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**JOINT
TENANCY
AFFIDAVIT**

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 005240
2016 JAN 25 AM 8:46
MICHAEL B. BROWN
RECORDER

Dorothy Vicari, hereinafter referred to as the affiant, states under oath that the affiant resides at 2414 Forest Park Dr, in the Town of Dyer, Indiana, that the affiant was acquainted with **Charles R. Vicari**, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy/tenancy by the entirety warranty deed, said property located in Lake County, Indiana, and legally described as follows:

Lot Twenty-Five (25) and the South 15 feet of Lot Twenty-Four (24), Plum Creek Annex, a subdivision, in the Town of Dyer, Lake County, Indiana.

Property Number: 45-10-13-152-004.000-034
Property Address: 2414 Forest Park Drive, Dyer, Indiana 46311-2109

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on October 30, 2011, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$150,000; and

That the value of the above property individually was \$125,000.

20447

That the affiant makes this affidavit to induce any title company to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold any title company, harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

FILED
JAN 25 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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etc. 1366
T.M.
etc.

1. Claims against the estate of Charles R. Vicari, the decedent;
2. Indiana State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

IN WITNESS WHEREOF, the Grantor, **DOROTHY VICARI**, has hereunto set her hand and seal this 23rd day of January, 2016.

Dorothy Vicari
DOROTHY VICARI

STATE OF INDIANA, COUNTY OF LAKE ss.

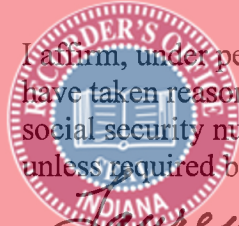
Before me, the undersigned Notary Public, in and for said County and State, this 23rd day of January, 2016, personally appeared **DOROTHY VICARI** and acknowledged her execution of the foregoing instrument as her voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal.

Laurence Velchek

NOTARY PUBLIC

Printed Name: Laurence A. Velchek
 County of Residence: Lake
 My Commission Expires: 10/24/2023



I affirm, under penalties for perjury, that I have taken reasonable care to redact each social security number in this document unless required by law.

Laurence Velchek



This Instrument prepared by the Law Offices of Laurence Velchek, Attorney at Law, 9130 S. Houston Ave., Chicago, IL 60617 IN Atty No.11845-45



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003353

EDR No 00000226825

State No 047880

1. Decedent's Legal Name (First, Middle, Last) CHARLES R VICARI			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 09:30 PM	4. Date Of Death (Month/Day/Year) 10/30/2011	
5. Social Security Number	6a. Age - Yrs 94	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) 08/25/1917		8. Birthplace (City and State or Foreign Country) HAMMOND, LA
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) REGENCY PLACE OF DYER								
12. City Or Town, State, And Zip Code DYER, IN, 46311				13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name DOROTHY VICARI			15a. (If Wife) Give Maiden Last Name NOWAKOWSKI		16. Decedent's Usual Occupation BUS DRIVER		17. Kind Of Business/Industry MUNICIPAL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		18d. Apt. No.	18e. Zip Code 46311	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 2414 FOREST PARK DRIVE		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) ANTONIA VICARI			23. Mother's Name (First, Middle, Last) MARIA VICARI			23a. Mother's Maiden Last Name CALABRESE		
24. Informant's Name DOROTHY VICARI			24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 2414 FOREST PARK DRIVE, DYER, IN 46311		24c. Address (Street And Number, City, State, Zip Code)	
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. Place Of Disposition CALUMET CITY, IL		25d. 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 FAGEN-MILLER FUNERAL GARDENS INC., 1920 HART STREET, DYER, IN 46311				27a. Funeral Home License Number: FH83001504		
27b. Signature Of Indiana Funeral Service Licensee: LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): ED010068015			27d. Date Of Signature: NOV 02 2011		
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. <u>METASTATIC CARCINOMA OF PROSTATE</u> Due to (Or As A Consequence Of): B. <u>CORONARY ARTERY DISEASE</u> Due to (Or As A Consequence Of): C. <u>ORGANIC BRAIN SYNDROME</u> Due to (Or As A Consequence Of): D. <u>FAILURE TO THRIVE SYNDROME</u> 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 Interval: Onset To Death 3 YEARS 5 YEARS 2 YEARS 3 MONTHS								
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		
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 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		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			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: FRED ADLER, 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: FRED ADLER, 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 46321						44. License Number 01019251A		45. Date Certified 11/02/2011
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): NOV 03 2011		

