

3

STATE OF INDIANA)
COUNTY OF LAKE)

) SS: 2017 046464

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 JUL 26 PM 2:47
MICHAEL B. BROWN
RECORDER

AFFIDAVIT

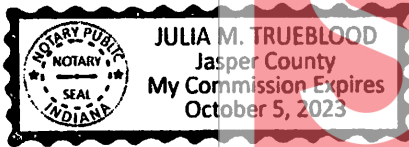
John O. Stiles, attorney for the deceased Vange Angelos, being first duly sworn upon his oath, deposes and says:

1. That Vange Angelos died on February 3, 2017.
2. That attached hereto is a copy of an Indiana State Department Of Health Certificate Of Death which certifies the death of Vange Angelos on February 3, 2017.

Dated this 26th day of July, 2017.

Document is NOT OFFICIAL!
Legal Description See EXHIBIT A ATTACHED
 This Document is the property of John O. Stiles
 the Lake County Recorder!

Subscribed and sworn to before me, a Notary Public, in and for the County of Lake, State of Indiana this 26th day of July, 2017.



Julia M. Trueblood
 Julia M. Trueblood, Notary Public

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless otherwise required by law.

John O. Stiles
 John O. Stiles

This instrument prepared by Attorney John O. Stiles, Lucas, Holcomb & Medrea, 300 E. 90th Drive, Merrillville, IN

Please return to John O. Stiles, Lucas, Holcomb & Medrea, 300 E. 90th Drive, Merrillville, IN

FILED

JUL 26 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

025785

*25.
Cke 228291
D*

EXHIBIT A

"The condominium unit designated as 152 Carnoustie Lane, Country Club Villas of Briar Ridge, a residential condominium, as set forth in the Declaration of Horizontal Property Regime thereof dated August 14, 1987 and recorded October 5, 1987 as Document 941915 and as amended by: 1st amendment recorded May 13, 1988, as Document 977117, 2nd amendment recorded March 16, 1989 as Document 027455, 3rd amendment recorded April 16, 1991, as Document 91017866.

Together With All Of The Appurtenances Thereto And Together With An Undivided Interest In The Common Areas And Facilities.

Subject to all taxes and any and all easements, agreements and restrictions of record.

Parcel No.: 45-11-05-114-009.000-036

Grantor's Address: 9173 Elmwood Drive, Munster, IN 46321

Grantee's Address: 9173 Elmwood Drive, Munster, IN 46321"





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 113409

Local No 000427

EDR No 00000558548

State No 005598

1. Decedent's Legal Name (First, Middle, Last) VANGE ANGELOS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 02:45 AM	4. Date Of Death (Month/Day/Year) 02/03/2017	
5. Social Security Number 372300045		6a. Age - Yrs 84	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) 03/10/1932		8. Birthplace (City and State or Foreign Country) GARY, IN
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 152 CARNOUSTIE LANE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" 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 CONSTRUCTION	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town MUNSTER				
18c. Street And Number 9137 ELMWOOD DRIVE						18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) CHRIS A ANGELOS				23. Parent's Name (First, Middle, Last) BESSIE ANGELOS			23a. Parent's Last Name Before First Marriage MAGRAMES		
24. Informant's Name JOHN N ELIOPULOS				24a. Relationship To Decedent NEPHEW		24b. Mailing Address (Street And Number, City, State, Zip Code) 9137 ELMWOOD DRIVE, MUNSTER, IN 46321			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) RIDGELAWN CEMETERY		25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH83002445		
27b. Signature Of Indiana Funeral Service Licensee JAMES F. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009461			
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. CHRONIC LYMPHOCYTIC LEUKEMIA 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. BILATERAL PLEURAL EFFUSIONS Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D.						THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		Approximate Interval: Inset To Death 3 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? LAKE COUNTY HEALTH OFFICER			
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"/> 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)		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 & Number		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			
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 0103582A			
46. Additional Funeral Service Provider:						47. *Age			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - DATE OF ENTRY (Month/Day/Year) FEB 06 2017			

