STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 068146

2015 OCT -5 AM 10: 06

MICHAEL B. BROWN RECORDER

STATE OF INDIANA
COUNTY OF LAKE

)) SS:

AFFIDAVIT

- I, Gary P. Bonk, being duly sworn, state as follows:
- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is the limited Power of Attorney for Frank J. Yards, Successor Trustee of the Richard A. Yards Trust Dated May 20, 2003.
- 3. Said Richard A. Yards died on April 5 2015. See attached Death Certificate for Richard A. Yards.
 - 4. The legal description of the premises in question is:

LOT 178 IN THE MEADOWS 1ST ADDITION UNIT 5, AN ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 39, PAGE 7 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly Known As: 9210 Parkway Drive, Highland, IN 46322

Key No.: 45-07-29-252-033.000-026

5. There is no Federal or State Inheritance tax liability by reason of the death of said decedent.

FIDELITY NATIONAL TITLE COMPANY

92015-2492

Gary P. Bonk, Affiant 900 Parker Place, Suite A Schererville, IN 46375

FILED

SEP 30 : 115

JOHN E. PETALAS



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Gary P. Bonk, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 15th day of September, 2015.

My commission expires: 2/13/2018

NOT O Signature: The de Rotacki

This Document is the president of the County, IN the Lake County Recorder!

SATE OF INO

"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/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7830

50233

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00120	Local No 001207 EDR No 00000442372 State No										
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female) 2. Sex 3. Time Of Death 4. Date Of Death (Month/Da						eath (Month/Day/Year)		
RICHARD A YARDS					MALE 12:47		PM	04/05/2015			
	der 1 Year 6c. Under 1 Mont	h 6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Month/				oreign Country)		
9. Ever in U.S. Armeo rurces? 10. If Death Occurr		Hours	Minutes		1/19/195		MMOND,	iN			
9. Ever in U.S. Armeo Porces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital If Death Occurred Somewhere Other Than A Hospi											
11. Facility Name (If Not Institution, Give Street and Number) 9210 PARKWAY DRIVE											
12. City Or Town, State, And Zip Code			13. County 0	Of Death		i	Marital Status				
HIGHLAND, IN, 46322			LAKE						eparated 🔯 Divorced arried 🔲 Unknown		
15. Surviving Spouse's Name	15	a. (If Wife)Give Maiden		1	6. Decedent's	s Usual Occupation		17. Kind Of B	usiness/Industry		
					EAVY EC PERATO	QUIPMENT		SOVERNI ERVICE			
18. Residence - State	18a. County		18b. City Or Tov		LIVITO	43		LIVIOL	<u> </u>		
INDIANA	LAKE		HIGHLAND								
18c. Street And Number			<u> </u>		18	3d. Apt. No.	18e. Zip Co	de 1	8f. Inside City Limits?		
9210 PARKWAY DRIVE	7		4	•			4632	2	⊠ Yes □ No		
19. Decedent's Education		inic Origin	nent	ecedeni's Ra	СВ						
HIGH SCHOOL GRADUATE OR GE COMPLETED	NOT HEPANIC	TOE	White								
22. Father's Name (First, Middle, Last)	NU) I UI	23. Mother's Name (First, Middle,	Last)		23a, Mot	her's Maiden	Last Name		
FRANK YARDS 24. Informant's Name	This Do	cument of Decedent	OPHIEVAR	Pape	Number City	Chale Zin Sode	SWAN	TEK			
		Lake Cou									
FRANK J YARDS	JOROTHER		Of Disposition	ORA DI	IVE; IVAI	1, 17 77450					
25a. Method Of Disposition Burial Cremation Donation Entomorment	25b. Place Of Disposition (N	ame Of Cemetery, Crem	natory, Other Place)	25c. Loca	tion - City, Tox	wn, And State					
Removal From State				20115							
Other (Specify): 26. Was Coroner Contacted? 27. Name An	CHAPEL LAWN ME		DENS	SCHE	RERVILL	E, IN	12	7a. Funeral I	Home License Number:		
☐ Yes ☒ No		,	DO 4 D 1 1 1 0 1		1 10000		_		204		
27b. Signature Of Indiana Funeral Service Licensee	FUNERAL HOME, 90	39 KLEINMAN	ROAD, HIGH	LAND, I		icense Number (Of		H103000	J21		
CORNELIUS KUIPER, BY ELECTRO		ause Of Death (See I	actactions And S	(xamplas)		1014511 115 IS A TRUE	CORVO		7		
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Ver	Jaiveign Or Compliantings T	hat Disaethy Coursed T	he Dooth Do Mat 5	intor Tormin	THE R	FCORD ON I	THE MAINT	1 771 117	Approximate Interval: Onset To Death		
A Line. Add Additinal Lines If Necessary.	Interial Pipiniation validous of	lowing The Ediology. E	Richard	Lines Office	Z74G1QQQQQQ	UNIT HEAL	H DEPAR	RTMENT	1.0 304		
Immediate Cause (Final Disease Or Condition Res	ulting In Death) A.	CIRRHOSIS OF LIVE	R12 () (2)	Due to (Or As A	Consequence Of)	AOD AO	2015		WEEKS		
Sequentially List Conditions, If Any, Leading To Th	ne Cause Listed On B.			1_		PATITY U J	2010				
Line A. Enter The Underlying Cause (Disease Or I The Events Resulting In Death) Last	njury That Initiated			Due to (Or As A (consequence On:	-	> ,				
,	С.	E is	EAL I	Due to (Or As A (2077 E		 		
	D.	See IN	HAMA	29. Was An		COUNTY HEA	LTH OFFI	CED			
Part II. Enter Other Significant Conditions Contributing to	Jean But Not Resulting in The	Underlying Cause Givin	mim		/	Available To Comp		e Of Death?			
NATURAL 31. Did Tobacoo Use Contribute To Death? 33. Did Tobacoo Use Contribute To Death?	2. If Female:					3. Manner Of Deat			Yes No		
Yes Probably No DX Unknown	Not Pregnant Within Past Year Not Pregnant, But Pregnant 43 Days To		Not Pregnant, But Pregna Unknown If Pregnant Witz		1 -	☑ Natural ☐ Homi ☑ Suicide ☐ Could	_		nding Investigation		
	35. Time Of Injury		Of Injury (E.G., Dece						ury At Work?		
									/		
38. Location Of Injury - State 3	8a. City Or Town	38b. Stre	et & Number				BC. Apt. No.	38d. Zi	p Code		
							<u> </u>				
39. Describe How Injury Occurred					Ê	0. If Transportation	nilita. Special	FADO ES	UNLESS		
41. Signature, Of Person Certifying Cause Of Death: RUPESH J. SHAH, BY ELECTRONIC	SIGNATURE					(Check Only One)	Coroner	⊟ Heat	h Officer		
43. Name, Address And Zip Code Of Person Certifying C.						44. License Nu			le Certified		
RUPESH J. SHAH , 202 E 86TH PLA	CE, MERRILLVILLE	, IN 46411				020021106/	7	2 - 0	4/09/2015		
46. Additional Funeral Service Provider: 47. *Akås:											
48. Signature of Local Health Officer. 49. For Registrar Only - Date Filed (Month/Day/Year):											
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE APR 09 2015 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											
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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 penany for refusal. FIXED