AFFIDAVIT TO TERMINATE LIFE ESTAT	
45-11-15-385-019.000-656	20
On this	
(insert date) Debra Ann Sabau	0
	3 1 0
to me personally known, who being duly sworn on oath did say that:	857
1. Affiant resides at the address given below affiant's signature	: ©
2. Affiant is	f owner", etc.
3. Said George Sabau (fill in name of life estate tenant who died) died on 98130cument is NOT OFFICIAL!	STATE OF INCIDENT LAKE COUNTY FILED FOR RECORD 4 AUG 13 AM 10: 3 ICHAEL B. BROWN RECORDER
4. The legal description of the premises in question is:y of the Lake County Recorder!	T t
UNIT NO. 207, 2371 DEERPATH DRIVE, IN DEERPATH ES 1, A HORIZONTAL PROPERTY REGIME, RECORDED AS	DOCUMENT
NO. 572045 ON FEBRUARY 5, 1980 AND AMENDED BY I	NSTRUMENT
RECORDED NOVEMBER 4, 1981 AS DOCUMENT NO. 649	610 AND RE-
RECORDED NOVEMBER 19, 1981 AS DOCUMENT NO. 65	1214, IN THE
OFFICE OF THE RECORDER OF LAKE COUNTY, INDIAN	A, TOGETHER
WITH AN UNDIVIDED INTEREST IN THE COMMON ARE LIMITED COMMON AREAS APPERTAINING THERETO	EAS AND
LIMITED COMMON AREAS APPERTAINING THERETO	
5. Is there Federal or State inheritance tax liability by reason of	f the death of said
decedent? Yes No	ED
If yes, then estimated taxes due are \$AUG 0	ס יחוש
The taxes due are	Y AUDITOR
AMC	OUNT\$
	HCHARGE_
	PACE.
001	The state of the s
1400312 NOT	NI-CONF_AA

BT

7. Affiant's relationship to the deceased was Daughter
Signature: Debra Cen D
× (A Q /
Printed Name Lbra Amk Cal
Address: 1960 W. Ash St
Griffith, IN 4631
Subscribed and sworn to before me by the affiant
This 7-28-14
(insert date)
Notary Public Union 18
Printed Name NOTOFFICIAL!
This Document is the project of KAREN CRAIG
My County of Residence is: Lake County My Counties Stories November 4, 2014
In the State of
My Commission Expires
This instrument prepared by West A Sasau
ESTEDER'S OFF
THE SEAL OF THE SE
To AVOIANA MILLER
I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document, unless required by law.
Social Security number in this document, unless required by Him.

6. Where this affidavit relates to a Life Estate Interest only.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 45-11-15-385-619.000 - 036

State No 041470 EDR No 00000342525 Local No 002979 te Of Death (Month/Day/Year) 09/08/2013 or Foreign Country 09:15 PM MALE GEORGE SABAU 6e. Under 1 Hour 7. Date of 6b. Under 1 Year | 6c. Under 1 Month 6d. Under 1 Day EAST CHICAGO, IN 04/02/1928 Hours STATE OF THE PARTY Months Days 10a. If Death Occu 10. If Death Occurred In A 9 Ever in U.S. Armed Forces? ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility Hospice Facility DAUGHTER'S HOUSE ☐ Yes ☒ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival Other (Specify) 11. Facility Name (If Not Institution, Give 1960 WEST ASH STREET 12. City Or Town, State, And Zip Code , Give Street and Number) 4. Marital Status At Time Of Death 13. County Of Death ☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown LAKE GRIFFITH, IN, 46319 17 Kind Of Business/Industry 15a. (If Wife)Give Maiden Last FOOD MEAT CUTTER 18b. City Or Town 18a, County **SCHERERVILLE** LAKE INDIANA 18f. Inside City Limits? 18e. Zip Code 18d, Apt. No. 18c. Street And Numbe ☑ Yes ☐ No 2371 DEERPATH DRIVE 207 46375 21 Decedent's Race 20. Decedent Of Hispanic Origi 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED White NOT HISPANIC COMPLETED

22. Father's Name (First, Middle, Last) me (First, Middle, Last) 23a Mother's Maiden Last Name BERGHIAN GABRIEL SABAU ELIZABETH SABAU And Number, City, State, Zip Code) 24a. Relationship To Decede 1960 WEST ASH STREET, GRIFFITH, IN 46319 DAUGHTER DEBRA SABAU 25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State ⊠ Burial ☐ Cremation ☐ Donation ☐ Entombmen ST JOHN ST JOSEPH CEMETERY
Complete Address Off Funaral Review Removal From State HAMMOND, IN Other (Specify):
26. Was Coroner Contacted? 27 Name And C) F ` (BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321 FH83004968 27b. Signature Of Indiana Funeral Service Licensee:
BRIAN T. BURNS, BY ELECTRONIC SIGNATURE

Document is the proper FD08601763 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. Add Additinal Lines If Necessary. RESORD ON FILE A THE Approximate Interval: Or DUNTY HEALTH DEFART TO Death ADENOCARCINOMA METASTATIC TO LIVER, UNKNOWN PRIMARY WEEKS Immediate Cause (Final Disease Or Condition Resulting In Death) SEP 1 1 2013 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 Sum w Sent so LAKE COUNTY HEALTH OFFICER D Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part 29. Was An Autopsy Performed? ☐ Yes ☑ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No Manner Of Death: 32. If Female: 31. Did Tobacoo Use Contribute To Death? Natural ☐ Homicide ☐ Accident ☐ Pending Investigation Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Yes ☐ Probably ☐ No ☒ Unknown Suicide Could Not Be Determine
on Site, Restaurant, Wooded Area) Not Pregnant, But Pregnant 43 Days To 1 year Before D 35. Time Of Injury Death Unknown if Pregnant Within The Past Year

36. Place Of Injury (E.G., Decedent's Home, Cons 37. Injury At Work? 34. Date Of Injury (Month/Day/Year) ☐ Yes ☐ No 38b. Street & Numb 38d. Zip Code 38c. Apt. No. 38a. City Or Town 38. Location Of Injury - State 40. If Transportation Injury, Specify:

| Driver/Operator | Passenger | Pedestrian | Other (Specify) 39. Describe How Injury Occurred 41. Signature, Of Person Certifying Cause Of Death:
LYLE R MUNN , BY ELECTRONIC SIGNATURE
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 42. Certifier (Check Only One)

☐ Certifying Physician ☐ Coroner

☐ 44. License Number Heath Officer

45. Date Certified LYLE R MUNN , 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383 01031582A 09/10/2013 49. For Registrar Only - Date Filed (Month/Day/Year) 48. Signature of Local Health Officer SEP 11 2013 SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) 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.

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.