

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2024-035534

STATE OF INDIANA
LAKE COUNTY

3:04 PM 2024 Dec 18

RECORDED AS PRESENTED

9

DEVOLUTION AFFIDAVIT FOR TRANSFER OF REAL PROPERTY
PURSUANT TO INDIANA CODE 29-1-7-23

PHILLIP MIERZWA ("Affiant") being first duly sworn upon his oath, deposes and says:

1. That the Affiant is an adult surviving stepson of MARY E. MIERZWA and surviving biological son of EUGENE L. MIERZWA.

2. EUGENE L. MIERZWA and MARY E. MIERZWA acquired ownership of the following described Real Estate as tenants by the entireties, pursuant to a Quit Claim Deed recorded in March 2001 as Document Number 2001-022788 in the Office of the Recorder of Lake County, Indiana:

Unit No. 203, 321 Deerpath Drive, in Deerpath Estates, a Phase Two-A, a Horizontal Property Regime, as per Declaration recorded February 5, 1980 as Document No. 572045 and amended by Instrument recorded November 4, 1981 as Document No. 649610 and re-recorded November 19, 1981 as Document No. 651214 in the Office of the Recorder of Lake County, Indiana together with a 1.3263% Undivided interest in the common areas and limited common areas appertaining thereto.

Commonly Known As: 321 Deerpath Drive, #203, Schererville, IN 46375
Parcel Number: 45-11-15-385-051.000-036

Such real estate shall be referred to in this Affidavit as the "Real Estate".

3. MARY E. MIERZWA died on APRIL 7, 2022 while domiciled in Lake County, Indiana thus leaving her husband, EUGENE L. MIERZWA, as surviving spouse/tenant by the entirety and sole owner of the Real Estate. (See Mary E. Mierzwa Certificate of Death, attached as Exhibit "A")

4. That EUGENE L. MIERZWA passed away on OCTOBER 29, 2024 (See Eugene L. Mierzwa Certificate of Death, attached as Exhibit "B").

5. The Last Will and Testament ("Will") of EUGENE L. MIERZWA was probated and spread of record in the Lake Superior Court on the 12th day of NOVEMBER, 2024, under Cause No. 45D02-2411-EM-203. (See Order of Probate Without Administration and Will, attached as Exhibits "C" and "D").

25-
6893
D

FILED

DEC 18 2024

NOT AN OFFICIAL DOCUMENT

5. Pursuant to Article III of EUGENE L. MIERZWA's Will, the Real Property was given in full to his surviving sons, in equal, 25% undivided shares, as tenants in common, as follows:

- a. PHILLIP MIERZWA (Adult Son/Personal Representative), 1030 James Pass, New Lenox, IL 60451;
- b. GREGORY MIERZWA (Adult Son) 200 N. Wiggs, Griffith, IN 46319;
- c. MARK MIERZWA (Adult Son) 323 W. 128th Avenue, Crown Point, IN 46307;
- d. KEITH MIERZWA (Adult Son) 12812 Dunmoor Drive, Lemont, IL 60439.

6. Pursuant to *Indiana Code 29-1-7-23*, when EUGENE L. MIERZWA died, the Real Estate passed to the persons to whom it was devised by his Will, subject to the power of a personal representative to divest ownership under the requirements of *I.C. 29-1-7-15.1*.

7. Because no Letters Testamentary will be issued to a Personal Representative for EUGENE L. MIERZWA's Estate, Ownership of the Real Estate is now vested indefeasibly as follows:

- a. Phillip Mierzwa - 25% undivided interest as tenant in common
- b. Gregory Mierzwa - 25% undivided interest as tenant in common;
- c. Mark Mierzwa - 25% undivided interest as tenant in common;
- d. Keith Mierzwa - 25% undivided interest as tenant in common.

8. The estate of EUGENE L. MIERZWA was not subject to federal estate tax.

10. To the best of the affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the Real Estate, to obviate any problem concerning Federal Estate Tax, and *to induce the Auditor of Lake County, Indiana, to transfer ownership of the Real Estate to:*

- a. Phillip Mierzwa - 25% tenant in common
- b. Gregory Mierzwa - 25% tenant in common;
- c. Mark Mierzwa - 25% tenant in common;
- d. Keith Mierzwa - 25% tenant in common.

