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BT/1200931  
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AFFIDAVIT TO TERMINATE LIFE ESTATE

On this 28<sup>th</sup> February, 2013 before me personally appeared Christopher Arges to me personally known, who being duly sworn on oath did say that:

CHICAGO TITLE INSURANCE COMPANY

1. Affiant resides at the address given below affiant's signature: 2605 S. Indiana Avenue, #1304, Chicago, IL 60616.
2. Affiant is Grandson of Owner.
3. Said Leroy C. Gile died on 9-16-12.
4. The legal description of the premises in question is:

Tax Key No.: 45-07-29-232-010.000.026

Apartment C-1 in Chateau Vincennes, a Horizontal Property Regime, as created by declaration recorded January 7, 1974 as Document No.234949, and in Plat Book 41, Page 68 and in Plat book 44 page 22, and amended by First Amendment to declaration of condominium recorded March 14, 1980 as Document No. 577241, in the Office of the Recorder of Lake County, Indiana, together with the undivided interest in the limited and common areas and facilities appertaining thereto.

Commonly known as: 2214 Bordeaux Walk, Unit 1C, Highland, IN 46322

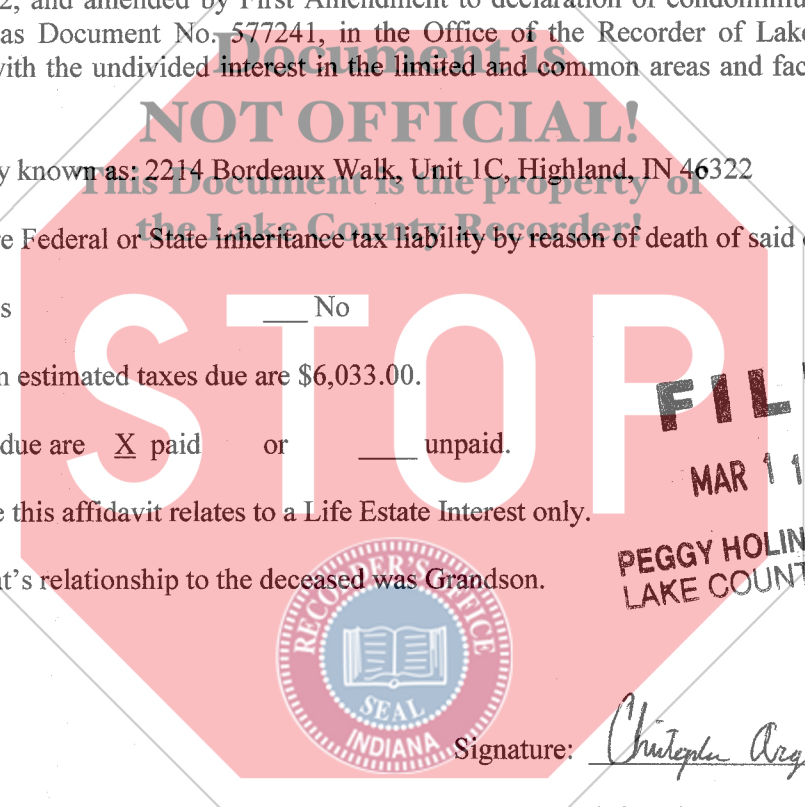
5. Is there Federal or State inheritance tax liability by reason of death of said decedent?

Yes  No

If yes, then estimated taxes due are \$6,033.00.

The taxes due are  paid or  unpaid.

6. Where this affidavit relates to a Life Estate Interest only.
7. Affiant's relationship to the deceased was Grandson.



Signature: Christopher Arges

Name: Christopher Arges

Address: 2605 S. Indiana Avenue, #1304  
Chicago, IL 60616

001354

2013 018672

MICHAEL B. BRADY  
RECORDER

2013 MAR 13 AM 9:55

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

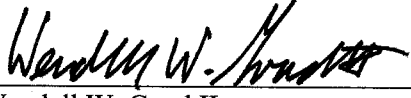
FILED  
MAR 11 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

\$16  
CT  
C  
NON  
CONF

**AFFIRMATION**

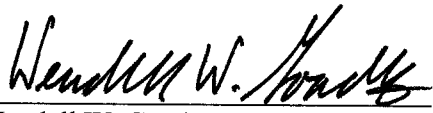
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

  
Wendell W. Goad II

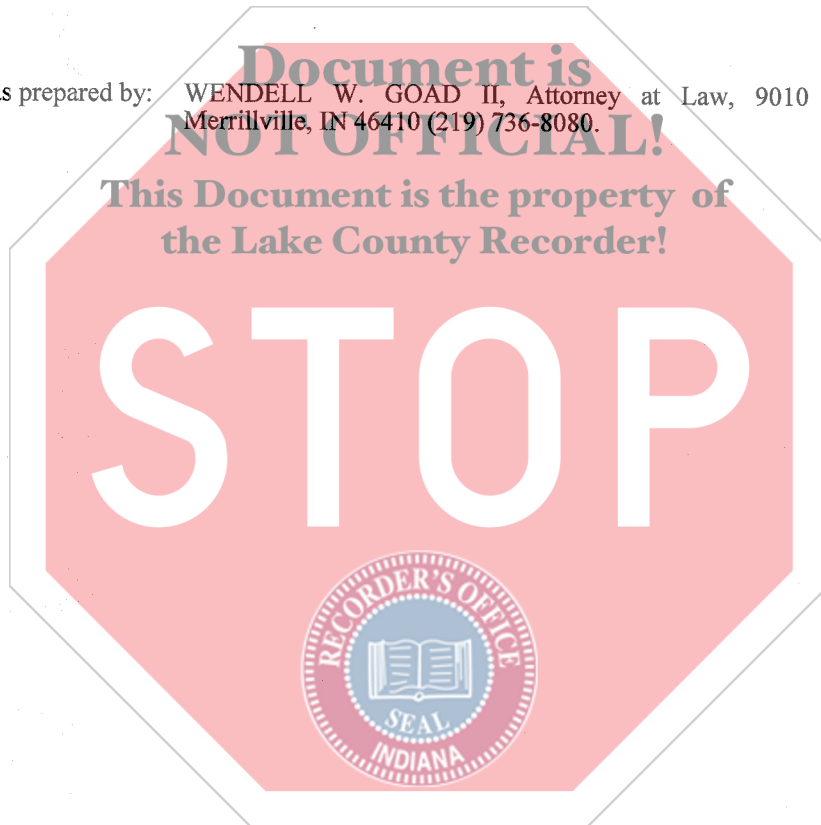
The foregoing Affidavit to Terminate Life Estate was acknowledged before me on February 25, 2013, by CHRISTOPHER ARGES.

