## 2015 084171

STATE OF INDIANA

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) SS:

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 DEC 17 AM 9:23

MICHAEL B. BROWN

RECORDER

COUNTY OF LAKE

## **AFFIDAVIT**

I, Jason L. Zimmer, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.

2. Affiant is the Successor Trustee of the Irene M. Zimmer Living Trust dated January 12, 2012, and the son of the decedent.

3. Said Irene M. Zimmer died on November 17, 2015. See attached Death Certificate for Irene M. Zimmer,

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

Lot No. Nine (9) and South Half of Lot No. Eight (8) as marked and laid down on the recorded plat of Park Manor of Addition to the Town of Schererville, Lake Coupty, Indiana, as the same appears of record in Plat Book 29, page 58, in the Recorder's Office of Lake County, Indiana.

Commonly known as: 1720 South Park Avenue, Schererville, IN 46375

Key No.: 45-11-15-129-010.000-036 and 45-11-15-129-0110000-036

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

6. This affidavit relates to a bits Estate Interest.

7. Affiant's relationship to the deceased was her son.

(QIAN P m ... FILED Jason L. Zimmer, Aftijant 19920 Austin 017717 15. aker 7890 Lowell, IN 46356 DEC 1 7 2015 JOHN E. PETALAS LAKE COUNTY AUDITOR

STATE OF INDIANA

COUNTY OF LAKE

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

) SS:

Signed and sealed this  $14^{\text{tr}}$  day of December, 2015.

My commission expires: 2/13/2018

OTAC EA Resident of: Lake County, IN

**Document is** 

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Tumper in this document unless required by law." /s/Gary P. Bonk

Signature:

the Lake County Recorder!

