2014 008708

STATE OF INC.

LAKE COUNTY
FILED FOR RECORD

2014 FEB 13 PM 2:53

## MICHAEL B. BIG AFFIDAVIT OF DEATH CORDER

Emilie Matichak, as successor Trustee of the Pakutka Revocable Trust dated December 14, 1998, being duly sworn upon her oath, and states that Helen T. Pakutka a/k/a Helen Theresa Pakutka, died on September 1, 2013, and at the time of such death was a resident of Lake County, State of Indiana. This Affidavit is being recorded to remove her life estate interest as created in a Warranty Deed recorded September 30, 1999, as Document No. 99080766, for the following Real Estate in Lake County, Indiana:

1846 Burgundy Street Oak Manor Condominiums Phase II, a Horizontal Property Regime, as indicated in Declaration of Condominium recorded May 8, 1974, as Document No. 250487, and corrected by an Certificate of Correction recorded March 29, 1978, as Document No. 460338, and amended by an Amendment thereto recorded February 20, 1975, as Document No. 289219, and amended by the Second Amendment thereto recorded August 9, 1976, as Document No. 363730, and amended by the Third Amendment recorded May 19, 1980, as Document No. 584906, and amended thereto by an Amendment to the Declaration, recorded February 9, 1989, as Document No. 022115, and amended thereto by an Amendment to the Declaration, recorded October 17, 1991, as Document No. 91052759, and any and all other amendments thereto, in the Office Recorder of Lake County, Indiana, together with an undivided percentage interest in and to the Common and Limited Common Areas and Facilities of the First, Second and Third Increments as described in the Declarations of Condominium and Amendments thereto (said premises lying within and being a part of the West Half of the Northwest Quarter, Section 15, Township 35 North, Range 9 West, of the Second Principal Meridian, in the Town of Schererville, Lake County, Indiana).

Parcel No.: 45-11-15-151-048.000-036 Commonly known as: 1846 Burgundy Street., Schererville, IN 46375.

)SS:

This Doc The Pakutka Revocable Trust dated December 14, 1998
the Law French March Ma

By: Emilie Matichak, as Successor Trustee
By: Diana Funari, as her Attorney-In-Fact

STATE OF INDIANA

COUNTY OF LAKE

Before me, the undersigned, a Notary in and for said County and State, this day of Locally, 2014, personally appeared Diana Funari, as her Attorney-In-Fact for Emilie Matichak, as Successor Trustee for The Pakutka Revocable Trust dated December 14, 1998, and acknowledged the execution of the foregoing affidavit. In witness, whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 02/01/2014

County of Residence: Jusque

LISA M. MATSON Notary Public, State of Indiana SEAL

ment prepared by My Commission Expires February 1, 2016

Mutsow, Notary Public

On behalf of Professionals' Title Services, LLC, this instr

Victor H. Prasco Burke Costanza & Carberry LLP

9191 Broadway Merrillville, Indiana 46410 (219) 769-1313

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

By: Professionals' Title Services, LLC

WHEN RECORDED RETURN TO:

