

SALES DISCLOSURE NEEDED

Assessor's Office

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MAIL TAX STATEMENTS TO: James P. Ward 2016 Atchison Whiting, Indiana 46394

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2014 082270

2014 DEC 29 AM 9:17

MICHAEL B. BROWN
RECORDER

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

Comes now James P. Ward who being duly sworn upon his oath, deposes and says:

1. That affiant resides at the address given below affiant's signature;
2. That affiant, James P. Ward is the owner of the following described real estate with Carol Ward holding a Life Estate.

LEGAL DESCRIPTION: WESTPARK ADDITION LOT 6 BLOCK 5 TO HAMMOND, LAKE COUNTY INDIANA.

COMMONLY KNOWN: 2016 ATCHESON WHITING, INDIANA 46394

Property Number: 45-03-07-183-024 - 000-023

4. That Carol Ward died on July 18, 2009 a copy of her death certificate is attached as exhibit "A".
5. That all funeral expenses in connection with the death of Carol Ward have been paid in full;
6. That the decedent, Carol Ward left no estate or inheritance tax liability by reason of her death.
7. That the foregoing representations are true and correct to the best of affiant's knowledge, information and belief.

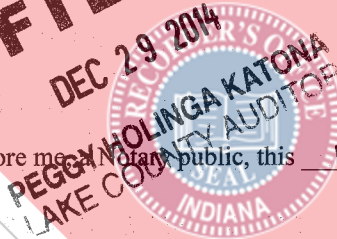
Dated this 17 day of DEC 2014.

017262

James P. Ward

Affiant : James P. Ward
2016 Atchison Whiting, Indiana 46394

Subscribed and sworn to before me, Notary Public, this 17 day of December 2014.



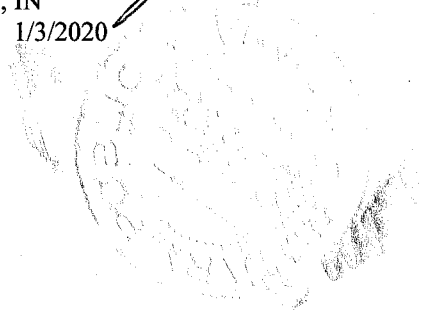
Gerald Paul Kray
Gerald Paul Kray, Notary Public
Resident of Lake County, IN
My Commission Expires: 1/3/2020

THIS INSTRUMENT PREPARED BY:

Gerald P. Kray 622 West Lake Street Griffith, Indiana 46319 Attorney No. 5446-45

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num cm
CS
RN



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

842012

Local No 000160

EDR No 00000072833

State No 018053

1. Decedent's Legal Name (First, Middle, Last) CAFOL WARD			1a. Maiden Name (if female) LAWRENCE		2. Sex FEMALE	3. Time Of Death 10:39 AM	4. Date Of Death (Month/Day/Year) 07/18/2009
5. Social Security Number [REDACTED]	8a. Age - Yrs 70	8b. Under 1 Year Months	8c. Under 1 Month Days	8d. Under 1 Day Hours	8e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 10/09/1938	6. Birthplace (City and State or Foreign Country) CHICAGO, IL
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 checked="" 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 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) ST CATHERINE HOSPITAL INC				12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312		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 HOMEMAKER
17. Kind Of Business/Industry OWN HOME		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town WHITING	
18c. Street And Number 2016 ATCHISON AVENUE			18d. Apt. No.		18e. Zip Code 46394		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) MICHAEL LAWRENCE			23. Mother's Name (First, Middle, Last) LILLIAN LAWRENCE		23a. Mother's Maiden Last Name SOBCZYNSKI		
24. Informant's Name MR. JAMES P. WARD		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 2016 ATCHISON AVENUE, WHITING, IN 46394			
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 Crematory, Cemetery, Other Place) HERITAGE CREMATORY		25c. Location - City, Town, And State PORTAGE, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394			27a. Funeral Home License Number FH83007267		
27b. Signature Of Indiana Funeral Service Licensee: MARVIN A DYBEL, SIGNATURE ON FILE				27c. License Number (Of Licensee): FD01019456			
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 Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>PULMONARY EDEMA</u> Due to (Or As A Consequence Of): DAYS 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. <u>ACUTE RENAL FAILURE</u> Due to (Or As A Consequence Of): DAYS C. <u>METASTATIC SQUAMOUS CELL CANCER LUNG</u> Due to (Or As A Consequence Of): YEARS D. _____							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I							
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. Zip Code	
36. 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: PAULA MARIE ABRINKO, SIGNATURE ON FILE				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: PAULA MARIE ABRINKO, 1534 119TH STREET, WHITING, IN 46394				44. License Number 01045436A		45. Date Certified 07/21/2009	
46. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, SIGNATURE ON FILE				47. "Akes":			
48. Additional Funeral Service Provider:				49. For Registrar Only: Date Filed (Month/Day/Year) JUL 23 2009			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							