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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029725

2014 MAY 22 PM 1:49

STATE OF INDIANA
COUNTY OF LAKE

)
) SS:
)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

I, Donna C. Howarth, being duly sworn, state as follows:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is the Successor Trustee of the Viola Kaban Living Trust dated June 13, 1997, and the daughter of the decedent.
- 3. Said Viola Kaban died on August 24, 2011. See attached Death Certificate for Viola Kaban.

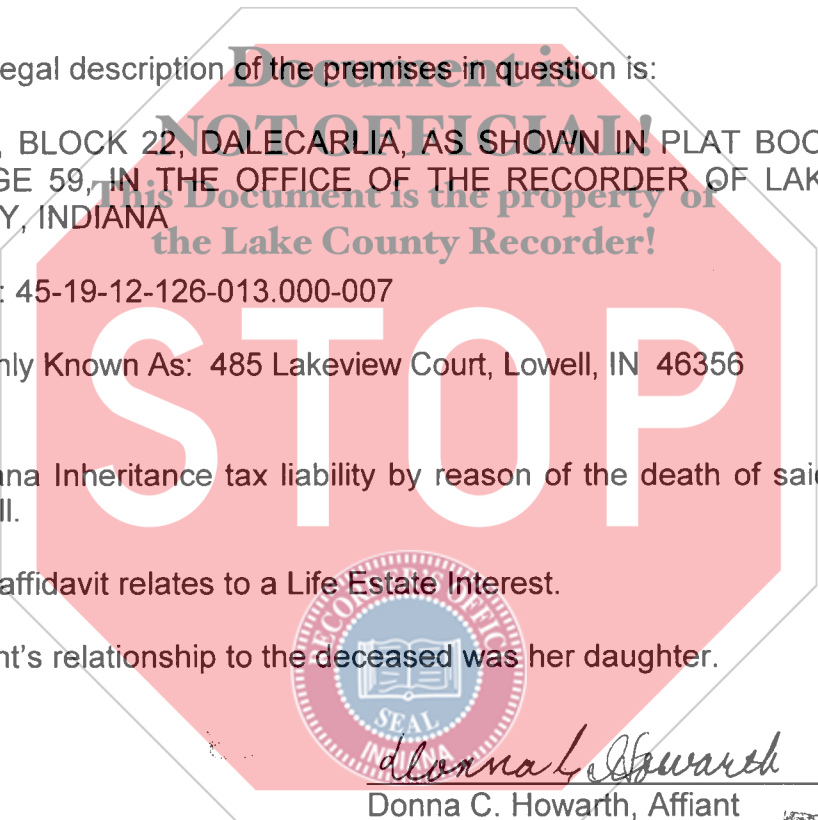
4. The legal description of the premises in question is:

LOT 11, BLOCK 22, DALECARLIA, AS SHOWN IN PLAT BOOK 27, PAGE 59, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Key No.: 45-19-12-126-013.000-007

Commonly Known As: 485 Lakeview Court, Lowell, IN 46356

- 5. Indiana Inheritance tax liability by reason of the death of said decedent has been paid in full.
- 6. This affidavit relates to a Life Estate Interest.
- 7. Affiant's relationship to the deceased was her daughter.



Donna C. Howarth

Donna C. Howarth, Affiant
485 Lakeview Court
Lowell, IN 46356

FILED

MAY 22 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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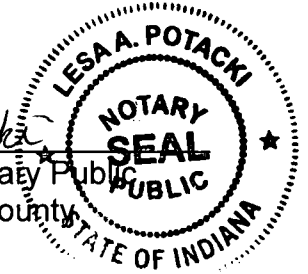
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Donna C. Howarth, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 15th day of May, 2014.

