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2019-080772

2019 Nov 22

9:33 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

AFFIDAVIT

On this 20th day of November, 2019, before me personally appeared Betty D. Vrane who provided a photo identification, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the wife of owner of the Life Estate Holder.
3. Said Eugene C. Vrane died on November 14, 2011
4. The legal description of the premises in question is:

The North 1/2 of Lot 45, all of Lot 46, and the South 1/2 of Lot 47 in Block 15 of Unit 4 of Woodmar, an Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 17 page 22, in the Office of the Recorder of Lake County, Indiana.

Tax ID No.: 45-07-081378-013,000-023

5. Is there Federal or State 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..

6. Where this affidavit relates to a Life Estate Interest only.

7. Affiant's relationship to the deceased was wife of owner.

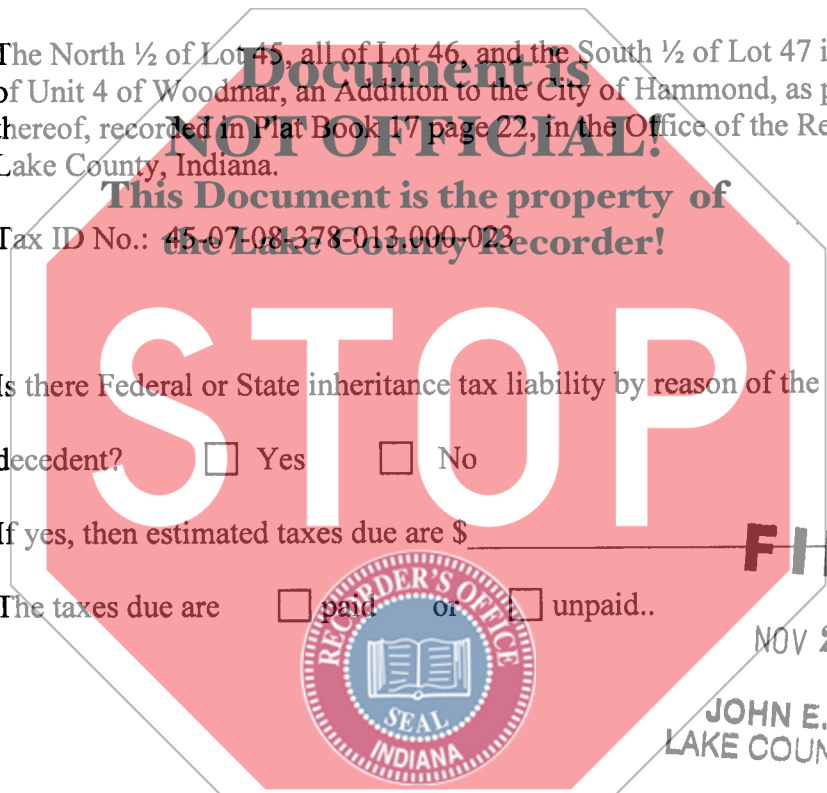
CK # 1820704340

**FIDELITY NATIONAL
TITLE COMPANY**
FNW1904138

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: _____



31016

FILED

NOV 22 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25 am

Signature: Betty D. Vrane

Printed Name: Betty D. Vrane

Address: 7217 Baring Hwy
Hammond, IN 46324

Subscribed and sworn to before me by Elizbieta Czyszczonek who personally appeared and acknowledged the execution of the foregoing instrument on this 20th day of November, 2019.

