SMALL ESTATES AFFIDAVIT

DEBORAH BROWN, being first duly sworn on his oath, states:

N

1. That she is the daughter of Carole Anne DeMarco, who died intestate on March 2

2016.

AKA Ann

80(

2. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00), plus the costs and expenses of administration, and reasonable funeral expenses next is

This Document is the property of

Chestnut Avenue, Hammond, Indiana; 46324, commonly known as: LOT NO. ONE ASS.

MARKED AND LAID DOWN ON RECORDED PLAT OF VERNON'S ADDITION TO THE COUNTY OF HAMMOND IN LAKE COUNTY, INDIANA, AS THE SAME APPEARSOFT OF RECORD IN PLAT BOOK 29, PAGE 81 IN THE RECORDER'S OFFICE OF LAKE

COUNTY, INDIANA

- 4. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: the allowance, if any, provided by IC 29-1-4-1, the costs and expenses of administration, and reasonable funeral expenses.
- 5. That Deborah Brown is entitled to the real property as a result of decedent's death, as she is a daughter of the decedent.

6. The above was determined by the intestate succession statutes of the state of Indiana.

7. I have personal knowledge of the foregoing matters stated herein.

FILED

FURTHER AFFIANT SAITH NOT.

FEB **0 6** 2017

Date ITANIARY 12,2017

LAKE COUNTY AUDITOR

020942

STATE OF INDIANA) .SS: COUNTY OF LAKE)

SUBSCRIBED AND SWORN to before me a Notary Public in and for said County and

State this 12th day of January, 2017.

NOT OF William Joseph O'Coppor, Notary Public

Resident of Lake County his Document is the property of Commission Expiration: 10-22-22 Lake County Recorder!





INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 85250

Local No C			EC	OR No 00			15	2, Sex			0160		Of Death (Month/Day/Year)
CAROLE ANN DEMARCO			UNKNOV	•	emal e)		FEMA			18 AM	4. Date C	03/28/2016	
Social Security Number 6a. Age - Y	rs 6b. Under	1 Year	6c. Under 1 Mont			Under 1 Hour	7. Date					ity and State	or Foreign Country)
78	Months		Days	Hours	Minu	utes	1	01/04/19	938	l _c	HICAGO	. IL	
	f Death Occurred I	n A Hospit	al;			If Death Occu		where Other	Than A Hosp	ital			
			partment Outpatie	nt Dead on Ar		Hospice Facility Other (Specify)		ecedent's Ho	me LINu	ursing i	Home/Long-te	m Care Facil	ity
11. Facility Name (If Not Institution, Give MUNSTER COMMUNITY I		er)											
12. City Or Town, State, And Zip Code			13. County Of Death					14. Marital St					
MUNSTER, IN, 46320		LAKE					│ Married │ Married, But Separated │ D □ Widowed │ Never Married │ Unki			ut Separated Divorced er Married Unknown			
15. Surviving Spouse's Name	15	a. (If Wife)Give M					ent's Usual O	ccupat	ion	17. Kind	Of Business/Industry		
			NURSE							HOME	NURSING CARE		
18. Residence - State		18a. C	ounty		1	8b. City Or Tov		NONOL				THOME	TOTOMO OTTLE
INDIANA		LAKE				AMMOND	1						
18c. Street And Number			LYILL						18d. Apt. N	Apt. No. 18e, Zip Coo			18f. Inside City Limits?
7132 CHESTNUT AVENUE												3324	⊠ Yes □ No
19. Decedent's Education		20.	Decedent Of Hisp	anic Origin	1400	21.	Decedent's	Race				7324	
ASSOCIATE DEGREE (AA	(24	NO	T HISPANI	Doct		White	12						
22. Father's Name (First, Middle, Last)	1, 70)	INO	T VIIST AINI	MA	23. N		(First, Midd	ile, Last)			23a.	Mother's Ma	iden Last Name
			110			NAIN DAE	DADA	POTER	A CIN		LINIA	^\/^II ^D	,,_
JOHN KOZAK 24. Informant's Name		- 1	24a Relationship	Cuinen	10 12%.1	ANNA BAF	SUSTREET	And Number	Oty, State, Z	ip Cod		AVAILAB	OLE.
DEBORAH BROWN.				Bake Co				✓				4	
, ·				25	. Place Of D	Disposition							
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation	Entombment	25b. Place	e Of Disposition (Name Of Cemeter	y, Cremator	y, Other Place)	25c. L	ocation - City	, Town, And S	State			
Removal From State							1.						
Other (Specify): 26. Was Coroner Contacted?			TS CREMA				CHIC	CAGO H	EIGHTS,	, [L		27a. Fur	neral Home License Number.
												1 2. 2	
☐ Yes ☑ No 27b. Signature Of Indiana Funeral Service		ILL FU	NERAL HO	ME, 1219 S	HEFFIE	LD AVE,	DYER	, IN 4631	75 License A	lumbo	(Of Licensee		900001
CHRISTOPHER CHELBAN		CTRO						F	D207000		- Lections	,.	
28 Part I Enter The Chain Of Even	ts - Diseases In	iuries Oc		Cause Of Death That Directly Car				1	SISATE	RUE	COPY O	F	Approximate Interval: Onset
 Part I. Enter The <u>Chain Of Even</u> Such As Cardiac Arrest, Respiratory A Line. Add Additional Lines If Nec 	Arrest, Or Ventr	icular Fibr						KE COL	INTY HE		ILE WITH H DEPAF	THE	To Death
Immediate Cause (Final Disease Or	·	ting In De	ath) A.	ABDOMINACA	AORTICAL	JEURYSM RU	JPT JRE			,,_,	7	VI MILLIA	1 HOUR
, ,				\$0			Due to (Or /	As A Consequence		7.			
Sequentially List Conditions, If Any, Line A. Enter The Underlying Caus	Cause Li	sted On B.			III CE	Due to (Or /	As A Consequence	ADD A	1/12	2015		-	
The Events Resulting In Death) Las		21) (1) (1)	C.		هِ إِذِ الْ		Dia to (O)		00 09/				J
			D.		SEAL		Due to (Or)	AS A Consequence	20 Oge Market State of the Stat	OF AT THE COLUMN	5		
Part II. Enter Other Significant Conditions	Contributing to De	eath But No		e Underlying Caus	e/Given in f	Patluit	29. Wa	s An Ayropsy	-Performed?	LIC A	CTH⊠Xes	CLOSED No.	
TOBACCO USE						ini	30. vve	re Autopsy Pl	Inding Availab	ole-To-(Somplete-The	Gause Of De	ath? ⊠ Yes □ No
31. Did Tobacco Use Contribute To Death? 32. If Female: Sample													
☐ Yes 🗵 Probably 🗌 No 🔲 Unkr	nown I		nt Within Past Year L nt, But Pregnant 43 Days	_		iknown if Pregnant W			i —	_	Could Not Be	-	Performing investigation
34. Date Of Injury (Month/Day/Year)	35	5. Time Of	Injury	36.	Place Of la	njury (E,G., Dec	edent's Ho	ome, Constru	ction Site, Re	staura	nt, Wooded A	rea) 3	7. Injury At Work?
									-		T 00- 4-4	No.	Yes No
38. Location Of Injury - State	38	a. City Or	Town	38	3b. Street &	Number					38c. Apt.	NO. 3	8d. Zip Code
CO Describe University October									40 If Tee		ntion laius, S	nonify:	
39. Describe How Injury Occurred									Driver/O	perator	ation Injury, S	Podostrian	D UNLESS
41. Signature, Of Person Certifying Cau				-				42. Ce	ertifier (Check	(Only	Orre)		
LINUS B. GANDHI, BY EL 43. Name, Address And Zip Code Of Pe								⊠ Ce	ertifying Physi 44.		Coror se Number		Health Officer 5. Date Certified
										1			
LINUS B. GANDHI, 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322 0105 45. Additional Funeral Service Provider: 47. **.													04/04/2016
NONE								10 55		1		h (Day/Vaca)	
49. For Registrar Only SUSAN W. BEST, VIA ELECTRONIC SIGNATURE									ı ı	Date Filed (Month/Day/Year): APR 11 2016			
COOMITIVE DECT, VIA LEI	2011101110	J.J.1/1		ENT TO CERTIF	FICATE OF	DEATH (EN	TRY OR	ORIGINAL)		-			
22-First: FRANK					2	23-Last: DEMA	ARCO						
22-Lnst; DEMARCO 23-First: JOAN										į			
49: 04/06/2016 23h: KOZAK										į.			