PROFESSIONALS' TITLE SERVICES LLC

9195 BROADWAY

MERRILLVILLE, IN 46410

FEB 1:3 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

20854

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 002947  1. Decedent's Legal Name (First, Middle, Lust)						EDF	No 0001	00034	1676	2 50	State No 040988    2. Sex   3. Time Of Death   14. Date Of Death (Month/Day)					
HELEN THERESA PAKUTKA								(i talley)			- 1	06:45 A			09/01/2013	
6. Social Security N			6b. Under	1 Year	6c. Under t	Month	PAKUTKA 6d. Under 1 Day	6e, Under	1 Hour 7. Da		NUVDay/Year)					
		83	Months		Days		Hours	Minutes		12/23/1	929	DHR	YEA, PA	Δ.		
9. Ever in U.S. Arm	ed Forces?		h Occurred l	n A Hosj	oftal:					newhere Othe	r Than A Hospite	1				
☐ Yes ☒ No [					eparlment Out	patient	Dead on Arriva	Hospic Other (	•	Decedents n	ome Nurs	aid Louis	Cong-term	Cale Pack		
WILLIAM J. R	RILEY ME	MORIAL			, HOSPI	CE										:
12. City Or Town, State, And Zip Code									County Of Death				14. Marital Status At Time Of Death  Married Married, But Separated C			
MUNSTER, IN, 46321 15. Survivos Spouse's Name						150	(II Wife)Giye Maide	LAI	KE	16 Daca	dent's Usual Occ	_   D v	Vidowed	Never Married Unknown  17. Kind Of Business/Industry		
10. Cultiling upon	se s Ramb					""	(ii wacyone maloi			10. 000	10110 O3001 O	operon	ļ			20101
18. Residence - Sta	ıte .			188	County	<u> </u>		18b Cit	y Or Town	SUPER	VISOR			NSUR/	NCE	
	110				•											
INDIANA 18c. Street And Nur	mber			LAKI	<del>-</del>			ISCHE	RERVILLE		18d. Apt. No.		18e. Zip Co	xde	16f. Inside	City Limits?
1846 BURGU	INIOV STD	CCT											400	^7	⊠ Yes	□ No
19. Decedent's Edu		EEI	<u>.</u>	20.	Decedent Of	Hispank	c Origin		21. Decedent	's Race	L	:	4630	5/		
HIGH SCHOO		JATE O	R GED	NC	OT HISPA	MIC			   White LITH	ΠΙΔΝΉΛΝ						
COMPLETED 22. Father's Name (First, Middle, Last)					71 111017	MIO		23. Mother's	Mother's Name (First, Midd					23a. Mother's Malden Last Name		
LEO WILLIAM PAKUTKA								VICTORIA THEOD		ORA PA	KIITKA	KΑ		ENSKI		
24. Informant's Nam		<u> </u>			24a. Relatio	nship To	Decedent				, City, State, Zip	Code)	1110110	- I WI II		
EMILIE MATICHAK					SISTER			AVENUE	VENUE APT A, OLD FORGE, PA 18519							
25. Place Of Disposition  25a. Method Of Disposition  25b. Place Of Disposition (Name Of Cemelery, Crematory, Other Place) 25c. Location - City, Town, And State																
☐ Burial ☑ Crem		rtion 🔲 Enl	ombment				<b>Jocu</b>	me	ntis	5						
Removal From S Other (Specify):					HN CEM				שם	RYEA, P	A					
28. Was Coroner Co	inlacted?			. /	Address Of F		<sup>adaty</sup> AND FUNER	AL MOM	CHAPET	COOE IN	LAICOLAL	LIFOLIN		27a Fune	ral Home Lice	ense Number:
☐ Yes ☒ No		CR	OWN P		IN 4630		AND FUNER	AL MONE	CHAPEL		0		· 1	FH1110	00003	
27b. Signature Of Ir MANUEL MA		Service Lice	nsee:			JUC	umem	ris ui	e pro		7c. Ucense Nun D2100009		censee):			
29 Bart Coloc	The Chain Of	Events D	incoron lei	urion O	the	Cau	se Of Death (Se	a Instruction	s And Exampl	es) Fue					Appro	ximate at Onset
28. Part I. Enter Such As Cardiac A Line. Add Add	Arrest, Respi	ratory Arres	t, Or Ventri	cular Fil	orillation With	out Sho	wing The Etiology	. Do Not Abb	reviate. Enter C	ny One Cal	HE RECOR	N I RUE D'ON F	: COPY	OF TH THE	o De	
Immediate Cause						A. P	ANCREATIC MA	SS WITH LIV	ER METASTAS	IS PROBA	EEFANCREX	HEEAN	H DEP	ARTME	NT WEEKS	3
	•								Due to (C	r As A Consequen	(A) (A)	0.0	0010	7		
Sequentially List Line A. Enter Th	e Underlying (	Cause (Dis	ing To The l ease Or Inju	Cause L ry That	isted On Initiated	В			Due to (O	r As a Consequen	on Sil	<del>, 1)                                   </del>	2013	+		···
The Events Resulting In Death) Last									Due to (O	r As A Consequen	n 0%					
						D					* Storieur	un la	50%	10		
Part II. Enter Other §	Significant Cond	litions Contri	buting to De	eth But I	lot Resulting I	n The Ur	nderlying Cause Giv	vin in Part I	29, W	as An Autops	γ <u>৳</u> €€€©€€ΩΝ	TYHE	A MY O	FIXING	1,	
31. Did Tobacoo Us	o Contobuda Te	De oth?	23	If Femal	20:				30. W	ere Autopsy F	inding Avallable		*	ise <del>Of De</del> p	Ye	s 🗌 No
Yes Probab				Hol Pregna	ert VVIVin Pasi Yez		egrant Al Time Of Death				Natural	☐ Homici	da 🔲 Ad		Pending Inv	estigation
34. Date Of Injury (I				Not Pregna		3 Days To \$	year Balice Desth		regrant With The Pa G., Decedent's I		Suicide				Injury At Wo	rk?
	·	•							le l						☐ Yes	□ No
38. Location Of Inju	ry - State		38a	City O	Town		38b. S	ireet & Numbe	ır S		$\overline{}$	38	c. Apt. No.	380	L Zip Code	
								Sr. A								
39. Describe How Ir	39. Describe How Injury Occurred  40. If Transportation Injury, Specify: Other Operator   Passenger   Passetina   Other (Specify)															
41. Signature, Of P LYLE R MUN				ΝΔΤΙ	IRE		y/ y 0 /	WIII W			ertifier (Check Or ertifying Physician		Coroner		teath Officer	
43. Name, Address	And Zip Code	Of Person C	ertifying Cau	se Of De	ath:	_		-		1 1010		ense Num			Date Certifie	
LYLE R MUN	N . 85 E.	US HIG	HWAY 6	S. MEI	DICAL PI	.AZA.	STE 235. V	ALPARAI	SO. IN 463	883	0103	1582A			09/05/2	1013
46. Additional Fune	ral Service Pro	ider.									47. 1/					
48. Signature of Loc										49. For R	egistrar Only -		•		. :	
SUSAN W. B	EST, VIA	ELECT	RONIC S	IGNA		VDMFN	T TO CERTIFICA	TE OF DEAT	H (ENTRY OR	ORIGINALI		SE	P 09 20	)13		
					-311161				. ,						<del></del>	
						٠										Ì
1																

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.