2017 007104

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 FEB - 1 AH 10: 37

MICHAEL B. BROWN RECORDER

STATE OF INDIANA

COUNTY OF LAKE

) SS: \

AFFIDAVIT

I, Elizabeth Pilarcik-Tellez, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

This Document is the property of

2. I am a Successoh & Trust Coof The Ritarcik Personal Trust Dated February 18, 2002.

3. Alfred J. Pilarcik (aka Alfred James Pilarcik) and Theresa C. Pilarcik (aka Theresa Caroline Pilarcik), Trustees of The Pilarcik Personal Trust as amended, Dated February 18, 2002, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

SEE ATTACHED LEGAL DESCRIPTION

Common Known As: 9813 W 87th Place, Schererville, IN 46375,

8800 Patrish Street, Schererville, IN 46375,

8601 Grand Avenue, Schererville, IN 46375, and

9812 W 87th Place, Schererville, IN 46375.

Property Numbers:

45-11-28-228-021.000-032

45-11-28-278-001.000-032

45-11-28-226-031.000-032

45-11-28-226-030,000-032

FEB 0.1 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

Affiant's Address: 2535 Flamingo Drive, Florissant, MO 63031

4. The Pilarcik Personal Trust Dated February 18, 2002, acquired title to said real estate by deed of conveyance on the <u>12th</u> day of <u>March, 2004</u>, and recorded in the Office of the Lake County Recorder on March 24, 2004, as Document No. 2004 024064.

5. Theresa C. Pilarcik (aka Theresa Caroline Pilarcik) died on November 29, 2016. See attached Death Certificate for Theresa C. Pilarcik (aka Theresa Caroline Pilarcik).

100521

6. Affiant's relationship to the deceased is her granddaughter.

7. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

NOT OF TABLET PLACE Affiant

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STATE OF INDIANA the Lake County Recorder!

COUNTY OF LAKE

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

Signed and sealed this 30th day of January, 2017.

My commission expires: 02/13/2018

Lesa A. Potacki

Resident of: Lake County, Indiana

"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." /s/Gary P. Bonk

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

Legal Description: 45-11-28-228-021.000-032

45-11-28-278-001.000-032 45-11-28-226-031.000-032 45-11-28-226-030.000-032

THAT PART OF BLOCKS 9, 10 AND 11 ALONG WITH THE ADJOINING DRIVEWAYS IN LAKE HILLS SUBDIVION, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 21. PAGE 32 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA AND PART OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28. TOWNSHIP 35 NORTH, RANGE 9, WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEAST CORNER OF SAID SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28, THENCE NORTH 89 DEGREES 26 MINUTES 26 SECONDS WEST ALONG THE NORTH LINE OF SAID SOUTHEAST QUARTER, A DISTANCE OF 332.85 FEET, THENCE SOUTH 00 DEGREES 40 MINUTES 45 SECOND'S EASTUANED PARALLE FLOW FIFTY HEF EAST LINE OF SAID SOUTHEAST QUARTER AT DISTANCE OF R200,501 FIET; THENCE SOUTH 89 DEGREES 26 MINUTES 26 SECONDS EAST, A DISTANCE OF 109.85 FEET, THENCE SOUTH 00 DEGREES 40 MINUTES 45 SECONDS EAST, A DISTANCE OF 225.00 FEET; THENCE NORTH 89 DEGREES 26 MINUTES 26 SECONDS WEST, A DISTANCE OF 405,46 FEET: THENCE NORTH 30 DEGREES 36 MINUTES 52 SECONDS EAST, A DISTANCE OF 260.95 FEET; THENCE NORTH 00 DEGREES 40 MINUTES 45 SECONDS WEST, A DISTANCE OF 199.58 FEET TO THE NORTH LINE OF SAID SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28: THENCE NORTH 34 DEGREES 09 MINUTES 42 SECONDS EAST, A DISTANCE OF 108.05 FEET TO A LINE THAT SOURCE NORTH OF AS MEASURED ALONG THE EAST LINE OF THE NORTHEAST QUARTER OF SECTION 28 AND PARALLEL WITH THE NORTH INTER OF SAID SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28 THENCE SOUTH 89 DEGREES 26 MINUTES 26 SECONDS EAST, A DISTANCE OF 390.00 FEET TO THE EAST LINE OF THE NORTHEAST QUARTER OF SECULION 28, THENCE SOUTH 00 DEGREES 40 MINUTES 45 SECONDS EAST, A DISTANCE OF 150.00 FEET TO THE PLACE OF BEGINNING.

AND

THAT PART OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28; THENCE SOUTH ALONG THE EAST LINE OF SAID SECTION 28, A DISTANCE OF 400.50 FEET; THENCE WEST AND PARALLEL WITH THE NORTH LINE OF SAID SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28. A DISTANCE OF 218.00 FEET FOR THE PLACE OF

BEGINNING; THENCE NORTH AND PARALLEL WITH EAST LINE OF SAID SECTION 28, A DISTANCE OF 200.00 FEET; THENCE WEST AND PARALLEL WITH THE NORTH LINE OF SAID SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28, A DISTANCE OF 5.00 FEET; THENCE SOUTH AND PARALLEL WITH EAST LINE OF SAID SECTION 28, A DISTANCE OF 200.00 FEET; THENCE EAST AND PARALLEL WITH THE NORTH LINE OF SAID SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28, 5.00 FEET TO THE PLACE OF BEGINNING.

