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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 049857

2014 AUG 20 AM 11:03

MICHAEL B. BROWN
RECORDER

3

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

Mary McBride, of adult age, being first duly sworn, upon deposes and says:

That Mary McBride, is the Daughter of Elizabeth I. Hronsky, deceased, who died on January 21, 2014 a resident of Lake County, Indiana.

That said decedent acquired a Life Estate Interest to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Elizabeth I. Hronsky recorded July 26, 2007 as Document No. 2007-060930 in the Office of the Office of the Recorder of Lake County, Indiana.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to remove the Life Estate Interest of Elizabeth I. Hronsky.

And further affiant sayeth not this 11th day of August, 2014.

Mary McBride
Mary McBride

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 11th day of August, 2014.

WITNESS my hand and Notarial Seal.

My Commission Expires:

2/15/15

Kim A. Diaz
Signature of Notary Public

Printed Name of Notary Public

Kim A. Diaz

Notary Public County and State of Residence

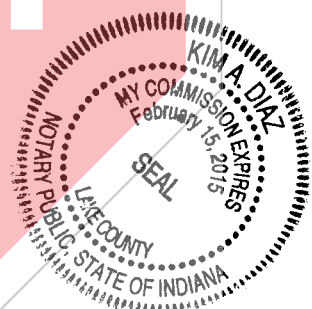
Lake, IN

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

1727 Davis Avenue, Whiting, IN 46394

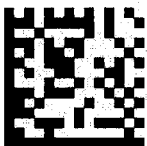


File No.: 14-27105

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. *Kim A. Diaz* (Type or Print Name)

HOLD FOR MERIDIAN TITLE CORP

①



1976018-1005

FILED

AUG 14 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

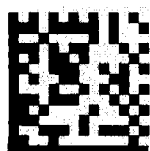
By: *[Signature]*

15. - mt [Signature]

25707

LEGAL DESCRIPTION

Lot Numbered 22 in Block 8 in Sheffield, a subdivision in the City of Hammond, as per plat thereof recorded in Plat Book 14, page 6 in the Office of the Recorder of Lake County, Indiana.



1976018-1005



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 07327

Local No 000217

EDR No 00000365606

State No 002633

1. Decedent's Legal Name (First, Middle, Last) ELIZABETH IRENE HRONSKY				1a. Maiden Name (If female) PAYLO		2. Sex FEMALE	3. Time Of Death 04:35 AM	4. Date Of Death (Month/Day/Year) 01/21/2014	
5. Social Security Number [REDACTED]		8a. Age - Yrs 94	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 02/15/1919		8. Birthplace (City and State or Foreign Country) WHITING, IN
9. Ever 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: <input 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 checked="" 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) 1727 DAVIS AVENUE									
12. City Or Town, State, And Zip Code WHITING, IN, 46394					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		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation CANDEL LAB		17. Kind Of Business/Industry STANDARD OIL	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town WHITING			18d. Apt. No.	18e. Zip Code 46394
18c. Street And Number 1727 DAVIS AVENUE									
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) JOHN PAYLO				23. Mother's Name (First, Middle, Last) ELIZABETH PAYLO			23a. Mother's Maiden Last Name BIECHRIST		
24. Informant's Name MARY MCBRIDE			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 5331 COMMONWEALTH AVENUE, WESTERN SPRINGS, IL 60558				
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) SOLAN PRUZIN CREMATORY			25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: JOHN S PRUZIN JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29600100			
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 Of Death. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE DEMENTIA Due to (Or As A Consequence Of): 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Approximate Interval: Onset To Death THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT YEARS JAN 23 2014 <i>Susan W Best</i>									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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				
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? <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: LYLE R MUNN, BY ELECTRONIC SIGNATURE						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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		45. Date Certified 01/21/2014	
46. Additional Funeral Service Provider:						47. *Notes:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 22 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									