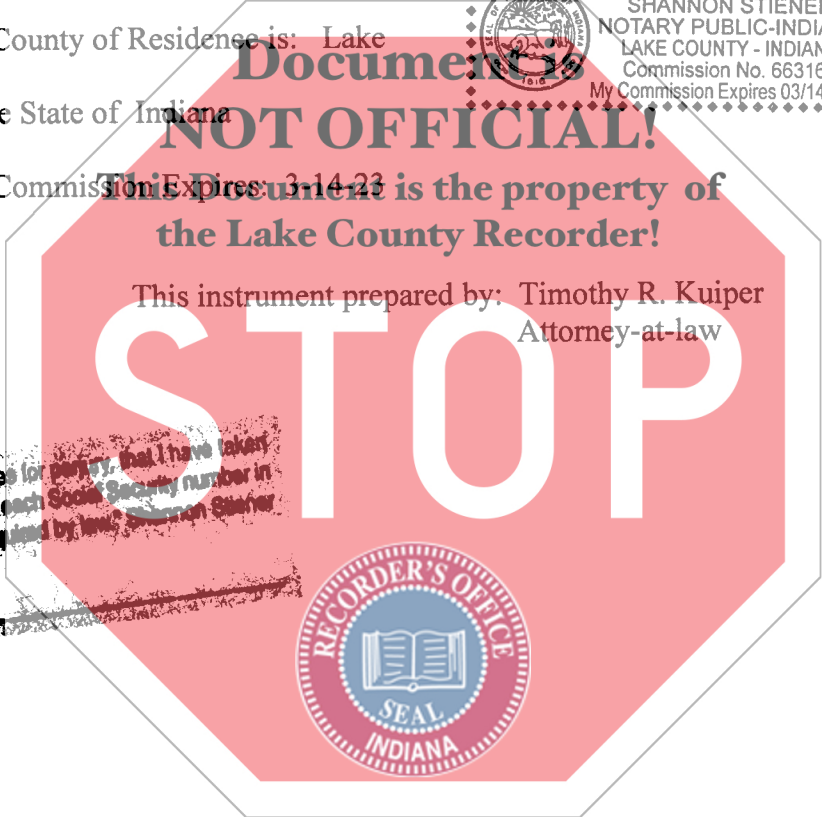
Notary Public

Printed Name: Shannon Stiener

My County of Residence is: Lake

In the State of Indiana

My Commission Expires: 3-14-23



This instrument prepared by: Timothy R. Kuiper
Attorney-at-law

~~I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each Social Security number in this document, unless required by law. Shannon Stiener~~



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003522

EDR No 00000229420

State No 050223

1. Decedent's Legal Name (First, Middle, Last) EUGENE C VRANE				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 12:54 PM	4. Date Of Death (Month/Day/Year) 11/14/2011			
5. Social Security Number		6a. Age - Yrs 90	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) 12/25/1920		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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 checked="" 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) ST ANTHONY HOSPICE-CROWN POINT											
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE			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 BETTY VRANE				15a. (If Wife) Give Maiden Last Name JOHNSON		16. Decedent's Usual Occupation MANAGER		17. Kind Of Business/Industry EDWARD C MINAS			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND			18c. Street And Number 7217 BARING PARKWAY	18d. Apt. No.	18e. Zip Code 46324	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) JOHN VRANE				23. Mother's Name (First, Middle, Last) ROSE VRANE			23a. Mother's Maiden Last Name DUMSKY				
24. Informant's Name BETTY VRANE			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 7217 BARING PARKWAY, HAMMOND, IN 46324						
25. Place Of Disposition											
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) ST JOSEPH ST JOHN CEMETERY				25c. Location - City, Town, And State HAMMOND, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC, HAMMOND, 5840 HOFFMAN AVE, HAMMOND, IN 46321						27a. Funeral Home License Number: FH83002819			
27b. Signature Of Indiana Funeral Service Licensee: APOLINARIO MORENO, BY ELECTRONIC SIGNATURE							27c. License Number (Of Licensee): FD20600073				
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Phrases. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE DEMENTIA 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. C. D. 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 checked="" type="checkbox"/> No											
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 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: KATHRYN HENKLE MULLIGAN, 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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311							44. License Number 01052342A	45. Date Certified 11/16/2011			
46. Additional Funeral Service Provider:							47. *AKS:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 17 2011					

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