Subject to taxes and assessments, building and zoning laws and ordinances, building lines, roads and highways, any and all easements, covenants, conditions, agreements, restrictions and instruments of record, and the covenants, conditions and restrictions set forth below.



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	No 0000005460	81 State							
1. Decedent's Legal Name (First, Middle, Last)	. 1a. (Malden Name (If female)	2. Sex 3. Ti	me Of Death 4. Date Of Death (Month/Day/Year)						
THERESA CAROLINE PILARCIK	GRISH 6d. Under, I Day 6e. Under I Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace, (City and State or Foreign Country)						
86 Months Days	Hours Minutes		A company of the same of the s						
Ever in U.S. Armed Forces? 10. If Death Occurred in A Hospital:	10a. If Death Occu	11/07/1930 rred Somewhere Other Than A'Hospita							
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient	☐ Dead on Arrival ☐ Other (Specify)		ng Home/Long-term Care Facility						
11: Facility Name (If Not Institution, Give Street and Number) / ST ANTHONY HOSPICE-CROWN POINT	***************************************	- 11- H - 1/2 C							
12. City Or Town, State, And Zip Code	13. County	Of Death	14. Marital Status At Time Of Death						
CROWN POINT, IN, 46307	LAKE		☐ Married ☐ Married But Separated ☐ Divorced ☐ Microwed ☐ Divorced ☐ Unknown						
15. Surviving Spouse's Name 15a.	Last Name Before First Marriage	16. Decedent's Usual Occa	pation 17. Kind Of Business/Industry						
18, Residence State 118a County	18b, City Or To	ARTIST	SELF EMPLOYED						
INDIANA: LAKE	SCHERER	/IELE 18d. Apt No.	18e, Zip Code 18f. Inside City Limits?						
8790 PARRISH AVENUE			46375 ⊠ Yes □ No						
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED									
COMPLETED 22. Parent's Name (First, Middie, Last)	White	First Middle 4 ash	23a. Parent's Last Name Before First Marriage						
MEHILE GRISH 24. Informant's Name 24a. Relationship To		OBISHTY OF	POZDAL						
ELIZABETH PILARCIK-TELLEZ	RECOUNTY RAMIN	GO DRIVE, FLORISSAN	П. MO 63031						
25a. Method Of Disposition	25. Place Of Disposition 1.	25c. Location - City, Town, And Stat	TO SECTION AND THE SECTION OF THE SE						
□ Burial □ Cremetton □ Donatton ☒ Entembrent □ Removal From State	1 10 11								
Other (Specify): CHAPEL LAWN ME 26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral F		SCHERERVILLE, IN	27a. Funeral Home License Number.						
CHAPEL LAWN FUNERAL HO		DENS, 8178 S. CLINE AV							
27b, Signature Of Indiana Funeral Service Licenses:		27c. License Num	FH19900051						
SHELIA C. KIRBY, BY ELECTRONIC SIGNATURE	se Of Death (See Instructions And I	ED29500088							
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - The Such As Cardiac Arrest Respiratory Arrest Or Ventricular Fibrillation Without Sho	at Directly Caused The Death. Do Not wing The Etiology, Do Not Abbreviate.	Enter Terminal EverIHIS IS A TR	MELCOPY OF Interval: Onset						
A Luis, Aug Auditorial Lines it recessary.	ESPIRATORY DISEASE	LAKE COUNTY HE	LTH DEPARTMENT						
miniouale Cerise (Final Disease Of Contollion (Assuming in Death)	ESPIRATION FUISEASES	Due to (Dr As A Consequence Of):	2 2010						
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A: Enter The Underlying Cause (Disease Or Injury That Initiated		Due to Ox As A Consequence Oil:	3 2016						
The Events Resulting In Death) Last C.		Due to Dr As A Consequence On:							
D	MOIANA STITE	-Alien	A DOS						
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Ur	derlying Cause Given in Part !	30. Was An'Autopsy Randmidny I-	Complete The Cause Or Death?						
31Did Tobacco Use Contribute To Death? 32. if Female:	1 - 1 - 1	33. Manner, C	of Death: /						
Not Pregnant, But Pregnant 43 Days To 1	grant At Time Of Death Not Pregnant, But Pregn year Before Death Unknown if Pregnant W		Homicide						
34. Date Of Injury (Month/Day/Year) 35. Time Of Injury	36, Place Of Injury (E.G., Dec	dent's Home, Construction Site, Restau	rant, Wooded Area) 37. Injury At Work?						
38. :Location Of Injury - State 38a, City Or Town	36b. Street & Number.		38c. Apl. No. 1 38d. Zip Code						
39. Describe How Injury Occurred	4 1 2	40. If Transpi	THE WILLIAM LINUESS						
41. Signature Of Person Certifying Cause Of Death:	Tipe 1 1 Tour	42. Certifier (Check Orl	v 000)						
KATHRYN-HENKLE MULLIGAN, BY ELECTRONIC SIGNA 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	TUKE ' '	Certifying Physician i 44. Lic	nse Number 45, Date Certified						
KATHRYN HENKLE MULLIGAN , 919 MAIN STREET, SUI	TE 102, DYER, IN 46311	0105	342A 12/13/2016						
46. Additional Funeral Service Provider:	1.39.21	.474	as a second						
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - 0	ate Filed-(Month/Day/Year)						
	TO CERTIFICATE OF DEATH (ENT.	RYOR ORIGINAL)	to any one of my or of the control of the state of the st						
			The state of the s						
经销售 医外腺管膜炎 医二氏病	4.		and the second for the family of the second						