(INTENTIONALLY BLANK)

NOT AN OFFICIAL DOCUMENT

In Witness Whereof, PHILLIP MIERZWA has executed this Affidavit on this 16th day of December, 2024.

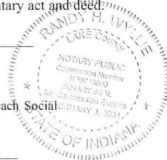

PHILLIP MIERZWA

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 16 day of December, 2024, personally appeared **PHILLIP MIERZWA**, who swore, affirmed and acknowledged his/her execution of the foregoing Affidavit as his/her voluntary act and deed.

My Commission Expires: 2-9-2031
County of Residence: Lake


Notary Public



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.


Randy H. Wyllie, Attorney # 17621-64

This Instrument Prepared By: Randy H. Wyllie, Attorney at Law, 429 West Lincoln Highway, Schererville, IN 46375, (219) 865-7404, at the specific request of the affiant/owner and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by the owner's execution of this document.

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 322108
CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last) Mary E Mierzwa		1a. Maiden Name (if female) Ort		2. Gender Female		3. Time of Death 05:00 AM		4. Date of Death (Month/Day/Year) 04/07/2022	
5. Social Security Number [REDACTED]		6a. Age - Yrs 86		6b. Under 1 Year Month: _____ Days: _____		6c. Under 1 Month Hours: _____		7. Date of Birth (Month/Day/Year) 12/08/1935	
8. Birthplace (City and State or Foreign Country) Chicago, Illinois		9. Events 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		10b. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility		11. Facility Name (If Not Institution, Give Street and Number) Munster Med-Inn	
12. City or Town, State, and Zip Code Munster, Indiana 46321			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. Surviving Spouse's Name Eugene Mierzwa		16a. Last Name Before First Marriage Mierzwa		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home			
18. Residence - State IN		18a. County Lake		18b. City or Town Schererville		18c. Apt. No. 203		18d. Zip Code 46375	
18e. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Some college, but no degree		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White		22. Parents Name (First, Middle, Last) Unknown Ort	
23. Parents Name (First, Middle, Last) Unknown Ort		23a. Parents Last Name Before First Marriage Unknown		24. Informant's Name Eugene Mierzwa		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 321 Deerpath Drive 203, Schererville, IN, 46375	
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) Community Cremation Services		25c. Place Of Disposition Schererville, IN		25d. Location - City, Town, And State		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27a. Signature Of Indiana Funeral Service Licensee: Rafael A Santos		27b. License Number (Of Licensee) FD20800067		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 Vascular Failure Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death. Electronically Signed		28a. Cause Of Death (See Instructions And Examples) cerebral vascular accident		28b. Months From Cause Of Death 0	
28c. Immediate Cause (Final Disease Or Condition Resulting In Death) cva anterior left corpus striatum lacunar infarct		28d. 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: chronic lacunar infarcts and global parganglial atrophy		28e. Months From Underlying Cause 0		28f. Months From Underlying Cause 0		28g. Months From Underlying Cause 0	
29. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I		30. Was An Autopsy Performed? <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"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown If Pregnant Within Past Year		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)		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		38. Apt. No.	
38a. Location Of Injury - State		38b. City Or Town		38c. Street & Number		38d. Zip Code		39. Describe How Injury Occurred	
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS		41. Signature, Of Person Certifying Cause Of Death: Paula Abrinko		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Medical Professional <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Paula Abrinko 1534 119th 1534 119th Street, Whiting, IN 46394		44. License Number 01C45486A	
45. Date Certified 04/12/2022		46. Signature of Local Health Officer: Chandana Vastala		47. Health Officer Chandana Vastala		48. Date Certified 04/12/2022		49. For Registrar Only - Date Filed (Month/Day/Year) 04/12/2022	

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Exhibit "A"

