


9. Gail Clemente a/k/a Gail S. Clemente and Anthony Clemente a/k/a Anthony J. Clemente were continuously married and never divorced.
10. That upon her death the interest of Gail Clemente a/k/a Gail S. Clemente in the above-described property passed by operation of law to her husband, Anthony Clemente a/k/a Anthony J. Clemente, who was the sole owner at the time of his death on August 19, 2014.
11. Affiant makes this affidavit for the purpose of inducing Community Title Company to issue its Title Insurance Policy, describing the above mentioned property.




 Alycia Clemente
 730 N. Elmer Street, Apt 311, Griffith, IN 46319

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of September, 2015, personally appeared Alycia Clemente and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



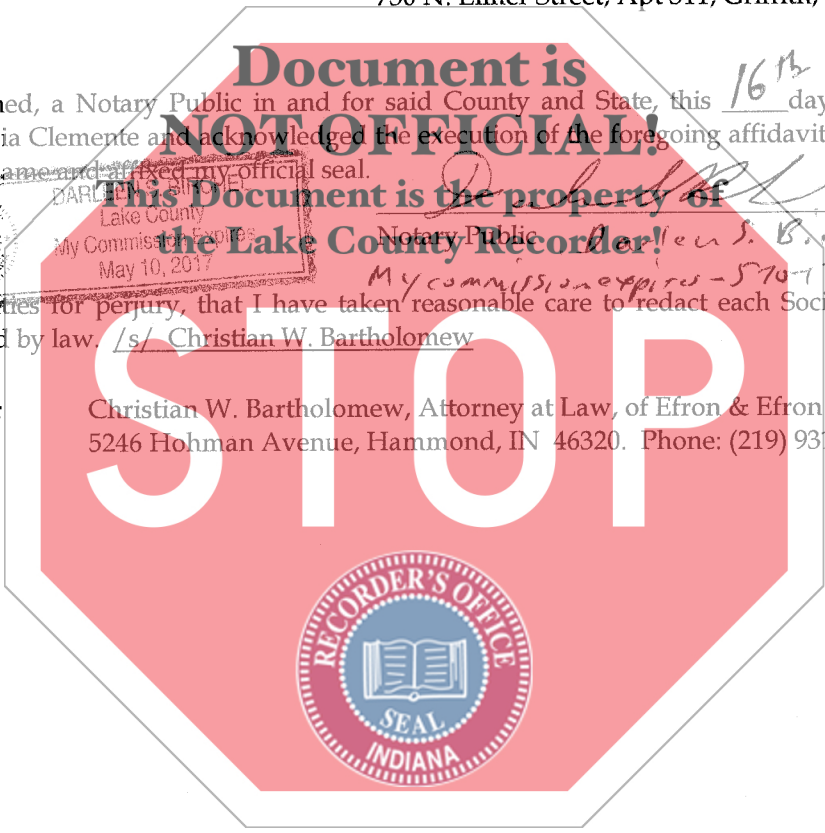
This Document is the property of
 the Lake County Recorder!
 My Commission Expires
 May 10, 2017


 Notary Public
 My Commission Expires - 5/10/17 Residant of Lake County

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. /s/ Christian W. Bartholomew

This document prepared by:

Christian W. Bartholomew, Attorney at Law, of Efron & Efron, P.C.,
 5246 Hohman Avenue, Hammond, IN 46320. Phone: (219) 931-5380





