DECEASED JOINT TENANCY AFFIDAVIT

2017 005971

STATE OF INDIASA LAKE COUNTY FILED FOR RECORD

2017 JAN 26 AM 10: 32

MICHAEL B. BROWN RECORDER

STATE OF ILLINOIS

) SS

COUNTY OF COOK

KAREN S. BONDI, hereinafter referred to as the affiant deposes and states that the decedent resided at 311 Spruce Court, Lowell, IN 46356.

That the decedent, PETER N. BONDI, at the time of his death was one of the owners of the property in Lake County, Indiana, legally described

LOT 25 IN MEADOWBROOM N OF LOWELL, AS PER PLAT THEREOF, RECORDED IN 75. AND AMENDED BY CERTIFICATE OF CURRECTION RECORDED DUDY OF 1994 VAS POCUMENT NO. 94040368, IN THE OFFICE OF THE REORDER OF LAKE COUNTY, INDIANA.

Parcel Identification Number:

45-19-27-233-002.000-038

PROPERTY ADDRESS:

311 Spruce Court, Lowell, IN 46356

That said decedent died on October 12, 2016, leaving a last will and testament.

That the Indiana Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full:

That the affiant makes this affidavit to induce any TITLE SERVICES COMPANY to issue its Policy of Title Insurance on the above described property.

STATE OF ILLINOIS

COUNTY OF COOK

, 2017, I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that KAREN S. BONDI, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

MAUREEN P. SULLIVAN OFFICIAL SEAL Notary Public - State of Illinois
My Commission Expires
December 21, 2017

number in this document, unless required by law.

IOTÁRY PUBLIC

Prepared by and

Mail to:

Scott R. Wheaton, 3108 Ridge Road, Lansing, IL 60438

JAN 26 2017

John E. Petalab I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Society AUDITOR