RAISED SEAL AFFIXED



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 420016

Local No 003929

EDR No 00001795927

State No 2024-057445

1. Decedent's Legal Name (First, Middle, Last) Eugene L. Mierzwa		1a. Maiden Name (if female)		2. Gender Male	3. Time Of Death 10:08 AM	4. Date Of Death (Month/Day/Year) 10/29/2024	
5. Social Security Number [REDACTED]	6a. Age - Yrs 94	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 10/09/1930	
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		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)		8. Birthplace (City and State or Foreign Country) Chicago, Illinois	
11. Facility Name (if Not Institution, Give Street and Number) Methodist Hospital Inc-Slake Campus							
12. City Or Town, State, And Zip Code Merrillville, Indiana 46410				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. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Sales		17. Kind Of Business/Industry Business	
18. Residence - State IN		18a. County Lake		18b. City Or Town Schererville		18d. Apt. No. Apt 203	
18c. Street And Number 321 Deerpath Drive		18e. Zip Code 46375		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parents Name (First, Middle, Last) Joseph P. Mierzwa			23. Parents Name (First, Middle, Last) Clara R.			23a. Parents Last Name Before First Marriage Janicki	
24. Informant's Name Keith Mierzwa		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 12812 Durmoor Drive, Lemont, IL, 60439			
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) Abraham Lincoln National Cemetery		25c. Location - City, Town, And State Elwood, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Memory Lane Cemetery And Funeral Home Chapel 6305 W Lincoln Highway, Crown Point, Indiana, 46307			27a. Funeral Home License Number: FH11100003		
27b. Signature Of Indiana Funeral Service Licensee: Raquel A Santos		27c. License Number (Of Licensee): FD20800067		27d. License Number (Of Licensee): FD20800067		27e. License Number (Of Licensee): FD20800067	
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions Without Showing The Etiology, Do Not Abbreviate. Enter Only One Cause Per Line. Add Additional Lines If Necessary. Electronically Signed THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT							
28a. Immediate Cause (Final Disease Or Condition Resulting In Death)		A. sepsis		28b. days		Approximate Interval: Onset To Death	
28b. 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		B. sacral ulcer		28b. weeks			
		C. coronary heart disease		28b. years			
		D. hypertension		28b. years			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I congestive heart failure							
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 While The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown If Cause Not Determined		33. days	
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	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. Zip Code	
39. Describe How Injury Occurred							
41. Signature, Of Person Certifying Cause Of Death: Rakesh N. Parikh				42. Certifier (Check One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Date Certified 11/07/2024	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Rakesh N. Parikh 5490 Broadway Street 106, Merrillville, IN 46410				44. License Number 01043296A		45. Date Certified 11/07/2024	
46. Additional Funeral Service Provider:				47. Death Date 11/07/2024		48. Date Filed (Month/Day/Year) 11/07/2024	
45. Signature of Local Health Officer: Chandana Varivila				49. For Registrar Only - Date Filed (Month/Day/Year) 11/07/2024		49. For Registrar Only - Date Filed (Month/Day/Year) 11/07/2024	

Exhibit "B"

RAISED SEAL AFFIXED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
SITTING AT EAST CHICAGO, IN
CAUSE NO.

Filed in Open Court
November 12, 2024

IN THE MATTER OF THE SUPERVISED)
ADMINISTRATION OF THE ESTATE OF:)
EUGENE L. MIERZWA, DECEASED.)

CLERK LAKE SUPERIOR COURT

CH

ORDER OF PROBATE OF WILL WITHOUT ADMINISTRATION
(Will Spread of Record)

Comes now PHILIP MIERZWA, having filed his verified Petition for the Probate of Decedent's Will Without Administration, which petition is in the words and figures following, to-wit:

Further, there is now produced in Open Court and submitted to the Court an instrument in writing purporting to be the Last Will and Testament of EUGENE L. MIERZWA. That said Last Will and Testament of the decedent was a will executed in all respects according to law with proper acknowledgment and verification thereof. Such instrument, petition and written testimony are now submitted to the Court and the Court having examined the same, having heard evidence and being duly advised now finds that:

1. That such decedent died on or about the 29th day of OCTOBER, 2024, and at the time of such death was domiciled in Lake County, Indiana.
2. That such written instrument purporting to be such decedent's Last Will and Testament was duly executed in all respects according to law, has been duly proved, is the Last Will and Testament of such decedent, and is entitled to be admitted to probate in such County, and that such will, written testimony and Petition read as follows:

(H.I.)

