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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 011792

2017 FEB 27 AM 9:34

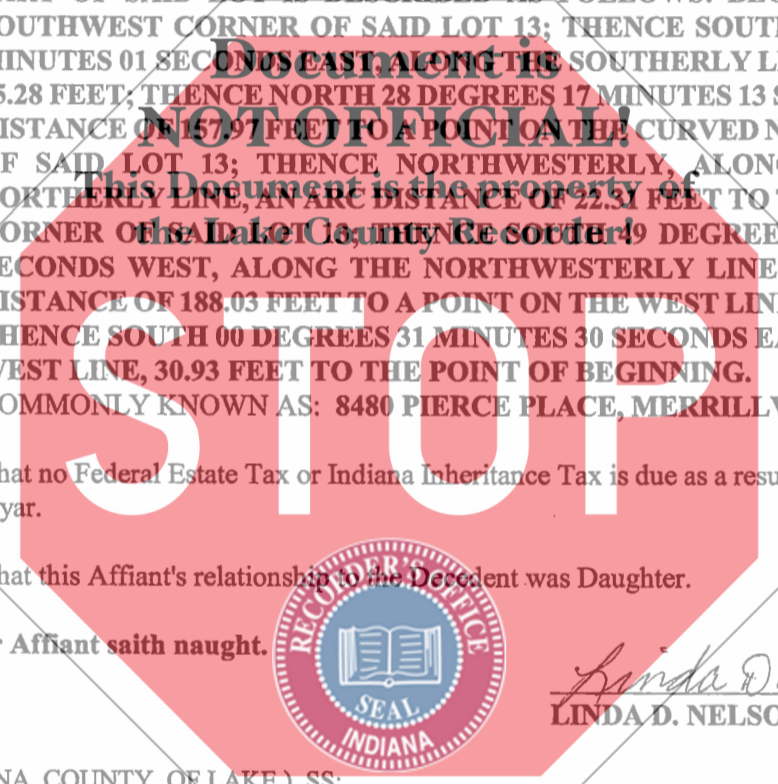
MICHAEL B. BROWN
RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-12-21-382-001.000-030

Linda D. Nelson, being first duly sworn upon oath, deposes and says:

1. That Ann Dyar, died on the 4th day of November, 2016 at Merrillville, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest with the Ann Dyar Trust Agreement, dated May 16, 2006 in the following described real estate:
PART OF LOT 13 IN MESA RIDGE, A SUBDIVISION IN THE TOWN OF MERRILLVILLE, INDIANA, AS PER RECORD PLAT THEREOF APPEARING IN PLAT BOOK 96, PAGE 55, AND AMENDED BY A CERTIFICATE OF CORRECTION RECORDED JANUARY 11, 2006 AS DOCUMENT NO. 2006002246, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA, WHICH PART OF SAID LOT IS DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 13; THENCE SOUTH 89 DEGREES 51 MINUTES 01 SECONDS EAST, ALONG THE SOUTHERLY LINE OF SAID LOT, 85.28 FEET; THENCE NORTH 28 DEGREES 17 MINUTES 13 SECONDS EAST, A DISTANCE OF 157.97 FEET TO A POINT ON THE CURVED NORTHERLY LINE OF SAID LOT 13; THENCE NORTHWESTERLY, ALONG SAID CURVED NORTHERLY LINE, AN ARC DISTANCE OF 22.31 FEET TO THE NORTHEAST CORNER OF SAID LOT 13; THENCE SOUTH 49 DEGREES 35 MINUTES 22 SECONDS WEST, ALONG THE NORTHWESTERLY LINE OF SAID LOT, A DISTANCE OF 188.03 FEET TO A POINT ON THE WEST LINE OF SAID LOT 13; THENCE SOUTH 00 DEGREES 31 MINUTES 30 SECONDS EAST, ALONG SAID WEST LINE, 30.93 FEET TO THE POINT OF BEGINNING.
COMMONLY KNOWN AS: 8480 PIERCE PLACE, MERRILLVILLE, IN 46410
3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Ann Dyar.
4. That this Affiant's relationship to the Decedent was Daughter.



FURTHER, your Affiant saith naught.



Linda D. Nelson
LINDA D. NELSON

STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public in and for said county and state this 22nd day of February, 2017, personally appeared LINDA D. NELSON, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 5-1-17 Signature [Signature]
Resident of Lake County Printed Darleen S. Birchel, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature] Signature of Preparer
Darleen S. Birchel Printed Name of Preparer

FILED

COMMUNITY TITLE COMPANY
FILE NO 1711506

FEB 24 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$13,000
001032 [Signature]



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 103900

Local No 003583

EDR No 00000541079

State No 052052

| | | | | | | | |
|--|----------------------------|--|---------------------------|--|-------------------------------------|---|--|
| 1. Decedent's Legal Name (First, Middle, Last) ANN DYAR | | 1a. Maiden Name (If female) KOVICH | | 2. Sex FEMALE | 3. Time Of Death 07:54 PM | 4. Date Of Death (Month/Day/Year) 11/04/2016 | |
| 5. Social Security Number 49-15-14 | 6a. Age - Yrs 95 | 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) 07/02/1921 | |
| 8. Birthplace (City and State or Foreign Country) EVELETH, MN | | 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 | | 10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify) | |
| 11. Facility Name (If Not Institution, Give Street and Number) 8480 PIERCE PLACE | | | | | | | |
| 12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410 | | | | 13. County Of Death LAKE | | 14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | |
| 15. Surviving Spouse's Name | | 15a. Last Name Before First Marriage | | 16. Decedent's Usual Occupation BUSINESS OWNER | | 17. Kind Of Business/Industry LODGING | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town MERRILLVILLE | | | |
| 18c. Street And Number 8480 PIERCE PLACE | | | | 18d. Apt. No. | 18e. Zip Code 46410 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race White | | | |
| 22. Parent's Name (First, Middle, Last) TOM KOVICH | | 23. Parent's Name (First, Middle, Last) JULIA KOVICH | | 23a. Parent's Last Name Before First Marriage PERIZAK | | | |
| 24. Informant's Name MARTI PAPPAS | | 24a. Relationship To Decedent DAUGHTER | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 10190 FLORIDA LANE, CROWN POINT, IN 46307 | | | |
| 25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) GEISEN CREMATION CENTRE | | 25c. Location - City, Town, And State CROWN POINT, IN | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307 | | | | 27a. Funeral Home License Number FH10700031 | |
| 27b. Signature Of Indiana Funeral Service Licensee LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE | | | | 27c. License Number (Of Licensee) FD09000013 | | | |
| 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 Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE DEMENTIA Due to (Or As A Consequence Of): B. VULVAR CANCER Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. 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 | | | | | | | Approximate Interval: Onset To Death |
| Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. | | | | | | | 28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year | | 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) NOV 07 2016 | | 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 checked="" type="checkbox"/> No | |
| 38. Location Of Injury - State | | 38a. City Or Town | | 38b. Street & Number | | 38c. Apt. No. 38d. Zip Code | |
| 39. Describe How Injury Occurred LAKE COUNTY HEALTH OFFICER | | | | 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): NOT VALID UNLESS | | | |
| 41. Signature Of Person Certifying Cause Of Death KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE | | | | 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 KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307 | | | | 44. License Number 02002441A | | 45. Date Certified 11/07/2016 | |
| 48. Signature Of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE | | | | 49. For Registrar Only - Date Filed (Month/Day/Year) NOV. 07 2016 | | | |

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RECORDER'S OFFICE
LAKE COUNTY, INDIANA

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT