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# Chicago Title Insurance Company

## AFFIDAVIT

1606476

2017 002376

On this 12/29/16 before me personally appeared KEVIN ZAREMBA

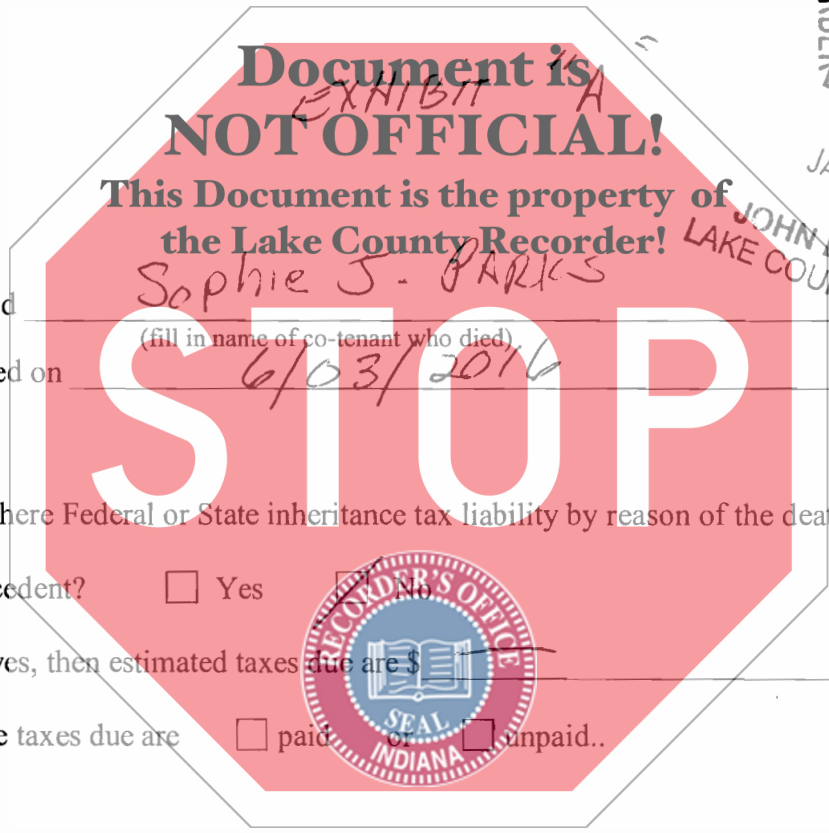
to me personally known, who being duly sworn on oath did say that:

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

2. That Sophie J PARKS her life estate interest in the following described land:

2017 JAN 12 AM 11:30  
MICHAEL B. BOON  
RECORDER  
FILED  
JAN 11 2017  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

CHICAGO TITLE INSURANCE COMPANY



3. Said Sophie J. PARKS (fill in name of co-tenant who died) died on 6/03/2016

4. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

010264

18 - non call  
AM

1820501639

5. Affiant's relationship to the deceased was Closing Agent

Signature: [Handwritten Signature]

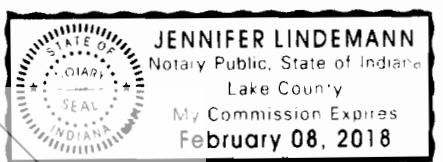
Printed Name KEVIN ZOMERMAN

Address: 9732 PRAIRIE AVE  
HIGHLAND IN 46322

Subscribed and sworn to before me by the affiant

This 12/29/16  
(insert date)

[Handwritten Signature]  
Notary Public



Printed Name \_\_\_\_\_

My County of Residence is \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

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

This instrument prepared by Kevin Zomerma



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. Andrea A Plasencia



**EXHIBIT "A"**

UNIT NO. 1R, 1224 PRIMROSE LANE IN AUBURN MEADOW TERRACE HOMES, A HORIZONTAL PROPERTY REGIME, CREATED BY A DECLARATION OF CONDOMINIUM RECORDED MAY 2, 2002 AS DOCUMENT NO. 2002 041519 AND AMENDED BY A CERTAIN AMENDMENT RECORDED OCTOBER 3, 2003 AS DOCUMENT NO. 2003 106073, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AND LIMITED AREAS AND FACILITIES APPURTENANT THERETO.

