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2019 035308

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 JUN 12 AM 10:23

MICHAEL B. BROWN
NOTARY PUBLIC

AFFIDAVIT

TAX: I.D. NO. 45-17-09-428-081.000-044

BRUCE WILLIAMS, being first duly sworn upon oath, deposes and says:

1. That Affiant's Mother, **Mary N. Williams, a/k/a Mary Norma Williams**, died on May 26, 2018, at Carmel, Hamilton County, Indiana.
2. That at the time of her death, she held a Life Estate interest in the following described real estate:

APARTMENT A-69 IN BUILDING 9 IN PHASE V IN FOUR SEASONS LAKESIDE CONDOMINIUMS HORIZONTAL PROPERTY REGIME, AS RECORDED JULY 8, 1976 AS DOCUMENT NO. 358499, AS AMENDED AND SUPPLEMENTED BY FIRST, SECOND, THIRD AND FOURTH AMENDMENTS RECORDED RESPECTIVELY ON APRIL 7, 1977 AS DOCUMENT NO. 400888, ON OCTOBER 26, 1977 AS DOCUMENT NO. 435747, ON APRIL 7, 1978 AS DOCUMENT NO. 461816 AND ON SEPTEMBER 22, 1978 AS DOCUMENT NO. 491993 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH 1.2116 PERCENT INTEREST IN THE COMMON AREAS AND FACILITIES APPERTAINING THERETO.

Commonly known as: **2545 E. LAKESHORE DRIVE, CONDOMINIUM A-69, CROWN POINT, INDIANA 46307**

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Mary N. Williams.
4. That this Affiant's relationship to the Decedent was Son.

FURTHER, your Affiant saith naught.

FILED

[Signature]
Bruce Williams

002136

JUN 12 2019

ILLINOIS
STATE OF INDIANA, COUNTY OF COOK) SS:

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Before me, the undersigned, a Notary Public in and for said county and state this 24 day of MAY, 2019, personally appeared **Bruce Williams**, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 846057

My Commission Expires: 10/25/2020 Signature *Michael Nejedly*

Resident of COOK County Printed Michael Nejedly, Notary Public



This instrument prepared by: **NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45**
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used 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

Patricia Ludington
Printed Name

NO SALES DISCLOSURE NEEDED
Community Title Co.
1964 N Main St.
Crown Point, In 46307

25
COMMUNITY TITLE COMPANY
FILE NO. 41916351
CK10911 *AM*

[Signature]



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000741

EDR No 00000646919

State No 027608

1. Decedent's Legal Name (First, Middle, Last) MARY NORMA WILLIAMS			1a. Maiden Name (if female) BASSETT		2. Sex FEMALE	3. Time Of Death 12:00 PM	4. Date Of Death (Month/Day/Year) 05/26/2018
3. Social Security Number 82		5a. Under 1 Year Months: 82		5b. Under 1 Month Days: 00		7. Date of Birth (Month/Day/Year) 12/15/1935	
5c. Under 1 Year Days: 00		5d. Under 1 Day Hours: 00		5e. Under 1 Hour Minutes: 00		8. Birthplace (City and State or Foreign Country) KOKOMO, IN	
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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Home Name (If Not Institution, Give Street and Number) CARMEL SENIOR LIVING							
12. City Or Town, State, And Zip Code CARMEL, IN, 46032				13. County Of Death HAMILTON		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			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation SECRETARY		17. Kind Of Business/Industry HEALTHCARE
18. Residence - State INDIANA		18a. County HAMILTON		18b. City Or Town CARMEL			
18c. Street And Number 13390 NORTH ILLINOIS STREET			18d. Apt. No.		18e. Zip Code 46032		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) RONALD O. BASSETT			23. Parent's Name (First, Middle, Last) EDNA M. BASSETT			23a. Parent's Last Name Before First Marriage MALCOLMSON	
24. Informant's Name BRUCE E WILLIAMS		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 5722 NORTH WINTHROP AVENUE, CHICAGO, IL 60660			
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) KELLY CARROLL CREMATION SERVICES		25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, WINFIELD CHAPEL, 10909 RANDOLPH STREET, CROWN POINT, IN 46307				27a. Funeral Home License Number FB41200017	
27b. Signature Of Indiana Funeral Service Licensee JOSHUA R KRAUSE, BY ELECTRONIC SIGNATURE				27c. License Number Of Licensee FD29700038			
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. Approximate Interval: Onset To Death							
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CONGESTIVE HEART FAILURE 0							
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. CHRONIC KIDNEY DISEASE 0							
C. METASTATIC BREAST CANCER							
D.							
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	
29. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. 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	
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. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (R.O., 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		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 STEVEN J DELEE, 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 STEVEN J DELEE, 14535 HAZEL DELL PKWY., BLDG. A., CARMEL, IN 46033				44. License Number 02002270A		45. Date Certified 06/01/2018	
46. Additional Funeral Service Provider				47. *Alake:			
48. Signature Of Local Health Officer CHARLES HARRIS, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Recd (Month/Day/Year) JUN 04 2018			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

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