

## FILED

Oct 28 2024 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

### AFFIDAVIT OF SURVIVORSHIP

Property Address: 9031 Woodward, Highland, IN 46322  
Property County: Lake  
Property ID No.: 45-07-29-209-003.000-026

**John Matulewicz**, of adult age, being first duly sworn, upon deposes and says:

That **John Matulewicz**, is the husband of **Monicka Matulewicz**, deceased, who died on September 8, 2022 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife, acquired title to the following described real estate located in Lake County, Indiana to wit:

#### **LOT 9, SLIGER ACRES, AS SHOWN IN PLAT BOOK 23, PAGE 52, IN LAKE COUNTY, INDIANA.**

and hereinafter sometimes called "the Real Estate" for convenience by a Trustee's Deed from Peoples Bank, a federal savings bank, as Trustee under the provision of a Trust Agreement dated March 12, 1992 and known as Trust No. 11228100 recorded June 15, 1994 as Document No. 94044699 in the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **John Matulewicz**, surviving spouse of the decedent.

Further, Affiant sayeth not.

# NOT AN OFFICIAL DOCUMENT

*John Matulewicz*  
John Matulewicz

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **John Matulewicz** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 25<sup>th</sup> day of October, 2024.

6-26-2030  
My Commission Expires:

Commission No. \_\_\_\_\_  
Lake Indiana  
Notary Public County and State of Residence

*Deborah J Bridges*  
Signature of Notary Public  
Deborah J Bridges  
Printed Name of Notary



This instrument was prepared by:  
Casey S. Collins, Attorney-at-Law #36382-48  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

**Property Address:**  
9031 Woodward  
Highland, IN 46322

**Grantee's Address and Mail Tax Statements To:**  
9012 Cottage Grove Ave  
Highland IN 46322

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. Casey S. Collins



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **338153**

Local No 003627

EDR No 00001429023

State No 2022-050321

1. Decedent's Legal Name (First, Middle, Last) <b>Monicka Therese Matulewicz</b>		19. Maiden Name (If Female)		2. Gender <b>Female</b>		3. Time of Death <b>10:05 AM</b>		4. Date Of Death (Month/Day/Year) <b>09/08/2022</b>	
5. Social Security Number <b>55</b>		6a. Under 1 Year Months		6b. Under 1 Month Days		6c. Under 1 Day Hours		6d. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) <b>09/18/1966</b>		8. Birthplace (City and State or Foreign Country) <b>East Chicago, Indiana</b>							
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"/> 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 checked="" 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) <b>9031 Woodward Avenue</b>			
12. City Or Town, State, And Zip Code <b>Highland, Indiana 46322</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		17. Kind Of Business/Industry <b>Medical</b>	
15. Surviving Spouse's Name <b>John</b>		15a. Last Name Before First Marriage <b>Matulewicz</b>		16. Decedent's Usual Occupation <b>Registered Nurse</b>		17. Kind Of Business/Industry <b>Medical</b>			
19. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Highland</b>		18c. Apt. No.		18d. Zip Code <b>46322</b>	
18c. Street And Number <b>9031 Woodward Avenue</b>		18d. Apt. No.		18e. Zip Code <b>46322</b>		18f. Inside 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 <b>Not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>					
22. Parent's Name (First, Middle, Last) <b>Edward B. Kondrat</b>		23. Parents Name (First, Middle, Last) <b>Biyanka Juhanita Kondrat</b>		23a. Parent's Last Name Before First Marriage <b>Wadasehka</b>					
24. Informant's Name <b>John Matulewicz</b>		24a. Relationship To Decedent <b>Husband</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9031 Woodward Avenue, Highland, IN</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. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Calumet Park Cemetery</b>		25c. Place Of Disposition <b>Merrillville, IN</b>		25d. Location - City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Solan-Pruzin Funeral Service Inc. Dba Solan-Pruzin 14 Kennedy Avenue, Schererville, Indiana, 46375</b>		27a. Funeral Home License Number: <b>FH10200037</b>		27c. License Number (Of Licenses): <b>F029600100</b>			
27b. Signature Of Indiana Funeral Service Licensee: <i>John S Pruzin Jr</i>		Electronically Signed		27c. License Number (Of Licenses): <b>F029600100</b>					
Cause of Death (See Instructions And Examples)									
29. 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 Or Line A. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. <b>Cardiorespiratory Arrest</b>									
B. <b>Coronary Spasm</b>									
C. <b>Atherosclerosis</b>									
D. <b>Hypertension</b>									
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									
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 This Certificate Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown									
32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within Past Year <input type="checkbox"/> Unknown If Pregnant Within Past Year									
33. Date Of Injury (Month/Day/Year)									
34. Time Of Injury									
35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)									
36. Location Of Injury - State									
36a. City Or Town									
36b. Street & Number									
36c. Apt. No.									
36d. Zip Code									
39. Describe How Injury Occurred									
40. If Transportation Injury, Specify: <input type="checkbox"/> When Operating <input type="checkbox"/> When Not Operating									
41. Signature, Of Person Certifying Cause Of Death: <i>John Hoehn</i>									
42. Certifier (Check Only One): <input checked="" type="checkbox"/> Conflicting Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>John Hoehn 505 W Lincoln Hwy, Schererville, IN 46375</b>									
44. License Number <b>02000872</b>									
45. Date Certified <b>09/12/2022</b>									
46. Additional Funeral Service Provider:									
47. FAX#:									
48. Signature of Local Health Officer: <i>Chandana Varshada</i>									
49. For Registrar Only - Date Filed (Month/Day/Year): <b>09/12/2022</b>									
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

# NOT AN OFFICIAL DOCUMENT

## EXHIBIT "A"

Property Address: 9031 Woodward, Highland, IN 46322  
File No.: 24-22596

Lot 9, Sliger Acres, as shown in Plat Book 23, Page 52, in Lake County, Indiana.

The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

Property of Lake County Recorder