000415.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 101983

aie	No 00:	ED	EDR No 00000537051					State No 048066							
1. Decedent's Lecal.N	ame (First	Middle, Last)			1a, Maide	n Name	(If female)		2 Sex	3.	Time Of Death	4. 0	Date Of Death (Month/Day/Year)	
PETER N BON 5. Social Security Nu		Ana Vee	En Hadas 1 V		Dadas (Marib	6d. Under 1		C- Under Allera	12.50	MA		09:40 AM	(6%) 2246	10/12/2016	
5. Social Security No.	nber oa.	- Age - YIS	6b. Under 1 Y	ear oc.	Under 1 Month		Jay	6e. Under 1 Hour	7. Date	e ot Birth (Wo	nth/Day/Year)			State or Foreign Country)	
9. Ever in U.S. Armed	Forces?	73 ·	Months th Occurred In A	Day	3	Hours		Minutes 10a, If Death Occu	wed Som	07/30/1		CHICAG	<u>0, IL</u>		
⊠ Yes □ No □			ent 🔲 Emergen		nent Outpatient	☐ Dead on A	Arrival	☐ Hospice Facility ☐ Other (Specify)	/ Ø	Decedent's Ho		rsing Home/Long	-term Care	Facility	
11. Facility Name (If			et and Number)							-					
12. City Or Town, Sta								13. County C	Of Death			14. Marital	Status At	Time Of Death	
LOWELL, IN, 4	6356			٠.				LAKE				⊠ Marrie	Married Married, But Separated Divorce Wildowed Never Married Unknown		
15. Surviving Spouse					15a	. Last Name Be	fore Fire			16. Deced	ent's Usual Oc	_!		Kind Of Business/Industry	
KAREN BOND	ı				G	JSE				SECUE	ITY GUAF	חס	SEC	CURITY	
18. Residence - State		·	. 7	8a. Count		/OL		18b. City Or Tow	vn	OLCON	ITT GOAL	10	JOLO	201111	
INDIANA			14	ΙKE				LOWELL							
18c. Street And Numb	er				. /			120,122			18d. Apt. No	18e, 2	Zip Code	16f. Inside City Limits?	
311 SPRUCE	COURT				/_			4				.	46356	⊠ Yes □ No	
19. Decedent's Education 20. Decedent Of Hispanic Origin CULTURE 21. Decedent Race															
BACHELOR'S	DEGRE	E (BA. A	AB. BS)	NOTA	HSPANIC		\ T	White		T			,	•	
22. Parent's Name (Fir					NU		71	23. Parent's Name (F	irst, Mick	fle, Last)		23a	i, Parent's	Last Name Before First Mamage	
PETER BOND			. /	Th	is Do	0111110		AINE BON	Obox	ants:	of	ST	ILES		
24, Informant's Name								LAINE BON							
KAREN BOND				SPO	otlee L	ake (O	msprRe	COU	REDW	ELL, IN 4	6356			
25a, Method Of Dispos	ition	-	25b.	Place Of C	Disposition (Na			Of Disposition latory, Other Place)	25c. L	ocation - City,	Town, And St	ate			
☐ Burial ☑ Cremati		ation 🔲 Ent	tombment												
Removal From Sta	9		GE	SEN C	REMATIC	ON CENT	RE		CRC	WN POI	NT, IN				
26. Was Coroner Cont	cted?		Name And Comp	lete Addre	ss Of Funeral F	Facility							27a.	Funeral Home License Number:	
☐ Yes ☒ No			WELL. IN 4		HOME AN	ID CKEMA	AHOI	N SERVICES	, 604	E. COM	MERICAL	AVENUE,	FH8	3004277	
27b Signature Of Indi JENNIFER LYN				ONIC S	SIGNATU	RF					c. License Nu 02130001	mber (Of License	e):		
					Cat	use Of Death	•	nstructions And E		s) .				Approximate	
28. Part I, Enter The Such As Cardiac A	rest, Respi	ratory Arres	t, Or Ventricular	Fibrillatio	plications - The on Without Sho	at Directly Cau owing The Etio	ised Th logy, D	ne Death, Do Not E to Not Abbreviate, F	inter Ten Enter On	minal Events ly One Caus	e On			Interval: Onset To Death	
A Line. Add Addition							TITI	P.C.			_			0.454.00	
Immediate Cause (·inai Disea	se Or Condi	tion Resulting II	1 Death)	A. <u>.</u>	ADENOCARIO	NOMA	OF COLON WITH	Due to (Or A	AC I AS I ASIS	Ot).	-/-		8 YEARS	
Sequentially List Co	nditions, I	Any, Leadi	ng To The Saus	e Listed C	ე _ი B		/ 	-T - III C	Que to (Or A	s A Consequence	Óη	/			
Line A. Enter The t The Events Resulting			iase Or Injury N	nat Initiate	. C.	~								<u> </u>	
· ·						E		P. 1	Due to (Or A	s A Consequence	OI):				
Part II. Enter Other Sign	ificant Cond	fitions Contrib	outing to Death B	ut Not Res	D	nderlying-Caylor	-Given	In Part I	29. Was	An Autopsy F	Porformed?				
						T	44	BATTER C	SON OF	- /-	1	To Complete The			
31. Did Tobacco Use C	ontribute To	Death?	32. If Fe	male:		THE	RECT	OPP ON THE	NULLE DEPAR	THENT		Of Death:			
Yes Probably	□ No 🛭	Unknown			Past Year. Past Year. Past Year.			Not Pregnant, But Pregnant			K	☐ Homicke ☐ ☐ Could Not Be		Pending Investigation	
34. Date Of Injury (Mor	th/Day/Yea	7)		e Of Injury				Hippy (E. Go Deep						37. Injury At Work?	
							10		<u> </u>		<u> </u>			Yes No	
38. Location Of Injury -	State		38a. City	Or Town		385	. Stree	t & Number		,		38c. Apt	. No.	38d. Zip Code	
20 Danasha Hawlein							(10			I to Witness	- defendation C			
39. Describe How Injur	Occurred					LAK	E CO	UNTY HEALT	TH OF	TICER	Driver/Grans	portation Injury, S	Pedestrian	D'UNLESS	
41. Signature, Of Person Certifying Cause Of Death: 42. Certifier (Check Of															
LYLE R MUNN 43. Name, Address And	BY EL	ECTROI of Person Ce	NIC SIGNA rtifying Cause Of	TURE_ Death:						☑ Cert		Coror	et.	Health Officer 45. Date Certified	
						CTC 225	1/41	DADAICO IN	1 4620	2	0103	I, H 502A		10/13/2016	
46. Additional Funeral			TVVAT 0, IVI	EDICA	L PLAZA,	STE 235,	VAL	PARAISO, IN	1 4030	<u>. </u>	47. 7	1582A kas:		10/13/2010	
48. Signature of Local I	lealth Office	r:								49. For Rec	istrar Only -	Date Filed (Mont	h/Day/Year):	
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE												OCT 14			
					AMENDMEN'	TO CERTIFI	CATE	OF DEATH (ENTR	Y OR O	RIGINAL)			· · ·		
					-							! !			
State Form 53395 AT	TENTION	ESTATE. TH	ne Social Securi	ty # is bei	ng requested	by this state ag	gency is	n order to pursue re	esponsib	ility. Disclos	ure is volunta	ny antividanta	The hope	A, L. AEFIXED	