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that the written instrument purporting to be the Last Will and Testament of EUGENE L. MIERZWA be and it is hereby admitted to probate and spread of record as such.

All of which is **ORDERED** this date: November 12, 2024



JUDGE, LAKE SUPERIOR COURT

Exhibit "C"

LAST WILL
AND
TESTAMENT
OF

EUGENE L. MIERZWA

I, **EUGENE L. MIERZWA**, presently of Lake County, Indiana, declare this to be my Last Will and Testament and I revoke all other wills and codicils that I have made.

ARTICLE I

All my debts, expenses of my last illness, funeral expenses, expenses of administering my estate, and all estate, inheritance or other taxes which may be assessed or imposed with respect to my estate, or any part thereof, shall be paid out of my residuary estate as an expense of administration and without apportionment, and shall not be pro-rated or charged against any of the other gifts in this Will or any property not passing under this Will.

ARTICLE II

I give all of my personal and household effects and the like not otherwise effectively disposed of, such as clothing, furniture, furnishings, silver, books, pictures, automobiles and jewelry to my sons, namely, **GREGORY MIERZWA**, **MARK MIERZWA**, **PHILLIP MIERZWA** and **KEITH MIERZWA**, in substantially equal shares, if they survive me. If any son of mine shall predecease me, said predeceased son's share of said items shall pass to his surviving children who survive me, in substantially equal shares.

ARTICLE III

I direct that my entire residuary estate be given to sons, namely, **GREGORY MIERZWA**, **MARK MIERZWA**, **PHILLIP MIERZWA** and **KEITH MIERZWA**, in substantially equal shares, if they survive me. If any son of mine shall predecease me, said predeceased son's share of my residuary estate shall pass to his surviving children who survive me, in substantially equal shares.

Exhibit "D"

ARTICLE IV

I hereby nominate and appoint PHILLIP MIERZWA to act as Personal Representative herein. That in the event said Personal Representative is unable to serve, for whatever reason, I then nominate and appoint KEITH MIERZWA to act as Personal Representative. In the event he is unable to serve, for whatever reason, I then appoint, GREGORY MIERZWA. Finally, I direct that my Personal Representative shall serve without having to post a bond.

ARTICLE V

I hereby empower my Personal Representative with all the powers and discretion with respect to my estate during administration as outlined under the Indiana Code, including the power to sell real or personal property at public or private sales for any purpose, to be exercised without court order.

IN WITNESS WHEREOF, I have signed this, my Last Will and Testament, consisting of THREE (3) typewritten pages, on this 9th day of August, 2024.

Eugene L. Mierzwa
EUGENE L. MIERZWA

We, the undersigned, attesting witnesses, do hereby attest that EUGENE L. MIERZWA, signed the above and foregoing instrument in our presence, declaring it to be his Last Will and Testament, and that we, at his request and in his presence and in the presence of each other have hereunto affixed our signatures as attesting witnesses.

Ruth A.
WITNESS

429 W. Lincoln Hwy. Schererville, IN
ADDRESS

Christina Long
WITNESS

4722 Arthur St Gary, IN
ADDRESS

UNDER THE PENALTIES FOR PERJURY, we, EUGENE L. MIERZWA, Ruth A. Long and Christina Long the Testator and the witnesses respectively, whose names are signed to the attached or foregoing instrument declare:

- 1. That the Testator executed this instrument as his Will;
2. That, in the presence of both witnesses, EUGENE L. MIERZWA, signed or acknowledged his signature, already made or directed another to sign for him in his presence;
3. That EUGENE L. MIERZWA executed the Will as his free and voluntary act for the purposes expressed in it;

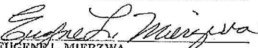
NOT AN OFFICIAL DOCUMENT

PAGE THREE

4. That each of the witnesses, in the presence of the Testator and of each other, signed the Will as witnesses;

5. That the Testator was of sound mind; and

6. That to the best of our knowledge, the Testator was at the time eighteen (18) or more years of age or was a member of the armed forces or of the merchant marines of the United States or its allies.


EUGENE L. MIERZWA

WITNESS

WITNESS

Property of Lake County Recorder