

AFFIDAVIT TO TERMINATE LIFE ESTATE

On this 4/16/15 before me personally appeared _____
(insert date)

KAREN A. MARCUS

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 DAUGHTER OF OWNER
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said ADEIE A WALL
(fill in name of life estate tenant who died)
died on 9/2/2011

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

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

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 DAUGHTER

Signature: Karen A. Marcus

Printed Name KAREN A. MARCUS

Address: 127 W OAK ST UNIT B

CHICAGO IL 60616

20809

18-
num
CT
AA

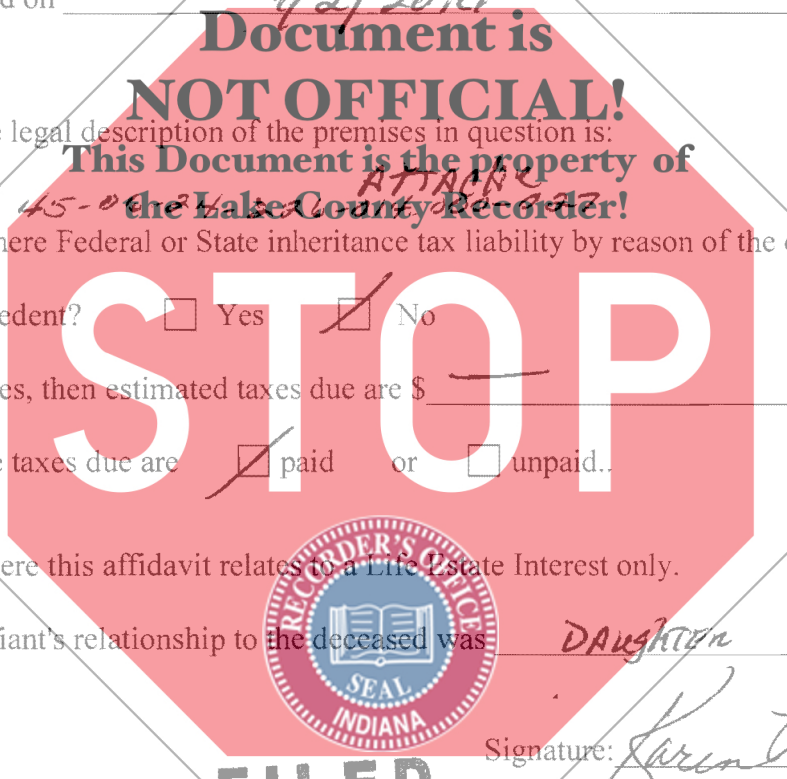
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2015 APR 29

STATE OF ILLINOIS
LAKE COUNTY
FILED

NICOLE
RECORDER

CHICAGO TITLE INSURANCE COMPANY



FILED

APR 27 2015

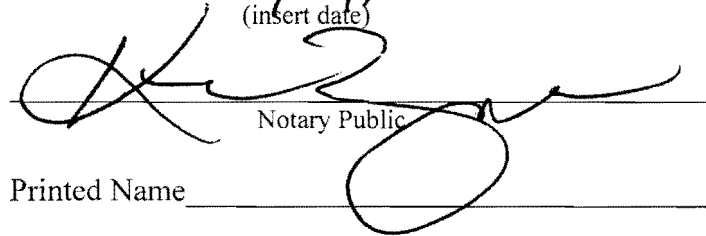
JOHN E. PETALAS
LAKE COUNTY AUDITOR

(2)

1501555

Subscribed and sworn to before me by the affiant

This 4/16/15
(insert date)


