

2014 065906

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 OCT 17 AM 10:27
MICHAEL B. BROWN
RECORDER

** This document is being re-recorded to correct the Grantor

2



Fidelity National Title
Insurance Company

2015 021080

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake)

SS:

Irene Basile, being first duly sworn upon oath, deposes and says:

- That William Paul Basile A/K/A died on November 8, 2010 at Crown Point, Indiana
William P Basile (City/State)
- That Irene Basile and William Paul Basile A/K/A were duly and legally married at the time they acquired title as husband and wife to the following described real estate: William P. Basile
Lot 20 (Except the North 110 feet by parallel lines thereof) and the North 50 feet by parallel lines of Lot 19 Hermit's Lake, as per plat thereof, recorded in Plat Book 30, page 92 in the Office of the Recorder of Lake County, Indiana.
- That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
- That all funeral expenses in connection with the death of said decedent have been paid in full.
- That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

45-16-18-401-010-000-041

2015 APR 07 10:09
MICHAEL B. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Further affiant sayeth not.

Irene Basile
Irene Basile. Affiant Signature

STATE OF Indiana)
)
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Irene Basile who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 6th day of October, 20 14.

Resident of Lake County, Indiana. Signature Jessica A. Kish

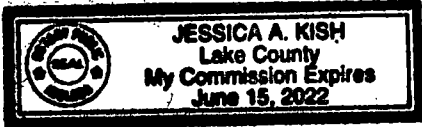
My Commission Expires: 6/15/2022 Printed Jessica A. Kish

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. Irene Basile

[Name]

This instrument prepared by Irene Basile

FILED



APR 07 2015

FIDELITY NATIONAL
TITLE COMPANY

920143108

JOHN E. PETALAS
LAKE COUNTY AUDITOR

27261

FILED

OCT 17 2014

PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

FIDELITY CP

1443

14-
F2
AM

14605

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3953-10

State No.

1. Decedent's Legal Name (First, Middle, Last) WILLIAM JUL BASILE				1a. Maiden Last Name (If Female) N/A		2. Sex M	3. Time Of Death 6:30 PM	4. Date Of Death (Month/Day/Year) 11/08/2010		
5. Social Security Number	6a. Age - Year 60	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) 12/02/1949		8. 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 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) WITTENBERG LUTHERAN VILLAGE										
12. City Or Town, State, And Zip Code CROWN POINT, IN 46307					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name IRENE A. BASILE			15a. (If Wife) Give Maiden Last Name ALVARADO		16. Decedent's Usual Occupation ELEVATOR CONSTRUCTOR		17. Kind Of Business/Industry ELEVATORS			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town CROWN POINT					
16c. Street And Number 12224 KINGFISHER RD.					16d. Apt. No.	18c. Zip Code 46307		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. Decedent's Education HIGH SCHOOL			20. Decedent Of Hispanic Origin NO		21. Decedent's Race WHITE					
22. Father's Name (First, Middle, Last) SAMUEL A. BASILE				23. Mother's Name (First, Middle, Last) DELLA M. BASILE			23a. Mother's Maiden Last Name RIZZUTO			
24. Informant's Name IRENE A. BASILE			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 12224 KINGFISHER RD., CROWN POINT, IN 46307					
25a. 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):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HISTORIC MAPLEWOOD CEMETERY		25c. Location - City, Town, And State CROWN POINT, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number FH83002445			
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>					27c. License Number (Of Licensee): 20700059					
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 Line A. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Dementia And Complications Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Approximate Interval: Onset To Death months										
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 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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant		33. Manner Of Death: <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined			34. Date Of Injury (Month/Day/Year)			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (If In Home, Give Room, City, State, Zip Code)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Zip Code		
36. Location Of Injury - State		38a. City Or Town		38b. Street & Number NOV 12 2010		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: <i>Asrar Sheikh</i>						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: ASRAR SHEIKH M.D. 5265 COMMERCE, SUITE D, CROWN POINT, IN 46307						44. License Number 01060322A		45. Date Certified 11-11-10		
46. Additional Funeral Service Provider:						47. *Alkas:				
48. Signature Of Local Health Officer: <i>Susan J. But. D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): November 12, 2010				