

AFFIDAVIT

On this 25th day of August, 2016 before me personally appeared George Turoci to me personally known, who being duly sworn on oath did say that:

Affiant resides at the address given below affiant's signature:

1. Affiant is son of owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.

2. Said Katherine Turoci (fill in name of life estate tenant who died) died on the 3rd day March, 2016

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

Lot 2 and the East Three feet of Lot 3 in Block 2 in Highland Park Manor, as per plat thereof, recorded in Plat Book 21, Page 41, in the Office of the Recorder of Lake County, Indiana, Parcel No. 45-07-22-352-024.000-026

4. Where this affidavit relates to a Life Estate Interest only.

5. Affiant's relationship to the deceased was son of Katherine Turoci

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG 31 AM 10:05

MICHAEL J. BROWN
NOTARY PUBLIC

Signature: George Turoci

Printed Name George Turoci

Address: 737 Durbin Street

Schererville, IN 46375

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared George Turoci and he being first duly sworn by me upon his oath, say that the facts alleged in the foregoing document are true and correct. Signed and sealed this 25th day of August, 2016.

My Commission Expires: 02/01/2024



LISA M. MATSON
Lake County
My Commission Expires
February 1, 2024

This instrument prepared by Joseph Banasiak, Attorney at Law, 2546 - 45th Street, Highland, IN 46322 (219) 924-3029

**FIDELITY NATIONAL
TITLE COMPANY**

92010-1362

FILED

AUG 29 2016

004977 JOHN E. PETALAS
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 81926

Local No 000779

EDR No 000000499216

State No 010923

| | | | | | | | | | | |
|---|----------------------------|---|--|--|--|---|--|---|---|---|
| 1. Decedent's Legal Name (First, Middle, Last) KATHERINE TUROCI | | | | 1a. Maiden Name (If female) SAGE | | 2. Sex FEMALE | 3. Time Of Death 09:15 PM | 4. Date Of Death (Month/Day/Year) 03/03/2016 | | |
| 5. Social Security Number | 6a. Age - Yrs 97 | 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) 04/18/1918 | | 8. Birthplace (City and State or Foreign Country) CHICAGO, IL | | |
| 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) 3245 RIDGE ROAD | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322 | | | | | 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 HOMEOWNER | | 17. Kind Of Business/Industry OWN HOME | | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town HIGHLAND | | 18d. Apt. No. | | 18e. Zip Code 46322 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18c. Street And Number 3245 RIDGE ROAD | | | 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) ANDREW SAGE | | | 23. Mother's Name (First, Middle, Last) ROSE SAGE | | | 23a. Mother's Maiden Last Name POLGAR | | | | |
| 24. Informant's Name JAMES TUROCI | | 24a. Relationship To Decedent SON | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 8701 OSBOURNE ROAD, HIGHLAND, IN 46322 | | | | | | |
| 25. Place Of Disposition | | | | | | | | | | |
| 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) CHAPEL LAWN MEMORIAL GARDENS | | | 25c. Location - City, Town, And State SCHERERVILLE, IN | | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319 | | | | | 27a. Funeral Home License Number: FH1060026 | | | |
| 27b. Signature Of Indiana Funeral Service Licensee: RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): 5108780086 | | | | |
| 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. | | | | | | | | | Approximate Interval: Onset To Death | |
| Immediate Cause (Final Disease Or Condition Resulting In Death) A. CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CONGESTIVE HEART FAILURE AND SUPRA VALVULAR AORTIC STENOSIS Due to (Or As A Consequence Of): B. LAKE COUNTY HEALTH DEPARTMENT C. MAR 08 2016 D. LAKE COUNTY HEALTH DEPARTMENT | | | | | | | | | YEARS | |
| 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | 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 | |
| 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 | | | 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 |
| 34. Date Of Injury (Month/Day/Year) | | 36a. City Or Town | | 36b. Street & Number | | 36c. Apt. No. | | 36d. Zip Code | | |
| 38. Location Of Injury - State | | | | | | 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) | | | | | | NOT VALID UNLESS | | | | |
| 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 03/05/2016 | | |
| 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): MAR 08 2016 | | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | | |