. Maiden Name (If female)		2. Gender Male		3. Time of Death 10:40 AM		4. Date of Death (Month/Day/Year) 04/12/2022	
5. Social Security Number 81		6a. Age - Yrs 81		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 05/03/1940	
8. Birthplace (City and State or Foreign Country) East Chicago, Indiana		9. 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										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) Franciscan Health Crown Point											
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307						13. County Of Death Lake			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. Surname (Suzer's Name) Phyllis A Kwiecien				15a. Last Name Before First Marriage Tanzabel				16. Decedent's Usual Occupation Chef		17. Kind Of Business/Industry Food	
18. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point		18c. Apt. No.		18e. Zip Code 46307		18f. Inco City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 855 Carol Drive		19. Decedent's Education Associate's degree (e.g AA, AS)									
20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino				21. Decedent's Race White				22. Parent's Name (First, Middle, Last) Busia Hattie Kwiecien		22a. Parent's Last Name Before First Marriage Kernowski	
23. Parent's Name (First, Middle, Last) Frank Stanley Kwiecien				24. Informant's Name Phyllis A Kwiecien				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 855 Carol Drive, Crown Point, IN 46307	
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):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Kuiper Funeral Home				25c. Location - City, Town, And State Highland, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Chapel Lawn Funeral Home And Memorial Gardens 8178 S. Cline Ave., Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH19800051			
27b. Signature Of Indiana Funeral Service Licensee: <i>Jarell Springfield</i>				27c. License Number Of Licensee: FD22100031				27d. License Number Of Licensee: FD22100031			
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. Immediate Cause (Final Disease Or Condition Resulting In Death)										Approximate Interval: Onset To Death	
A. Severe sepsis with acute renal failure								54 hours			
B. Obstructive uropathy with bilateral hydronephrosis								2-3 months			
C. Bladder cancer								2 years			
D.											
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in the Underlying Cause Given in Part I										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 type="checkbox"/> No											
31. Confirm measures at time of death											
31a. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				31b. 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				31c. 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)				35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Winter Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State				38a. City Or Town		38b. Street & Number				38c. Apt. No.	
38c. 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: <i>Spencer Joel Markowitz</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Refill Official				43. Date Certified 04/18/2022			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Spencer Joel Markowitz 300 N Main Street D, Crown Point, IN 46307				44. License Number 01048970A				45. Date Certified 04/18/2022			
46. Additional Funeral Service Provider:				47. Anax				48. For Registrar Only - Date Filed (Month/Day/Year) 04/29/2022			
48. Signature of Local Health Officer: <i>Chandana Varidala</i>				49. For Registrar Only - Date Filed (Month/Day/Year)				50. For Registrar Only - Date Filed (Month/Day/Year)			