

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 020453

2017 MAR 31 AM 9:27

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-11-18-251-007.000-034

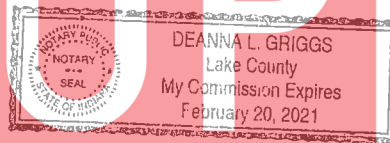
VINCENT JOHN IZZI, being first duly sworn upon oath, deposes and says:

1. That ILONA M. IZZI, died on the 19th day of October 2015, at Dyer, Lake County, Indiana.
2. That at the time of her death, she held title in the following described real estate:
SEE LEGAL DESCRIPTION ON EXHIBIT 'A' ATTACHED HERETO
COMMONLY KNOWN AS: 1436 CARRIAGE OAKS COURT, DYER, IN 46311
3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of ILONA.
4. That this Affiant's relationship to the Decedent was SON.

FURTHER, your Affiant saith naught.

Vincent John Izzi
VINCENT JOHN IZZI

STATE OF INDIANA)
COUNTY OF LAKE) SS:



Before me, the undersigned, a Notary Public in and for said county and state this 24th day of MARCH, 2017, personally appeared VINCENT JOHN IZZI, 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 2/20/21 Signature Deanna L. Griggs
Resident of Laurel County Printed Deanna L. Griggs, 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.

Deanna L. Griggs
Signature of Preparer

Deanna L. Griggs
Printed Name of Preparer

FILED

011299

MAR 29 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

15 -
CM RA

Community Title Company
File No. 1711719

EXHIBIT 'A'

TAX: I.D. NO: 45-11-18-251-007.000-034

UNIT 1436, CARRIAGE OAKS TOWNHOME CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, AS RECORDED AS DOCUMENT NO. 94047528, UNDER THE DATE OF JUNE 29, 1994, AND AS AMENDED BY FIRST AMENDMENT TO DECLARATION OF CONDOMINIUM DATED SEPTEMBER 27, 1994 AND RECORDED SEPTEMBER 30, 1994, AS DOCUMENT NO. 94067976, AND AS AMENDED BY SECOND AMENDMENT TO DECLARATION OF CONDOMINIUM DATED NOVEMBER 14, 1994 AND RECORDED NOVEMBER 15, 1994, AS DOCUMENT NO. 94077568, AND AS AMENDED BY THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM DATED JANUARY 10, 1995 AND RECORDED JANUARY 13, 1995, AS DOCUMENT NO. 95002607, AND AS AMENDED BY FOURTH AMENDMENT TO DECLARATION OF CONDOMINIUM DATED FEBRUARY 21, 1995, AS DOCUMENT NO. 95009066, AND AS AMENDED BY FIFTH AMENDMENT TO DECLARATION OF CONDOMINIUM DATED JUNE 6, 1995 AND RECORDED JUNE 8, 1995, AS DOCUMENT NO. 95032231, AND AS AMENDED BY SIXTH AMENDMENT TO DECLARATION OF CONDOMINIUM DATED JULY 27, 1995 AND RECORDED JULY 31, 1995, AS DOCUMENT NO. 95042776, AND AS AMENDED BY SEVENTH AMENDMENT TO DECLARATION OF CONDOMINIUM DATED JANUARY 9, 1996 AND RECORDED JANUARY 11, 1996, AS DOCUMENT NO. 96002516, AND AS AMENDED BY EIGHTH AMENDMENT TO DECLARATION OF CONDOMINIUM DATED JULY 9, 1996 AND RECORDED JULY 11, 1996, AS DOCUMENT NO. 96046281, AND AS AMENDED BY NINTH AMENDMENT TO DECLARATION OF CONDOMINIUM DATED OCTOBER 28, 1996 AND RECORDED OCTOBER 30, 1996, AS DOCUMENT NO. 96072363, AND AS AMENDED BY TENTH AMENDMENT TO DECLARATION OF CONDOMINIUM DATED JANUARY 21, 1997 AND RECORDED JANUARY 22, 1997, AS DOCUMENT NO. 97004503, AND AS AMENDED BY ELEVENTH AMENDMENT TO DECLARATION OF CONDOMINIUM DATED JUNE 17, 1997 AND RECORDED JUNE 20, 1997, AS DOCUMENT NO. 97039965, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA, AND THE UNDIVIDED INTEREST IN THE COMMON ELEMENTS APPERTAINING THERETO.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 68215

Local No 003459

EDR No 00000474585

State No 049496

1. Decedent's Legal Name (First, Middle, Last) ILONA M IZZI				1a. Maiden Name (If female) JANKIEWICZ		2. Sex FEMALE	3. Time Of Death 05:10 AM	4. Date Of Death (Month/Day/Year) 10/19/2015	
5. Social Security Number [REDACTED]	6a. Age - Yrs 66	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) 03/25/1949	8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
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 checked="" 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 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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER									
12. City Or Town, State, And Zip Code DYER, IN, 46311					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name JOHN IZZI			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation ACCOUNTANT		17. Kind Of Business/Industry ROOFING COMPANY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		18c. Street And Number 1436 CARRIAGE OAKS COURT	18d. Apt. No.	18e. Zip Code 46311	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JOHN JANKIEWICZ			23. Mother's Name (First, Middle, Last) LOTTE JANKIEWICZ			23a. Mother's Maiden Last Name NOT AVAILABLE			
24. Informant's Name JOHN IZZI			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1436 CARRIAGE OAKS COURT, DYER, IN 46311				
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) SMITS CREMATORY			25c. Location - City, Town, And State DYER, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311					27a. Funeral Home License Number: FH11000037		
27b. Signature Of Indiana Funeral Service Licensee: TIMOTHY G SMITS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20600101			
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. BRAIN CANCER 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Due to (Or As A Consequence Of):									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 29. Was An Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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"/> 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)		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 type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street Address		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: ALEXANDER A STEMER, 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: ALEXANDER A STEMER, 761 45TH STREET, MUNSTER, IN 46321						44. License Number 01025591A	45. Date Certified 10/21/2015		
46. Additional Funeral Service Provider:						47. "Akas:"			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 22 2015			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)