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AFFIDAVIT

2019 JUN 21 AM 08:39

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MICHAEL B. BRONKHORST  
NOTARY PUBLIC

STATE OF IN

File No.: CTNW1902497

COUNTY OF Lake

CTNW 1902497 [5]

CHICAGO TITLE INSURANCE COMPANY

On this June 19, 2019 before me personally appeared Mary F O Leary and Catherine A Lawson to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. That Eileen F Sukta held a life estate interest in the following described land;  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
- 3. Said Eileen F Sukta died on 04/02/2019;
- 4. Is there Federal inheritance tax liability by reason of the death of said decedent?  Yes  No  
If yes, then estimated taxes due are \$ \_\_\_\_\_  
The taxes due are  paid or  unpaid
- 5. Affiant's relationship to the deceased was Daughters.

IN WITNESS WHEREOF, the undersigned have executed this document on June 19, 2019.

Mary F. O'Leary  
Mary F O'Leary

Address: 2803 Hart Street  
Dyer, IN 46317

Catherine Lawson  
Catherine A Lawson

FILED

Address: 10930 Avenue "F"  
Chi, IL 60617

STATE OF IN

JUN 20 2019

COUNTY OF Lake

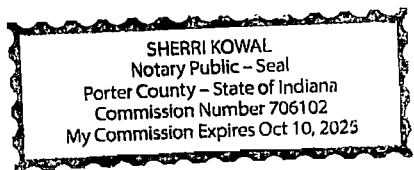
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

002329

Before me, a Notary Public in and for said County and State, personally appeared Mary F O'Leary and Catherine A Lawson who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 19th day of June, 2019

Signature: [Signature]  
Printed: \_\_\_\_\_  
Resident of: \_\_\_\_\_ County  
State of: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_



This instrument prepared by: Mary O'Leary  
Return to: 2803 Hart St.  
Dyer, IN 46317

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.

1820801054425

**AFFIDAVIT**  
(continued)

**EXHIBIT "A"**

Legal Description

**For APN/Parcel ID(s): 45-07-31-354-023.000-027**

*966 Cornwallis Lane, Munster, IN 46321*

THE SOUTH 30.10 FEET OF THE NORTH 116.20 FEET OF LOT 7 (BY PARALLEL LINES AND AS MEASURED AT RIGHT ANGLES TO THE NORTH LINE THEREOF) IN COBBLESTONES TOWNHOMES, PHASE TWO, AN ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 77 PAGE 69, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 191586

Local No 901225

EDR No 000000702500

State No 016320

1. Decedent's Legal Name (First, Middle, Last) EILEEN SUKTA				1a. Maiden Name (If female) BOYCE		2. Sex FEMALE		3. Time Of Death 10:43 AM		4. Date Of Death (Month/Day/Year) 04/02/2019	
5. Social Security Number [REDACTED]		6a. Age - Yrs 99		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) 10/26/1919		8. Birthplace (City and State or Foreign Country) RANTOUL, 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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) FRANCISCAN HEALTH 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 type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 TICKET AGENT		17. Kind Of Business/Industry ILLINOIS CENTRAL RAILROAD	
18a. Residence - State INDIANA			18b. County LAKE			18c. City Or Town MUNSTER			18d. Apt. No.		18e. Zip Code 46321
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) WILLIAM BOYCE				23. Parent's Name (First, Middle, Last) MARY BOYCE				23a. Parent's Last Name Before First Marriage GLEASON			
24. Informant's Name MARY O'LEARY			24a. Relationship To Decedent DAUGHTER			24b. Mailing Address (Street And Number, City, State, Zip Code) 2803 HART STREET, DYER, IN, 46311					
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) HOLY SEPULCHRE CEMETERY			25c. Location - City, Town, And State ALSIP, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373						27a. Funeral Home License Number FH19900052			
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE						27c. License Number FD0920067					
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 KIDNEY INJURY Due to (Or As A Consequence Of): B. ACUTE KIDNEY INJURY Due to (Or As A Consequence Of): C. ACUTE KIDNEY FAILURE Due to (Or As A Consequence Of): D. UREMIA											
28. 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? <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					
41. Signature Of Person Certifying Cause Of Death: NIDA FATIMA SHIRAZI, 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: NIDA FATIMA SHIRAZI, 5454 HOHMAN AVE., HAMMOND, IN 46320-1931					
44. License Number 02005210A						45. Date Certified 04/03/2019					
46. Signature Of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE											
47. "Akas"						48. For Registrar Only - Date Filed (Month/Day/Year) APR 05 2019					

THIS IS AN ORIGINAL COPY OF  
THE COUNTY HEALTH DEPARTMENT RECORD ON FILE WITH THE  
APR 05 2019  
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED