CORRECTIVE AFFIDAVIT OF HEIRSHIP

This affidavit is being recorded to correct the affidavit that was originally recorded on December 16, 2016 as Document No. 2016 085237.

STATE OF INDIANA
COUNTY OF LAKE

Stephen P. Vicari (Affiant)
Martin A. Vicari (Affiant)

Being duly sworn upon oath, states:

1. That Stephen P. Vicari (Affiant) resides at 3436 Ross Pl., Highland, IN 46322
That Martin A. Vicari (Affiant) resides at 8845 Forest Glen Ct., St. John, IN 46373.

2. That the Affiants are brothers of Mary Jo A. Vicari-Smith (decedent).

3. That the Decedent died on October 8, 2016 in the County of Lake, State of Indiana. (Copy of death certificate attached).

4. That the Decedent died being the owner of the property commonly known as 6121 Wayeland Ave., Hammond, IN 46323, which is legally described as follows:

Lot 6, Block 2, Resubdivision of Lots 1 to 10, both inclusive, and the North 10 feet of vacated adjacent alley in each of Blocks 2, 3 and 4, in Forsyth Highlands Addition to the City of Hammond, as shown in Plat Book 28, Page 54, in Lake County, Indiana.

45-07-08-353-025.000-023

5. That the Decedent died leaving no Will.

6. That the Decedent was married to the following individuals and no others:

Name	Status	Date of Death
Carlos Steven Smith	Deceased	10/16/2012

7. That the Decedent had no children.

8. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is less than $50,000.00.

9. That no claims have been filed against the Decedent and that all funeral expenses have been paid in full.

10. There are no Federal Estate Taxes or Indiana Inheritance Taxes due.

11. That the Affiants make this Affidavit to establish the heirship of the Decedent.

Further Affiant sayeth not.

AFFIANT STEPHEN P. VICARI *AFFIANT MARTIN A. VICARI*

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF INDIANA)
COUNTY OF LAKE)

On this day before me, the undersigned Notary Public, personally appeared Stephen P. Vicari and Martin A. Vicari to me known to be the individual described in and who executed the Commercial Guaranty, and acknowledged that he or she signed the Affidavit of Heirship as his or her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and ~~office seal~~ this 5th **day of** January, ~~2016~~ 2017

By _____ **Residing at** Porter County

Notary Public in and for the State of Indiana **My Commission Expires** 5-16-2020

This instrument was prepared by *Stephen P. Vicari.*

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. *Stephen P. Vicari*

GREATER INDIANA TITLE COMPANY
BY: _____

HOLD FOR GREATER INDIANA TITLE COMPANY

2017 010416
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 FEB 7 AM 8:00
MICHAEL B. BROWN
RECORDER

FILED
FEB 17 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR
021217

FILED
JAN 11 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2020

17-
CK.019117

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 101131

Local No 003233 EDR No 000000536279 State No 047292

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
MARY JO A VICARI-SMITH	VICARI	FEMALE	11:45 AM	10/08/2016

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	61					02/17/1955	HAMMOND, IN

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): ST MARGARET MERCY HEALTHCARE CENTERS-DYER

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
DYER, IN, 46311	LAKE	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
		HOUSEKEEPING	GOODWILL

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	HAMMOND

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
6712 WAVELAND AVENUE		46324	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
STEPHEN VICARI	HELEN VICARI	WELSH

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
MARTIN VICARI	BROTHER	8845 FOREST GLEN COURT, SAINT JOHN, IN 46373

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)	CHAPEL LAWN CEMETERY	SCHERERVILLE, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☐ Yes ☒ No	CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE. SCHERERVILLE, IN 46375	FH19900051

27b. Signature Of Indiana Funeral Service Licensee	27c. License Number (Of Licensee)
LEONARD G GREGORCZYK BY ELECTRONIC SIGNATURE	FD088003051

Cause Of Death (See Instructions And Examples)

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 A Line. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition Resulting In Death): A. CARDIAC ARREST — Due to (Or As A Consequence Of):

Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last.

B. ESRD — Due to (Or As A Consequence Of):

C. — Due to (Or As A Consequence Of):

D. — Due to (Or As A Consequence Of):

Approximate Interval: Onset To Death

IMMEDIATE

MANY 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? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☐ No ☒ Unknown	☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ No

38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code

39. Describe How Injury Occurred:

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature Of Person Certifying Cause Of Death	42. Certifier (Check Only One)
ADDIS ALEMU ASFAW BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death	44. License Number	45. Date Certified
ADDIS ALEMU ASFAW 5454 HOHMAN AVENUE, HAMMOND, IN 46320	01072720A	10/09/2016

46. Additional Funeral Service Provider	47. *Alias

48. Signature of Local Health Officer	49. For Registrar Only - Date Filed (Month/Day/Year)
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE	OCT 11 2016

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

OCT 11 2016

LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000882 EDR No 000000285176 State No

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
CARLOS STEVEN SMITH		MALE	02:18 PM	10/16/2012

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	55					04/21/1957	HAMMOND, IN

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): IU HEALTH LA PORTE HOSPITAL

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
LAPORTE, IN, 46350	LAPORTE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
MARY JO SMITH	VICARI	COIL WRAPPER	ELECTRICAL

18. Residence - State	18a. County	18b. City Or Town	18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
INDIANA	LAKE	HAMMOND	6712 WAVELAND AVENUE		46323	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
CARLOS L SMITH	NINA L SMITH	ADKINS

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
NINA L SMITH	MOTHER	6712 WAVELAND AVENUE, HAMMOND, IN 46323

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	MEMORY LANE MEMORIAL PARK	SCHERERVILLE, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322	FH10300021

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
CORNELIUS KUIPER , BY ELECTRONIC SIGNATURE	FD01014511

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. MYOCARDIAL INFARTION	Due to (Or As A Consequence Of):	ACUTE
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. CAD	Due to (Or As A Consequence Of):	ACUTE
	C. ANOXIC ENCEPHALOPATHY	Due to (Or As A Consequence Of):	ACUTE
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I: NO

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ No

38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code

39. Describe How Injury Occurred	40. If Transportation Injury, Specify:
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
DAVID JOSEPH GORECKI , BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
DAVID JOSEPH GORECKI , 901 LINCOLNWAY SUITE 310, LA PORTE, IN 46350	01038951A	10/19/2012

46. Additional Funeral Service Provider:	47. *Akas:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
AILEEN STILLER, VIA ELECTRONIC SIGNATURE	OCT 22 2012

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.