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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 056153

2013 JUL 31 AM 9:56

MICHAEL B. BROWN
RECORDER

Chicago Title Insurance Company

AFFIDAVIT

On this 23rd before me personally appeared _____

EMALINE ICELEMEY

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. That NICK KEREMEN held a life estate interest in the following described land:

45-16-04-101-095.000-042

This Document is the property of
the Lake County Recorder!
SEE LEGAL ATTACHED

3. Said NICK KEREMEN
(fill in name of co-tenant who died)
died on 8/28/2010

4. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

Chicago Title Insurance Company

FILED

JUL 30 2013

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

17⁰⁰
CTR

①

1303573

14054

5. Affiant's relationship to the deceased was

SPOUSE

Emaline Kelemen

Signature: Emaline Kelemen

Printed Name EMALINE KELEMEN

Address: 984 Birch DR.

Crownpoint, IN 46307

Subscribed and sworn to before me by the affiant

This 7/23/2013
(insert date)

BSL

Notary Public

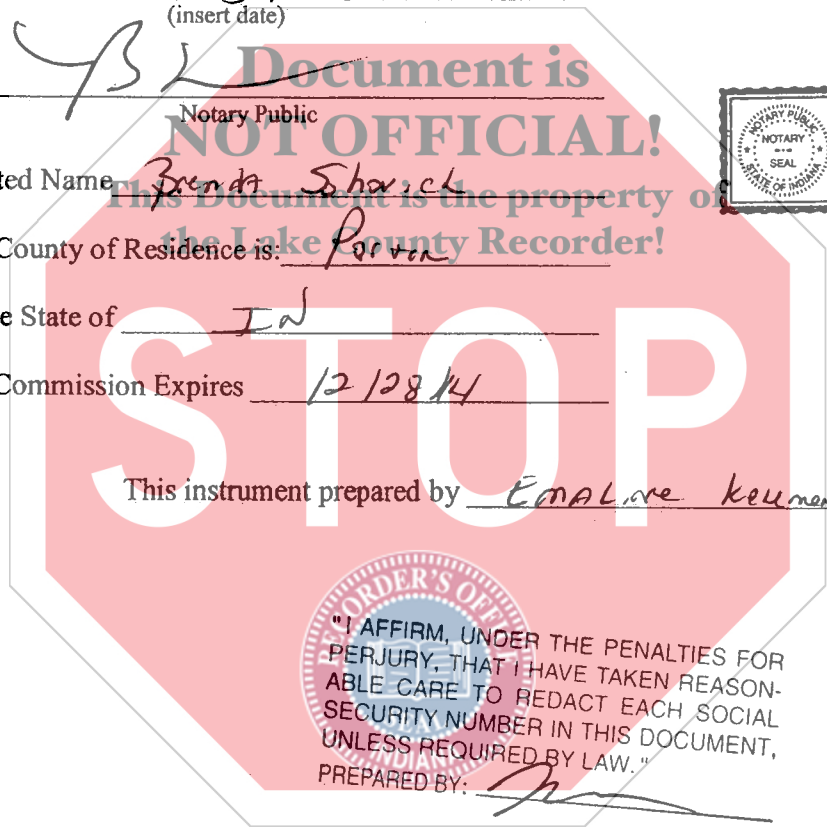
Printed Name Brenda Sohovich

My County of Residence is: Porter

In the State of IN

My Commission Expires 12/28/14

This instrument prepared by Emaline Kelemen



RECORDER'S OFFICE
"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."
PREPARED BY: [Signature]



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3120-10

State No.

1. Decedent's Legal Name (First, Middle, Last) NICK KELEMEN		1a. Maiden Last Name (if Female) N/A		2. Sex MALE	3. Time Of Death 12:50 AM	4. Date Of Death (Month/Day/Year) AUGUST 28, 2010			
5. Social Security Number ██████████	6a. Age - Yrs 87	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) MAY 26, 1923	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) ST. ANTHONY HOSPICE									
12. City Or Town, State, And Zip Code CROWN POINT, IN 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. Surviving Spouse's Name EMALINE KELEMEN		15a. (If Wife) Give Maiden Last Name PERIAN		16. Decedent's Usual Occupation FIRE FIGHTER		17. Kind Of Business/Industry EAST CHICAGO FIRED DEPT			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT					
18c. Street And Number 984 BIRCH DRIVE				18d. Apt. No.	18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education HIGH SCHOOL GRADUATE		20. Decedent Of Hispanic Origin NO		21. Decedent's Race WHITE					
22. Father's Name (First, Middle, Last) JOHN KELEMEN			23. Mother's Name (First, Middle, Last) MARY KELIMEN		23a. Mother's Maiden Last Name SUCH				
24. Informant's Name EMALINE KELEMEN		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 984 BIRCH DRIVE, CROWN POINT, INDIANA 46307					
25. Place Of Disposition									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NW INDIANA CREMATION SERVICE			25c. Location - City, Town, And State CROWN POINT, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307				27a. Funeral Home License Number FH 83002445			
27b. Signature Of Indiana Funeral Service Licensee: <i>James T. Burns</i>				27c. License Number (Of Licensee): FD 01009461					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions. Enter Only One Cause Of Death. This Document is the property of the Lake County Recorder! Cause Of Death (See Instructions And Examples) Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death. This Document is the property of the Lake County Recorder! A. <u>mesothelioma</u> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Due To (Or As A Consequence Of): Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. Approximate Date Of Death: AUG 31 2010 LAKE COUNTY HEALTH DEPARTMENT									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 Within The Past Year		33. Manner Of Death: <input 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)			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded 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.			
38d. 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>Rebecca Galante</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: REBECCA E. GALANTE, M.D., 6924 INDIANAPOLIS BLVD., IN 46324				44. License Number 01039908 IN		45. Date Certified 8-30-10			
46. Additional Funeral Service Provider:				47. *Asss:					
48. Signature of Local Health Officer: <i>Susan [Signature]</i>				49. For Registrar Only - Date Filed (Month/Day/Year): August 31 2010					

EXHIBIT A

CONDOMINIUM UNIT 984 IN BUILDING C AND GARAGE C984 IN TROUTWINE ESTATES CONDOMINIUM, A HORIZONTAL PROPERTY REGIME, AS CREATED BY A CERTAIN DECLARATION OF CONDOMINIUM RECORDED AUGUST 12, 1996 AS DOCUMENT NO. 96053792, AND AMENDED BY FIRST AMENDMENT TO DECLARATION RECORDED SEPTEMBER 11, 1996 AS DOCUMENT NO. 96060760, AND FURTHER AMENDED BY SECOND AMENDMENT RECORDED SEPTEMBER 2, 1997 AS DOCUMENT NO. 97057849, AND FURTHER AMENDED BY THIRD AMENDMENT RECORDED SEPTEMBER 2, 1997 AS DOCUMENT NO. 97057850 AND FURTHER AMENDED BY FOURTH AMENDMENT RECORDED OCTOBER 21, 1997 AS DOCUMENT NO. 97071496, AND FURTHER AMENDED BY FIFTH AMENDMENT RECORDED NOVEMBER 27, 2000 AS DOCUMENT NOS. 2000 086041 AND 2000 086052, AND FURTHER AMENDED BY SIXTH AMENDMENT RECORDED AUGUST 8, 2003, AS DOCUMENT NO. 2003 082722, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN AND TO THE COMMON AND LIMITED COMMON AREA AND FACILITIES APPURTENANT THERETO.

