4

AFFIDAVIT TO TERMINATE LIFE ESTATE

On this 7/23/14 (insert date) before me personally appeared Virginia F. Mistarz

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. Affiant is OWNER
(state interest of affiant in the above premises as "owner"," son of owner", etc.

3. Said Joseph G. Mistarz
(fill in name of life estate tenant who died)
died on 7/23/2013

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

5. 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..

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

7. Affiant's relationship to the deceased was SPOUSE

Signature: Virginia F. Mistarz

2014 048595

2014 AUG 13 AM 10:35
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

AMOUNT $ 18.00
CASH ___ CHARGE ___
CHECK# ___
OVERAGE ___
COPY ___
NON-CONF ✓
DEPUTY nr

FILED
AUG 08 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25468

CHICAGO TITLE INSURANCE COMPANY

BT1400280

Printed Name Virginia F. Mistarz

Address: 70 Wingate Rd

Providence, RI. 02906

Subscribed and sworn to before me by the affiant

This 7/25/2014
(insert date)

Notary Public

Printed Name

KEVIN ZAREMBA
Lake County
My Commission Expires
December 9, 2019

My County of Residence is:

In the State of

My Commission Expires

This instrument prepared by Virginia F. Mistarz

EXHIBIT A

LEGAL DESCRIPTION

THE WEST 46.0 FEET OF LOT 37, BY PARALLEL LINES AS MEASURED ALONG THE NORTH LINE THEREOF, IN AUBURN MEADOW SUBDIVISION PHASE 1, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 90, PAGE 98, AND AS AMENDED BY PLAT OF CORRECTION RECORDED IN PLAT BOOK 91 PAGE 6, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Local No 002486 EDR No 000000335045 State No 034365

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
JOSEPH G MISTARZ		MALE	10:00 PM	07/23/2013

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	86					03/03/1927	WHITING, IN

9. Ever in U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☒ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE

12. City Or Town, State, And Zip Code: MUNSTER, IN, 46321

13. County Of Death: LAKE

14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name: VIRGINIA F MISTARZ

15a. (If Wife)Give Maiden Last Name: KUZMINSKI

16. Decedent's Usual Occupation: INSULATOR

17. Kind Of Business/Industry: UNILEVER

18. Residence - State: INDIANA

18a. County: LAKE

18b. City Or Town: SCHERERVILLE

18c. Street And Number: 1257 BLUEBELL TRAIL

18d. Apt. No.:

18e. Zip Code: 46375

18f. Inside City Limits? ☒ Yes ☐ No

19. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED

20. Decedent Of Hispanic Origin: NOT HISPANIC

21. Decedent's Race: White

22. Father's Name (First, Middle, Last): FRANK A MISTARZ

23. Mother's Name (First, Middle, Last): MARYANNA MISTARZ

23a. Mother's Maiden Last Name: STOLARZ

24. Informant's Name: VIRGINIA F MISTARZ

24a. Relationship To Decedent: WIFE

24b. Mailing Address (Street And Number, City, State, Zip Code): 1257 BLUEBELL TRAIL, SCHERERVILLE, IN 46375

25. Place Of Disposition

25a. Method Of Disposition: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): SOLAN PRUZIN CREMATORY

25c. Location - City, Town, And State: SCHERERVILLE, IN

26. Was Coroner Contacted? ☐ Yes ☒ No

27. Name And Complete Address Of Funeral Facility: SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375

27a. Funeral Home License Number: FH10200037

27b. Signature Of Indiana Funeral Service Licensee: PAUL P. GONZALEZ , BY ELECTRONIC SIGNATURE

27c. License Number (Or Licensee): FD21100035

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. Add Additinal Lines If Necessary.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. T CELL LYMPHOMA	UNKNOWN
Due to (Or As A Consequence Of):	B. MYCOSIS FUNGOIDES OF BODY	UNKNOWN
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. Due to (Or As A Consequence Of):	C. DIARRHEA, SEPSIS, HYPOTENSION, HYPERNATREMIA	FEW DAYS
Due to (Or As A Consequence Of):	D. SHORT TERM, DIABETES, HYPERTENSION, DO NOT RESUSCITATE, CORONARY ARTERY DISEASE, PROSTATE CANCER, MEMORY LOSS	UNKNOWN

LAKE COUNTY HEALTH OFFICER

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I: HOSPICE

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacoo Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

34. Date Of Injury (Month/Day/Year):

35. Time Of Injury:

36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area):

37. Injury At Work? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: LIZA R PARIKH , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LIZA R PARIKH , 2727 HWY AVENUE, HIGHLAND, IN 46322

44. License Number: 01061275A

45. Date Certified: 07/26/2013

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): JUL 29 2013

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 process your claim. Disclosure is voluntary and there will be no penalty for refusal.

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.