

2015 069582

STATE OF IND. LAKE COUNTY FILED

2015 OCT 13 PM 1:16

MICHAEL P. HARMON RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-07-29-183-003.000-027

MICHAEL P. HARMON, being first duly sworn upon oath, deposes and says:

1. That MICHELLE M. MEDWETZ, died on the 5th, February, 2015 at Munster, Lake County, Indiana. *AKA Michelle Harmon Medwetz KE*

2. That at the time of her death, she held a Life Estate in the following described real estate:

LOT 3, BLOCK 4, OF FAIRMEADOW 6th ADDITION, IN MUNSTER, INDIANA, LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 1908 BLUEBIRD LANE, MUNSTER, IN 46321

3. That no Federal Estate Tax is due as a result of the death of Michelle M. Medwetz.

4. That this Affiant's relationship to the Decedent was Son.

FURTHER, your Affiant saith naught.

This Document is the property of the Lake County Recorder.

DEANNA L. GRIGGS Notary Public Lake County, Indiana My Commission Expires February 20, 2021

STATE OF INDIANA, COUNTY OF LAKE

Subscribed and Sworn to before me, a Notary Public this *9th* day of *October*, 2015.

My Commission Expires: *2-20-21* Signature *[Signature]* Resident of *LAKE* County Printed *DEANNA L GRIGGS*, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45. No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Signature of Preparer *[Signature]* Printed Name of Preparer *DeAnna L Griggs*

FILED

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OCT 13 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

M.M. \$13.00 M.E. CHASIA

Community Title Company 152156



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 44161

Local No 000448

EDR No 00000431154

State No 006304

1. Decedent's Legal Name (First, Middle, Last) MICHELLE M MEDWETZ				1a Maiden Name (If female) CADY		2 Sex FEMALE	3 Time Of Death 01:35 AM	4. Date Of Death (Month/Day/Year) 02/05/2015
5. Social Security Number	6a. Age - Yrs 70	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) 10/16/1944		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
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 checked="" 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) 1908 BLUEBIRED LANE				12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		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 MANAGER		17. Kind Of Business/Industry ACCOUNTING	
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 1908 BLUEBIRD LANE		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) JOHN S. CADY			23. Mother's Name (First, Middle, Last) FRANCIENE B CADY			23a. Mother's Maiden Last Name BAZARKO		
24. Informant's Name MICHAEL HARMON		24a. Relationship To Decedent SON		24b. Mailing Address - (Street And Number, City, State, Zip Code) 1901 SOUTH CALUMET AVENUE APT 2508, CHICAGO, IL 60616				
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 Cemetery, Crematory, Other Place) KELLY CARROLL CREMATION SERVICE GARY, IN			25c. Location - City, Town, And State		
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): P08601763		
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 Overcrowd. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. LUNG CANCER WITH PLEURAL EFFUSION Due to (C) As A Consequence Of: B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (C) As A Consequence Of: C. Due to (C) As A Consequence Of: D. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I								Approximate Interval: Onset To Death WEEKS YEARS
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown								THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT FEB 10 2015 LAKELAND HEALTH OFFICER NOT VALID UNLESS
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		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 <input type="checkbox"/> Other (Specify)
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		45. Date Certified 02/06/2015
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 09 2015		

