

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of November, 2017, personally appeared CAROL LYNN PARKS, who, being duly sworn, stated that the facts contained in the foregoing Affidavit are true and correct and acknowledged the execution of the above and foregoing Affidavit.

WITNESS my hand and Notarial Seal.

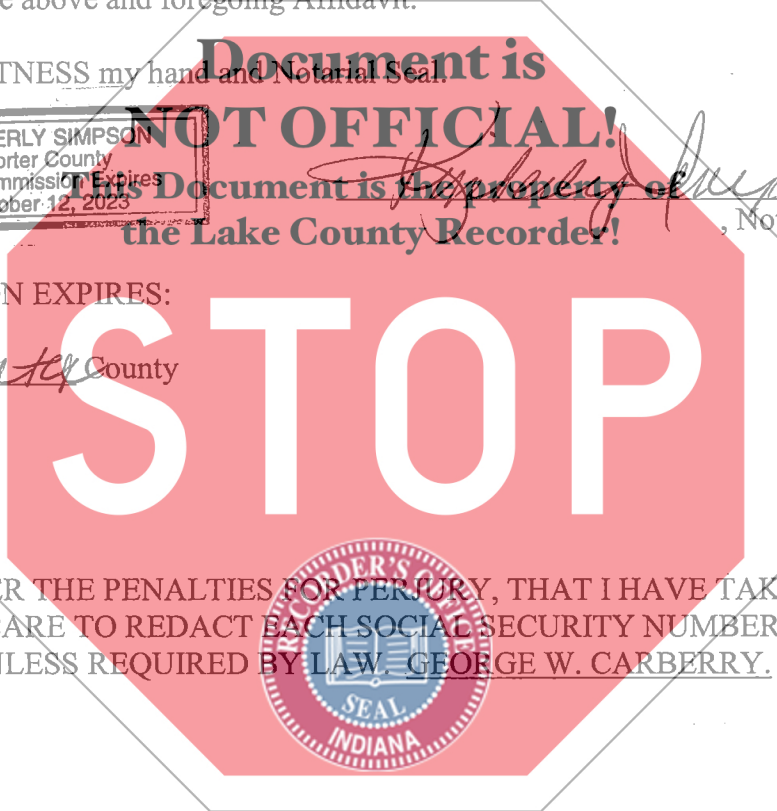


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[Handwritten Signature]

Notary Public

MY COMMISSION EXPIRES:
Resident of Porter County



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. GEORGE W. CARBERRY.



This instrument prepared by and return to George W. Carberry, of Burke Costanza & Carberry LLP, 9191 Broadway, Merrillville, Indiana 46410



EXHIBIT "A"
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000028

EDR No 00000553469

State No 000772

1. Decedent's Legal Name (First, Middle, Last) RICHARD PARKS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 01:47 AM	4. Date Of Death (Month/Day/Year) 01/08/2017	
5. Social Security Number [REDACTED]	6a. Age - Yrs 57	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) 10/30/1959		8. Birthplace (City and State or Foreign Country) DETROIT, MI	
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) 2201 CHEROKEE CIRCLE									
12. City Or Town, State, And Zip Code VALPARAISO, IN, 46363				13. County Of Death PORTER			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 CAROL PARKS			15a. Last Name Before First Marriage GOUGH			16. Decedent's Usual Occupation REAL ESTATE DEVELOPER		17. Kind Of Business/Industry REAL ESTATE DEVELOPEMENT	
18. Residence - State INDIANA		18a. County PORTER		18b. City Or Town VALPARAISO					
18c. Street And Number 2201 CHEROKEE CIRCLE						18d. Apt. No.	18e. Zip Code 46383	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) RICHARD ALLEN PARKS				23. Parent's Name (First, Middle, Last) MURIEL LOR PARKS				23a. Parent's Last Name Before First Marriage FERRELL	
24. Informant's Name CAROL PARKS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2201 CHEROKEE CIRCLE, VALPARAISO, IN 46383					
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 BARTHOLOMEW FUNERAL HOME, 102 MONROE STREET, VALPARAISO, IN 46383						27a. Funeral Home License Number: FH83006805		
27b. Signature Of Indiana Funeral Service Licensee: MICHAEL J. NEUWARD, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700696			
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. <u>PROSTATE CANCER WITH METASTASIS TO BRAIN AND BONES</u> 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. _____								Approximate Interval: Onset To Death 2 YEARS, 6 MONTHS	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Seen In Part I)						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were 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 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)		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 <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: GEORGE E. SLOAN, 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: GEORGE E. SLOAN, 2600 ROOSEVELT ROAD, VALPARAISO, IN 46383						44. License Number 01059110A	45. Date Certified 01/09/2017		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 10 2017			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-15-23-379-016.000-043

UNIT C-202, IN SUNSET HARBOR CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME AS CREATED BY A DECLARATION RECORDED AS INSTRUMENT NUMBER 2005-111514, AND AS BUILT FLOOR PLANS RECORDED AS INSTRUMENT NUMBER 2005-111515, AND SUPPLEMENTAL DECLARATION AND/OR AMENDMENT RECORDED AS INSTRUMENT NUMBER 2006-004085, AND ANY ADDITIONAL SUPPLEMENTAL DECLARATIONS AND/OR AMENDMENTS THERETO. TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON AREAS AND LIMITED COMMON AREAS.



This page is only a part of a 2016 ALTA® Commitment for Title Insurance issued by Fidelity National Title Insurance Company. This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; Schedule B, Part II-Exceptions; a counter-signature by the Company or its issuing agent that may be in electronic form.

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