GIVEN under my hand and Notarial Seal on February 25, 2013.

My Commission Expires:  
03/26/17

  
Wendell W. Goad II, Notary Public  
Resident of Lake County, Indiana

This Document was prepared by: WENDELL W. GOAD II, Attorney at Law, 9010 Connecticut Drive,  
Merrillville, IN 46410 (219) 736-8080.



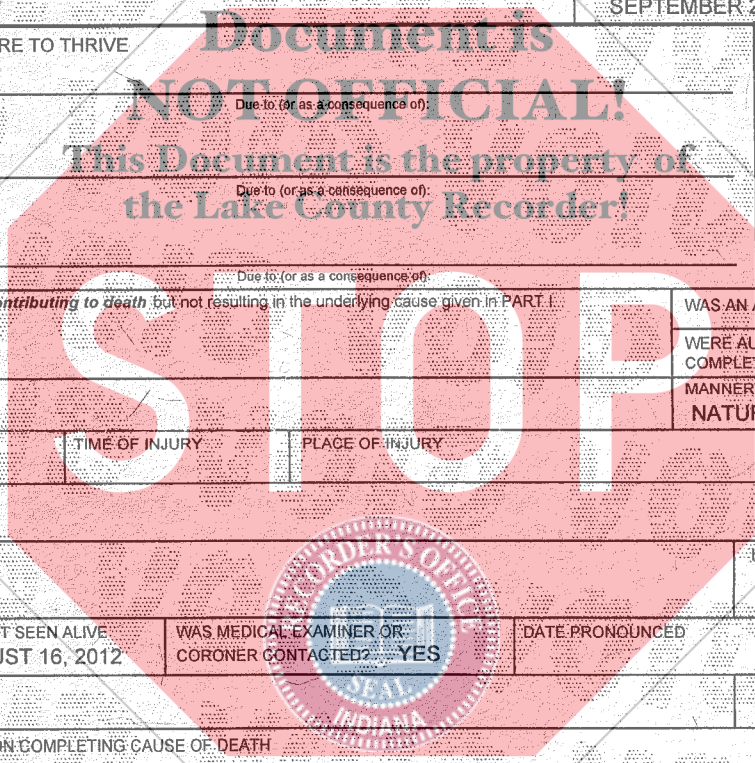
**KANE COUNTY CLERK REGISTRAR  
GENEVA, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0071132

*Parcel No.:* 45-07-29-232-010, 000-026

DATE ISSUED 10/15/2012

DECEDENT'S LEGAL NAME LEROY C GILE		SEX MALE	DATE OF DEATH SEPTEMBER 16, 2012	
COUNTY OF DEATH KANE	AGE AT LAST BIRTHDAY 96 YEARS	DATE OF BIRTH DECEMBER 07, 1915		
CITY OR TOWN AURORA		HOSPITAL OR OTHER INSTITUTION NAME RUSH-CORLEY MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER ██████████	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2214 BORDEAUX WALK	APT. NO.	CITY OR TOWN HIGHLAND	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46322	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROYAL GILE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELSIE SIELAFF
INFORMANT'S NAME CHRIS ARGES		RELATIONSHIP GRANDSON	MAILING ADDRESS 2605 S INDIANA AVE APT 1304, CHICAGO, IL, 60616	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CALUMET PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION SEPTEMBER 21, 2012	
FUNERAL HOME HEIGHTS CREMATORY, 230 E 11TH ST, CHICAGO HEIGHTS, IL, 60411				
FUNERAL DIRECTOR'S NAME JOHANNA MORGAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015341	
LOCAL REGISTRAR'S NAME JOHN ANDREW CUNNINGHAM			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 26, 2012	
<b>CAUSE OF DEATH</b> PART I. FAILURE TO THRIVE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) _____ b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I. CHRONIC HEART FAILURE				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED.			IF TRANSPORTATION INJURY, SPECIFY.	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 16, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:28 AM
CERTIFIER: PHYSICIAN			DATE CERTIFIED: SEPTEMBER 25, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. K PATEL, 12820 S RT 59, PLAINFIELD, ILLINOIS, 60585			PHYSICIAN'S LICENSE NUMBER 036108691	



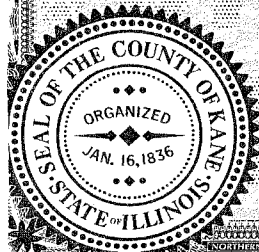
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

85491

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. Kevin Zaremba

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*John A. Cunningham*  
John A. Cunningham  
Kane County Clerk and Registrar



ANY ALTERATION

VOIDS THIS CERTIFICATE