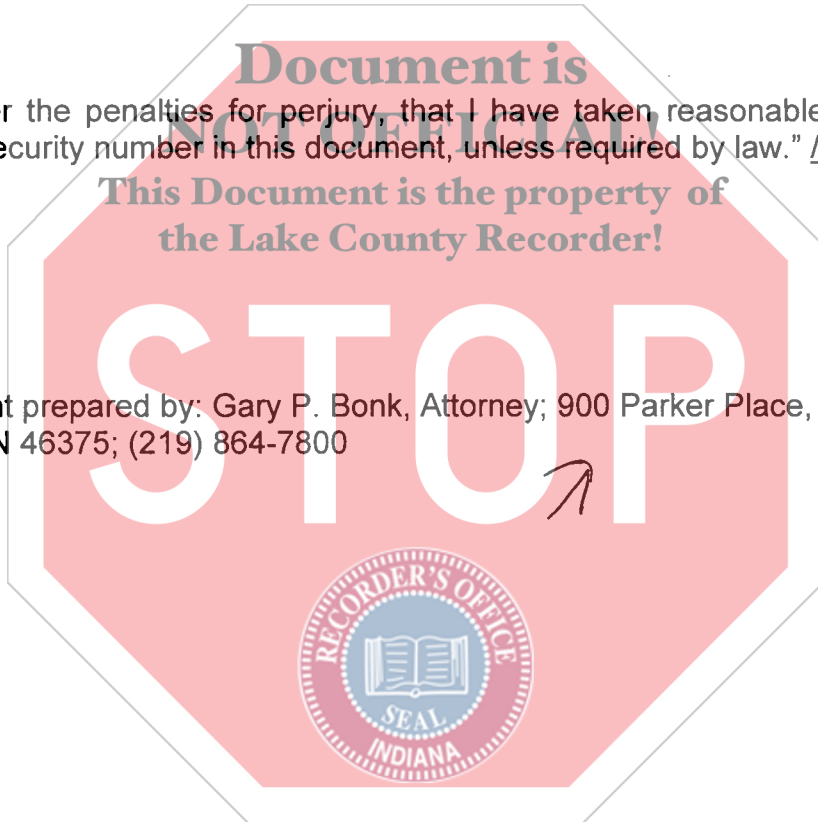
My commission expires: 2/13/2018

Signature: Lesa A. Potacki
Lesa A. Potacki, Notary Public
Resident of: Lake County



"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." /s/Gary P. Bonk

**This Document is the property of
the Lake County Recorder!**



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A,
Scherville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002609

EDR No 00000215965

State No 037706

1. Decedent's Legal Name (First, Middle, Last) VIOLA KABAN		1a. Maiden Name (if female) WERSHAY		2. Sex FEMALE	3. Time Of Death 11:15 PM	4. Date Of Death (Month/Day/Year) 08/24/2011	
5. Social Security Number [REDACTED]	6a. Age - Yrs 103	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Hour Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/10/1907	
8. Birthplace (City and State or Foreign Country) CHICAGO, IL		9. Event 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		11. Facility Name (If Not Institution, Give Street and Number) 485 LAKEVIEW COURT					
12. City Or Town, State And Zip Code LOWELL, IN, 46356		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15a. If Not In U.S. Armed Forces		15b. If Not In U.S. Armed Forces		16. Decedent's Usual Occupation CLERICAL		17. Kind Of Business/Industry MUNICIPAL	
18a. State INDIANA		18b. County LAKE		18c. City Or Town LOWELL			
19a. Street And Number 485 LAKEVIEW COURT		19b. Apt. No.		19c. Zip Code 46356		19d. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		21. Decedent's Hispanic Origin NOT HISPANIC		22. Decedent's Race White			
23. Father's Name (First, Middle, Last) JOHN WERSHAY		24. Mother's Name (First, Middle, Last) KATARINA WERSHAY		25. Mother's Maiden Last Name MARENTIC			
26. Informant's Name DONNA HOWARTH		27. Relationship To Decedent DAUGHTER		28. Mailing Address (Street And Number, City, State, Zip Code) 485 LAKEVIEW COURT, LOWELL, IN 46356			
29. 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):		30. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) LOWELL MEMORIAL CEMETERY, LOWELL, IN		31. Location (City, Town, And State)			
32. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356				34. Funeral Home License Number FH83004277	
35. Signature Of Indiana Funeral Service Licensor MOLLY E. TUCKER, BY ELECTRONIC SIGNATURE				36. License Number Of Licensor FD09200061			
37. Cause Of Death (See Instructions And Examples) 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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. And Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death): A. ADVANCED AGE Approximate Interval (Years) To Death: YEARS 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. _____ C. _____ D. _____							
38. Part II: Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause (Such As Part I): CARDIOPULMONARY ARREST				39. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40. Do Toxicose Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probable <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. If Female: <input type="checkbox"/> Not Reported (If Pregnant) <input type="checkbox"/> Pregnant (If Stillborn) <input type="checkbox"/> Not Reported (If Pregnant) <input type="checkbox"/> Pregnant (If Stillborn) <input type="checkbox"/> Pregnant (If Stillborn) <input type="checkbox"/> Pregnant (If Stillborn)		42. 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		43. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. Date Of Injury (Month/Day/Year)		45. Site Of Injury		46. Place Of Injury (If At, Decedent's Home, Outdoors, Other Site, Restaurant, Workplace, etc.)		47. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. Location Of Injury - State		49a. City Or Town		49b. Street & Number		49c. Apt. No.	
50. Describe How Injury Occurred		51. If Transportation Injury, Specify: <input type="checkbox"/> Car/Truck/Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Boat <input type="checkbox"/> Other (Specify):		52. Signature Of Person Certifying Cause Of Death JON DAVID MISCH, BY ELECTRONIC SIGNATURE			
53. Name, Address And Zip Code Of Person Certifying Cause Of Death JON DAVID MISCH, 13963 MORSE STREET, CEDAR LAKE, IN 46303		54. License Number 02000900A		55. Date Certified 08/30/2011			
56. Additional Funeral Service Provider		57. *Maid		58. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE			
59. For Registrar Only - Date Sent (Month/Day/Year) AUG 30 2011		60. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

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.