2017 086591

AFFIDAVIT

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 DEC 21 AM 9: 20

MICHAEL B. BROWN RECORDER

TAX: I.D. NO. 45-08-36-251-005.000-018

Michael L. Gee and Laura A. Gee, being first duly sworn upon oath, deposes and says:

- 1. That **Ann C. Gee**, died on the 17th day of March, 2017 at Hobart, Lake County, Indiana.
- 2. That at the time of her death, he held a Life Estate interest in the following described real estate:

LOT 114 IN CRESTWOOD PARK, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE GOUNTY, INDIANA TAX

- 3. That no Tederal Estate Tax or ligital phoritance Tax is due as a result of the death of Ann C. Gee. ake County Recorder!
- 4. That the Affiants' relationship to the Decedent was Son and Daughter.

FURTHER, Affiants saith naught.	James	A. Jos	
MICHAEL L. GEE	ZAŪRA A. GE	E	NATALIE FABIAN Lake County Ny Commission Expires October 5, 2022
STATE OF INDIANA, COUNTY OF	CRS SS:	CO Charland L	October 5, 20
Subscribed and Sworn to before me, a Notacy Pub	lic this g	day of Christe	_, 20
My Commission Expires Of Signature Resident of County Printed	IN THE STATE OF TH	Notary	- y Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney at Law, Identification 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, and a security of the security of