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 14066

Local No 000999

EDR No 00000376489

State No

1. Decedent's Legal Name (First, Middle, Last) **GAIL S CLEMENTE**
 2. Sex **FEMALE**
 3. Time Of Death **01:50 PM**
 4. Date Of Death (Month/Day/Year) **03/24/2014**
 5. Social Security Number **64-9999-9999**
 6a. Age - Yrs **64**
 6b. Under 1 Year
 6c. Under 1 Month
 6d. Under 1 Day
 6e. Under 1 Hour
 6f. Under 1 Minute
 7. Date of Birth (Month/Day/Year) **05/02/1949**
 8. Birthplace (City and State or Foreign Country) **CHICAGO, IL**
 9. Ever in U.S. Armed Forces? Yes No Unknown
 10. If Death Occurred in a Hospital:
 Inpatient Emergency Department Outpatient Dead on Arrival
 Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility
 Other (Specify)
 10a. If Death Occurred Somewhere Other Than a Hospital:
 Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility
 11. Facility Name (If Not Institution, Give Street and Number) **1208 120 STREET**
 12. City Or Town, State, And Zip Code **WHITING, IN, 46394**
 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
ANTHONY CLEMENTE
 16. (If Married) Decedent's Usual Occupation
CLERK
 17. Kind Of Business/Industry
INSURANCE COMPANY
 18. Residence - State
INDIANA
 18a. County **LAKE**
 18b. City Or Town
WHITING
 18c. Street And Number
1208 120 STREET
 19. Decedent's Education
ASSOCIATE DEGREE (AA, AS)
 20. Decedent's Origin
NOT HISPANIC
 21. Decedent's Race
White
 22. Father's Name (First, Middle, Last)
ANTHONY CLEMENTE
 23. Mother's Name (First, Middle, Last)
BILLIE SUE KINER
 23a. Mother's Maiden Last Name
ADAMS
 24. Informant's Name
DONALD KINER
 24a. Relationship To Decedent
HUSBAND
 24b. Mailing Address (Street and Number, City, State, Zip Code)
1208 120 STREET, WHITING, IN 46394
 25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)
25c. Location - City, Town, And State
INDIANA
 25b. Method Of Disposition
 Burial Cremation Donation Entombment
 Other (Specify)
 26. Was Coroner Contacted?
 Yes No
 27. Name And Complete Address Of Funeral Facility
CASTLE HILL FUNERAL HOME 1219 SHEFFIELD AVE, OVER, IN 46311
 27a. Funeral Home License Number
FH10900001
 27c. License Number (Of Licensee)
FD20700033

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events
 A Line. Add Additional Lines If Necessary.
 A **MALIGNANT NEOPLASM OF BREAST UNSPECIFIED**
 B **The Events Resulting In Death (Death) Last**
 C **Sequentially List Conditions, If Any, Leading To The Cause Listed On**
 D **Line A. Enter The Underlying Cause (Disease Or Injury That Initiated**
 E **Immediate Cause (Final Disease Or Condition Resulting In Death)**
 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?
 Yes No
 30. Were Autopsy Finding Available To Complete The Cause Of Death?
 Yes No
 31. Did Tobacco Use Contribute To Death?
 Yes 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 Pregnant, But Pregnant Within 42 Days Of Death
 Unknown
 33. Manner Of Death:
 Natural Homicide Accident Pending Investigation
 Suicide Could Not Be Determined
 34. Date Of Injury (Month/Day/Year)
APR 01 2014
 35. Time Of Injury
LAKE COUNTY HEALTH DEPARTMENT
 36. Location Of Injury - State
INDIANA
 36a. City Or Town
WHITING
 36b. Street & Number
1208 120 STREET
 37. Injury At Work?
 Yes No
 38. Location Of Injury - State
INDIANA
 38a. City Or Town
WHITING
 38b. Street & Number
1208 120 STREET
 38c. Apt. No.
01038282A
 38d. Zip Code
46394
 39. Describe How Injury Occurred
APR 01 2014
 40. If Transportation Injury, Specify:
 Driver/Operator Passenger Not Valid Unless
 41. Signature, Of Person Certifying Cause Of Death
KIRITKUMAR TRIVEDI, BY ELECTRONIC SIGNATURE
 42. Center (Check Only One)
 Certifying Physician Coroner Health Officer
 43. Name, Address And Zip Code Of Person Certifying Cause Of Death
KIRITKUMAR TRIVEDI, 5454 HOHMAN AVE, HAMMOND, IN 46320-1953
 44. License Number
01038282A
 45. Date Certified
03/31/2014
 46. Additional Funeral Service Provider:
03/31/2014
 47. Males:
APR 01 2014
 48. Signature Of Local Health Officer
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
 49. For Registrar Only - Date Filed (Month/Day/Year):
APR 01 2014
 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED
 State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.