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

INDIANA	STATE	DEPAR	TMENT	OF	HEALTH
	CERTIF	ICATE	OF DEA	TH	

Tracking No.	71	175
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Local No 003811 1. Decedent's Legal Name (First, Middle, Last)			EDR No 000000479861		1 Sta	State No 054475			
	niquie, Last)		1a. Maiden Nam	e (internale)		3. Time Of Death 12:10 PM	4. Date Of Death (Month/Day/Year) 11/17/2015		
5. Social Security Number 6a. A	ge - Yrs 6b, Under	1 Year 6c. Under 1 N		6e. Under 1 Hour 7.	FEMALE Date of Birth (Month/Day/Ye		City and State or Foreign Country)		
	98 Months	Days	Hours	Minutes	01/18/1917		SBURG, MI		
9. Ever in U.S. Armed Forces?	10. If Death Occurred I	•		10a. If Death Occurred Hospice Facility	Somewhere Other Than A Ho	ospital Nursing Home/Long-te	arm Care Facility		
Yes No Unknown			atient 🔲 Dead on Arrival	Other (Specify)					
ST ANTHONY HOSPIC	E-CROWN POI								
12. City Or Town, State, And Zip C	ode			13. County Of Death			Status At Time Of Death		
CROWN POINT, IN, 46	307		15a. (If Wfe)Give Maiden Last Name		16. Decedent's Usua	🖾 Widowe	Widowed Never Married Unknown 17. Kind Of Business/Industry		
io. Guinnig geolas a mano				Last Name		roccupation	17. Kind Of business/indusity		
18. Residence - State		18s. County	<u> </u>	18b. City Or Town	HOMEMAKER		OWN HOME		
INDIANA		LAKE		SCHERERVIL	15				
18c. Street And Number		JLAKE		SUNEKERVIL	18d. Ap	t. No. 18e. Z	ip Code 18f. Inside City Limits?		
1720 SOUTH PARK ST	REET					4	6375 Xes 🗆 No		
19. Decedent's Education HIGH SCHOOL GRAD		20. Decedent Of h	Hspanic Origin	21. Dece	edent's Race				
COMPLETED		NOT HISPA	NIC	White			:		
22. Father's Name (First, Middle, L	ast)			23. Mother's Name (Firs	st, Middle, Last)	236	a, Mother's Maiden Last Name		
PHILIP CLAIRE		Data Dalakian	the To Decedent	DELIA CLAIRE			MONSAU		
			ship To Decedent		Street And Number, City, State				
JASON LIZIMMER		SON	25. Pla	ce Of Disposition	STREET, LOWELL	, IN 40300			
25a. Method Of Disposition	ation 🔲 Entombment	25b. Place Of Dispositio	n Name Of Cemetery, Cre	amatory, Other Place)	25c. Location - City, Town, Ar	nd State			
Removal From State Other (Specify):		ST MICHAEL C	Docu	ment i	SHERERVILLE. I	A.			
26. Was Coroner Contacted?	27. Name And	Complete Address Of Fu	neral Facility		AT T	A	27a. Funeral Home License Number.		
Yes 🖾 No	SOLAN-PF	NUZIN FUNERA		DBA SOLAN-PR	NOZIN 14 KENNED	Y AVENUE,	FH10200037		
27b. Signature Of Indiana Funeral DEAN G WAGNER , B	Con ine Linemene			is the pro	perty 27c incens	Number (Of License			
28. Part I. Enter The Chain Of	T LECOTRONAL	the	Cause Of Death (See	Instructions And Exa	amples)	0021	Approximate		
Such As Cardiac Arrest, Resp	iratory Arrest, Or Ventr	juries, Or Complication icular Fibrillation Witho	ns - That Directly Caused out Showing The Etiology	The Death, Do Not Ent . Do Not Abbreviate, En	er Terminal Events Iter Only One Cause On		Interval; Onset To Death		
A Line. Add Additinal Lines If	· ·	ling in Death)	A. VENTRICULAR AR	RHYTHMIA			15 MINUTES		
		ang in boatin		OL	re to (Or As A Consequence Oi):				
Sequentially List Conditions, I Line A. Enter The Underlying	Cause (Disease Or Inj	Cause Listed On ury That Initiated	B. MULTI ORGAN SY	D	18 10 (Or As A Consequence Of). DGY MULTI- VALVULAR HI		2 WEEKS		
The Events Resulting In Death	n) Last			CARDIAC ARRHYTHM			4 MONTHS		
			0.						
Part II. Enter Other Significant Con	ditions Contributing to De	ath But Not Resulting in	The Underlying Cause Giv		9. Was An Autopsy Performe	L 19			
31. Did Tobacoo Use Contribute T	o Death? 32	If Female:		3	0. Were Autopsy Finding Ava	anner Of Death:	e Cause Of Dealin? Yes No		
Yes Probably 🛛 No		Not Pregnant Within Past Year	Pregnant Al Time Of Doalh Oaya To 1 year Bafore South		Within 42 Days Of Death 🛛 🔀 Na		Accident Pending Investigation		
34. Date Of Injury (Month/Day/Yea		5. Time Of Injury			ant's Home, Construction Site,				
		1							
38. Location Of Injury - State	38	a. City Or Town	THE RECORE	ON FILE WITH		38c. Ap	t. No. 38d. Zip Code		
39 Describe How Injury Occurred			LAKE COUNTY	HEALTH DEPART		Transportation Injury,	Specify:		
1			ALCOST	DIANA	Drive	n/Operator []Permenger [ NO1	Specify: Pedestrian Dother (Specify)		
41. Signature, Of Person Certifyin ELIZABETH PRZENIC		TRONIC SIGNA	TURE	27 2013	42. Certifier (Ch	eck Only One)			
43. Name, Address And Zip Code			~~~·			14. License Number			
ELIZABETH PRZENIC		MMERCE DRIV		WN POINT, IN2		01033089A			
46. Additional Funeral Service Pro		1	LAKE COUNT	Y HEALTH OFFIC	ER	47. VAKasi			
48. Signature of Local Health Office SUSAN W. BEST, VIA			······································	ng	49. For Registrar O	nly IDaleBuild (Md			
UUUNIN W. DEOT, VIA			DMENT TO CERTIFICA	TE OF DEATH (ENTR)	Y OR ORIGINAL)		Level Lovel Lovel (Speed )		
c						Unit			
						TILT			
-						业而且			
State Form 53395 ATTENTION	ESTATE: The Social	Security # is being req	uested by this state agen	icy in order to pursue re	sponsibility. Disclosure is v	voluntary RAIS	D'SEAL'AFFIXED		