Printed Name of Preparer

ame of Preparer

Signature of Prepare

25

DEC 20 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR 006644

Community Title Company File No. 1266



INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

Tracking No. 118070

1016	Local N	o 000	992		EDI	R No 0000	005673	331		State	No.	0140	09	
1. Decedent's Legal	Name (First, N	Middle, Last)				1a. Maiden Name	e (if female)		2. Sex			f Death		Of Death (Month/Day/Year)
ANN C GEE				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		STARCEVIC	•		FEM			3 PM	<u> </u>	03/17/2017
5. Social Security N	lumber 6a. A	ige - Yrs	6b, Under 1	Year 6c, Unde	r 1 Month	6d. Under 1 Day	6e. Under 1 Hou	r 7. Date	of Birth (Mo	inth/Day/Year)	8. Bi	irthplace (Cit	y and Stat	e or Foreign Country)
9. Ever in U.S. Arm	ed Forces?	83 10. If Deat	Months h Occurred in	Days A Hospital:		Hours	Minutes 10a. If Death Oct	curred Some	05/03/1			ARY, IN		
☐ Yes ☒ No [Unknown				Outpatient	☐ Dead on Arrival	Hospice Facili	ity 🔲 Do	ecedent's Ho			ome/Long-ten	m Care Fa	cility
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC														
12. City Or Town, S	itate, And Zip C	ode					13. County	Of Death			- 1	4. Marital Sta		ne Of Death But Separated Divorced
HOBART, IN,					1.5		LAKE					☑ Widowed	☐ Ne	ver Married 🔲 Unknown
15. Surviving Spous	se s Name				15a	. Last Name Before Fi	rst marnage		16. Deced	tent's Usual Oc	cupatio	n	17. Kin	d Of Business/Industry
18. Residence - Sta	ite			18a. County			18b. City Or To		HOMEN	MAKER_			HOME	<u> </u>
INDIANA				LAKE			1	••••						
18c. Street And Nu	mber			LAKE			HOBART			18d. Apt No	D.	18e. Zip	Code	18f. Inside City Limits?
324 CRESTW	VOOD DR	IVE										46	342	⊠ Yes □ No
19. Decedent's Edu	DL GRAD	UATE O	R GED	20. Decedent		origin CU1	HEIM	Decedents	Rabe		_		072	J
22. Parent's Name (ast)		NOT HIS	PANIC	TOR	Whi 23. Parent's Name		le, Last)	<u> </u>		23a. F	'arent's La:	st Name Before First Marriage
GEORGE ST	ARCEVIC	:H		TDI .	D	1 01	ANNA STAR	RCEVIC	H	0		STIL	INOVI	CH
24. Informant's Nam	· -					o Decedent CIIIU	23b. Mailing Addre	ss (Street A	and Number,		\)		
MICHAEL L C	SEE			SON	ie L	ake Cou	228 WEST 2 e Of Disposition	HEGO.	REET, H	OBART,	N 46	342		
25a. Method Of Disp ☑ Burial ☐ Crem		ation 🗍 Ent		5b. Place Of Dispo	sition (Na	ame Of Cemetery, Cre		e) 25c. Lo	ocation - City	, Town, And S	tate		-	
Removal From S				ALLIMET D	ADK C	CMETCOX		MED	IDULIA (II	DE IN				
Other (Specify): 26. Was Coroner Co		27,		CALUMET PA				IVIER	RILLVIL	LE, IN			27a. Fu	uneral Home License Number.
☐ Yes ☒ No		BU	RNS FUI	VERAL HOM	/E 70	1 F 7TH ST	HOBART IN	46342					EH83	002380
BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342 27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS , BY ELECTRONIC SIGNATURE PH83002380 27c. License Number (Of Licensee): FD20700059														
					Ca	use Of Death (See			5)	D207000	99			Approximate
Such As Cardiac A Line. Add Add	Arrest, Respi	ratory Arres	st, Or Ventric	ries, Or Complica ular Fibrillation W	ations - Th lithout Sh	nat Directly Caused owing The Etiology.	Do Not Abbreviate	t Enter Ten e. Enter On	minal Event Iy One Cau	se On				Interval: Onset To Death
Immediate Cause		•		ng In Death)	А	MYOCARDIALINFA	ястюм							
				\\	В.	S. O. L.	TO SEE	Due to (Or A	ls A Consequenc	e Of):				
Sequentially List Line A. Enter Th The Events Resu	e Underlying	Cause (Dise			ь	2		Due to (Or A	As A Consequence	a Of):		····		·
THE EVENIS RUSE	nuseci ili gann	Last			C			Due to (Or A	As A Consequence	n OP:				
Dort II Enter Other C	Na. 16 10	O	hair to Dec	th Diddle Division	D	[E. 1.0]	EAL AND SUS	T 00 111				·		
Part II. Enter Other 5	orgniticant Cond	aitions Contr	Duting to Dea	th But Not Resultin	ig in The L	Inderlying Cause Give	n la Partitu			Performed?	e To Co	Yes	⊠ Ne	
31. Did Tobacco Us	e Contribute To	Death?		f Female;				- inher	wyże	33. Manne	er Of De	eath;		L] Yes L] No
Yes Probal	biy 🗌 No 🔯	Unknown		Not Pregnant Within Pas Not Pregnant, But Pregna	Year ∏ [ni 43 Days To	Pregnant At Time Of Death 1 yIHLS ISUA TR	U Not Pregnant, But Pre	gnant Within 42 Within The Past	Days Of Death Year			omicide 🔲 ould Not Be D		☐ Pending Investigation
34. Date Of Injury (f	Month/Day/Yea	r)	35.	Time Of Injury	LAKE	IE RECORDIDA COUNTY HEA	NOTHLIS (MOTH ALTH DEPAR	COUNTS HO	me, Constru	ction Site, Res	taurant,	, Wooded Are	a)	37. Injury At Work? ☐ Yes ☐ No
38. Location Of Inju	ry - State		38a.	City Or Town			eet & Number		-			38c. Apt. N	lo. :	38d. Zip Code
					:	MAR 2	1 2017							
39. Describe How Ir	njury Occurred		<u> </u>			//)			40. If Tran □ Driver/Ope	sportati	ion Injury, Sp	ecify:	P せWLESS
41. Signature, Of P	erson Certifyin	g Cause Of I	Death:	TOTROLUG		- Cla-			1 42. Ce	rtifier (Check (Only On	ne)		
MILTON STA 43. Name, Address					SIGNA	WE GOUNTY I	HEALTH OFF	ICER .	·į ⊠ Ce ⊶.	ertifying Physici 44. L		☐ Corone Number		Health Officer 45. Date Certifled
MILTON STA	NLEY GA	SPARIS	. 1352	SOUTH LAK	E PAF	RK AVE, HOBA	ART. IN 4634	12		010	ر 3551	5A		03/20/2017
46. Additional Fune	ral Service Pro	vider.	•				,				*Akas:			
48. Signature of Loc			LECTRO	NIC SIGNAT	TUDE				49. For Re	egistrar Only	•	•	• •	:
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEAT							E OF DEATH (EN	TRY OR C	RIGINAL)		-	MAR 21	201/	
											1			
											1			
												DAISE	ם פר	ALACEIVED
State Form 53395	ATTENTION	ESTATE: 7	The Social Se	ecurity # is being	requested	d by this state agenc	y in order to pursu	ie responsi	bility. Discl	osure is volun	itary an	PAN AIR	be no pen	alty for fetusal.