Notary Public

Printed Name _____

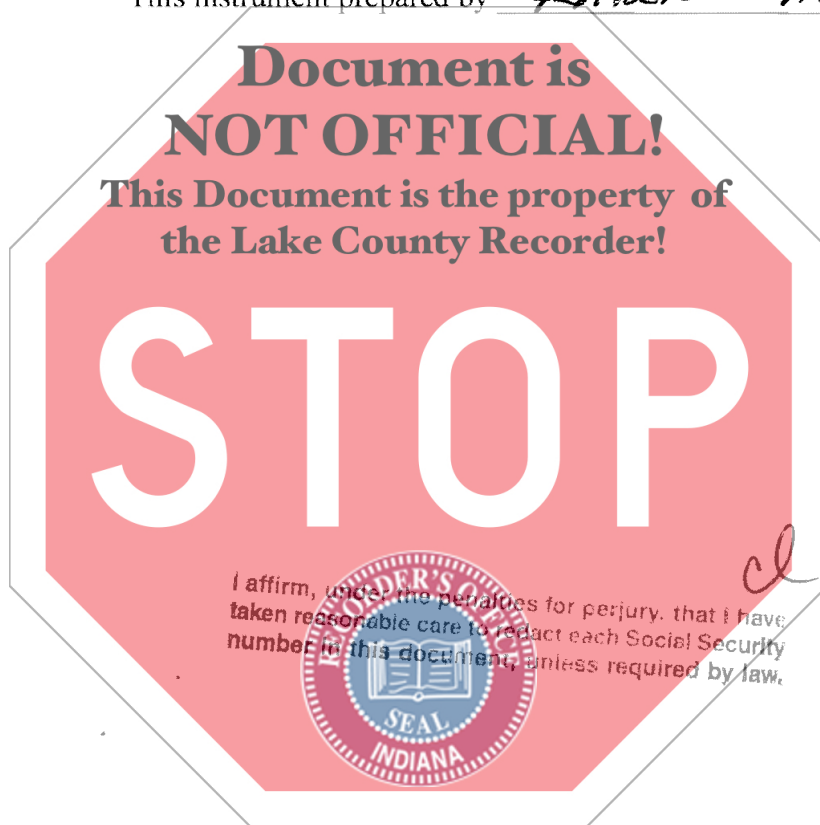
My County of Residence is: _____

In the State of _____

My Commission Expires _____



This instrument prepared by KAREN R. MARCUS



1501555

EXHIBIT A

LOT 50 IN RIDGELAND PARK 2ND ADDITION TO THE TOWN OF MUNSTER AS PER
PLAT THEREOF, RECORDED IN PLAT BOOK 32 PAGE 39, IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 20188

45-0624-226-014000-827

Local No 002742

EDR No 00000402991

State No 039372

| | | | | | | | | | |
|--|----------------------------|--|---|---|---|--|--|---|---|
| 1. Decedent's Legal Name (First, Middle, Last) ADELE WAL | | | | 1a. Maiden Name (If female) KUBASZAK | | 2. Sex FEMALE | 3. Time Of Death 08:35 PM | 4. Date Of Death (Month/Day/Year) 09/02/2014 | |
| 5. Social Security Number [REDACTED] | 6a. Age - Yrs 93 | 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) 07/25/1921 | | 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) 401 U.S. 30 | | | | | 12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375 | | 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 HOME | | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town MUNSTER | | 18d. Apt. No. | 18e. Zip Code 46321 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18c. Street And Number 3124 MONROE AVENUE | | 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) JOSEPH KUBASZAK | | | 23. Mother's Name (First, Middle, Last) LOTTIE KUBASZAK | | | 23a. Mother's Maiden Last Name NOWIKI | | | |
| 24. Informant's Name KAREN MARCUS | | 24a. Relationship To Decedent DAUGHTER | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 127 WEST OAK STREET APT UNIT B, CHICAGO, IL 60610 | | | | | |
| 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) HOLY CROSS CEMETERY | | | 25c. Location - City, Town, And State CALUMET CITY, IL | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321 | | | | 27a. Funeral Home License Number: FH83004968 | | | |
| 27b. Signature Of Indiana Funeral Service Licensee BRIAN T. BURNS, BY ELECTRONIC SIGNATURE | | 27c. License Number (Of Licensee): 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 Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CONGESTIVE HEART FAILURE 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 | | | | | |
| 28. 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 checked="" type="checkbox"/> No | | 31. 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 | | | |
| 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 To 1 Year Before Death <input type="checkbox"/> Unknown/Pregnant Within The Past Year | | 33. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wounded Area) 30. Street & Number | | 34. Date Of Injury (Month/Day/Year) | | 35. Time Of Injury | |
| 34. Date Of Injury (Month/Day/Year) | | 35. Time Of Injury | | 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wounded Area) 30. Street & Number | | 37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 38. Location Of Injury - State | |
| 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 | | 41. Signature, Of Person Certifying Cause Of Death: MATTHEW A. MAZUR, BY ELECTRONIC SIGNATURE | | | | | |
| 41. Signature, Of Person Certifying Cause Of Death: MATTHEW A. MAZUR, 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: MATTHEW A. MAZUR, 5454 HOMAN AVE., HAMMOND, IN 46311 | | 44. License Number 0200307A | | 45. Date Certified 09/04/2014 | |
| 46. Additional Funeral Service Provider: | | 47. *AK# | | 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | | | | |
| 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | 49. For Registrar Only - Date Filed (Month/Day/Year) SEP 04 2014 | | 49. For Registrar Only - Date Filed (Month/Day/Year) SEP 04 2014 | | | | | |