45-11-08-402-031. 000-036

Property  
Address:

1224 Primrose Lane, Schererville, IN 46375





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 91175

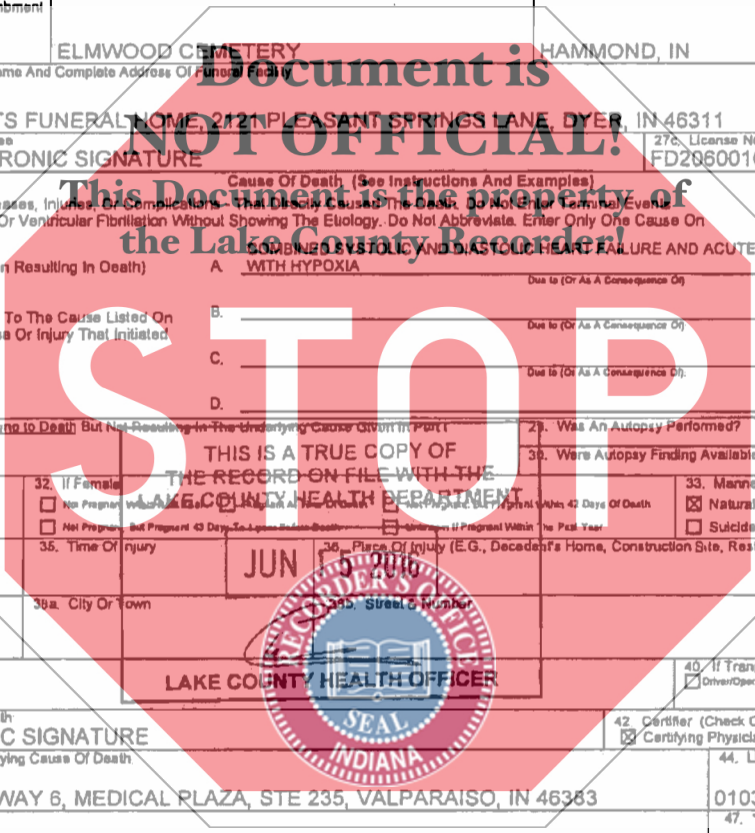
Local No 001806

EDR No 00000515078

State No 026343

1. Decedent's Legal Name (First, Middle, Last) <b>SOPHIE J PARKIS</b>		1a Maiden Name (if female) <b>DREMONAS</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>12:26 AM</b>	4. Date Of Death (Month/Day/Year) <b>06/03/2016</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>96</b>	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) <b>01/20/1920</b>	
8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>		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		
11. Facility Name (If Not Institution, Give Street and Number) <b>1224 PRIMROSE LANE</b>			12. City Or Town, State, And Zip Code <b>SCHERERVILLE, IN, 46375</b>			13. County Of Death <b>LAKE</b>	
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 <b>SECRETARY</b>
17. Kind Of Business/Industry <b>CLERICAL</b>		18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>	18b. City Or Town <b>SCHERERVILLE</b>		
18c. Street And Number <b>1224 PRIMROSE LANE</b>		18d. Apt. No.	18e. Zip Code <b>46375</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>GEORGE DREMONAS</b>		23. Mother's Name (First, Middle, Last) <b>CHRISTINE DREMONAS</b>		23a. Mother's Maiden Last Name <b>KONTOS</b>			
24. Informant's Name <b>GEORGETTE DEPEW</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1366 WILDFLOWER WAY, SCHERERVILLE, IN 46375</b>			
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) <b>ELMWOOD CEMETERY</b>		25c. Location - City, Town, And State <b>HAMMOND, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311</b>			27a. Funeral Home License Number <b>FH1100037</b>		
27b. Signature Of Indiana Funeral Service Licensee <b>TIMOTHY G SMITS, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD29600101</b>			28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>COMBINED SYSTEMIC AND PULMONARY HEART FAILURE AND ACUTE RESPIRATORY FAILURE</b>		
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>IMMEDIATE CAUSE (Final Disease Or Condition Resulting In Death)</b> A. <b>WITH HYPOXIA</b> Due to (Or As A Consequence Of) B. _____ Due to (Or As A Consequence Of) C. _____ Due to (Or As A Consequence Of) D. _____		Approximate Interval Onset To Death <b>1 MONTH</b>		Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.			
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"/> No Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant 1 Year Or More Before Death		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 And 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 <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>			
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 <b>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>		44. License Number <b>01031582A</b>			
45. Date Certified <b>06/03/2016</b>		46. Additional Funeral Service Provider		47. Attest: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>			
48. Signature Of Local Health Officer		49. For Registrar Only - Date Filed (Month/Day/Year) <b>JUN 07 2016</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

CHICAGO TITLE INSURANCE COMPANY



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