

2019-082020

2019 Nov 27 10:23 AM

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

AFFIDAVIT

TAX: I.D. NO. 45-11-29-229-010.000-035

Tracie L. Demack, being first duly sworn upon oath, deposes and says:

1. That Carole A. Demack a/k/a Carole Ann Demack, died on the 27th day of February 2019 at Munster, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest in the following described real estate:
COMMONLY KNOWN AS: 1335 VENTURA DRIVE, SAINT JOHN, INDIANA 46373
3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Carole A. Demack a/k/a Carole Ann Demack.
4. That this Affiant's relationship to the Decedent was Daughter

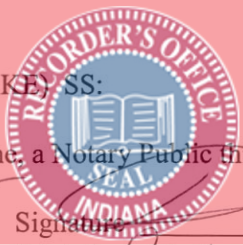
FURTHER, your Affiant saith naught.

Tracie L. Demack
Tracie L. Demack

STATE OF INDIANA, COUNTY OF LAKE, SS:

Subscribed and Sworn to before me, a Notary Public this 25th day of November, 2019.

My Commission Expires: 5/10/25
Resident of Lake County



Signature: *[Signature]*
Printed: Darlene S. Birchler, 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 of Preparer

Darlene S. Birchler
Printed Name of Preparer

FILED

COMMUNITY TITLE COMPANY
FILE NO. 1917364

NOV 27 2019

044207

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CK12025

JOHN E. PETALAS
LAKE COUNTY AUDITOR

EXHIBIT 'A'

**TAX: I.D. NO. 45-11-29-229-010.000-035
DEMACK**

BUILDING 2, UNIT B, TOGETHER WITH THE APPURTENANT REAL ESTATE DESCRIBED AS; PART OF LOT 3 IN VENTURA ESTATES 2ND ADDITION TO THE TOWN OF ST. JOHN, A PLAT OF CORRECTION OF PARTS OF VENTURA ESTATES, UNIT NO. 2, VENTURA ESTATES UNIT NO. 3 AND VENTURA ESTATES UNIT NO. 4, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 71 PAGE 16, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, SAID PART BEING DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID LOT 3; THENCE NORTH 88 DEGREES 56 MINUTES 26.5 SECONDS WEST A DISTANCE OF 133.19 FEET ALONG THE SOUTH RIGHT-OF-WAY OF VENTURA DRIVE; THENCE SOUTHWESTERLY ALONG THE ARC OF A TANGENT CURVE WHICH IS CONCAVE TO THE SOUTHEAST AND WHOSE RADIUS IS 100.00 FEET AND CENTRAL ANGLE EQUALS 72 DEGREES 09 MINUTES 7.5 SECONDS A DISTANCE OF 125.93 FEET; THENCE SOUTHWESTERLY ALONG THE ARC OF A TANGENT CURVE WHICH IS CONCAVE TO THE NORTHWEST AND WHOSE RADIUS IS 174.05 FEET AND CENTRAL ANGLE EQUALS 5 DEGREES 19 MINUTES 48 SECONDS A DISTANCE OF 16.19 FEET TO THE POINT OF BEGINNING; THENCE SOUTHWESTERLY ALONG THE ARC OF A TANGENT CURVE WHICH IS CONCAVE TO THE NORTHWEST AND WHOSE RADIUS IS 174.05 FEET AND CENTRAL ANGLE EQUALS 10 DEGREES 49 MINUTES 37 SECONDS A DISTANCE OF 32.89 FEET, THENCE SOUTH 23 DEGREES 16 MINUTES 56 SECONDS EAST 140.14 FEET; THENCE NORTH 49 DEGREES 16 MINUTES 36 SECONDS EAST 27.45 FEET; THENCE NORTH 23 DEGREES 10 MINUTES 56 SECONDS WEST 151.71 FEET TO THE POINT OF BEGINNING.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 900758

EQR No 00000696667

State No 010349

1. Decedent's Legal Name (First, Middle, Last) CAROLE ANN DEMACK				1a. Maiden Name (if female) JOHNSON		2. Sex FEMALE	3. Time Of Death 10:20 PM	4. Date Of Death (Month/Day/Year) 02/27/2019	
5. Social Security Number [REDACTED]		6a. Age - Yrs 77	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) 04/12/1941		8. Birthplace (City and State or Foreign Country) GARY, 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 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) COMMUNITY HOSPITAL					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation ADMINISTRATOR		17. Kind Of Business/Industry EDUCATION		
15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation		17. Kind Of Business/Industry			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town ST. JOHN		18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 11355 VENTURA DRIVE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) ROGER ALFRED JOHNSON	
22. Parent's Name (First, Middle, Last)		23a. Parent's Last Name Before First Marriage FAHEY		24. Informant's Name TRACIE L DEMACK		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 66810 VENTURA AVENUE, PORTAGE, IN 46368	
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, County, City, State, Zip Code) FOREST CREMATORY, HOMESWOOD, IL		25c. Place Of Disposition (Name, County, City, State, Zip Code)		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility INDIANA FUNERAL CARE AND CREMATORY, H. W. MOORE, 8151 ALLISONVILLE RD., INDIANAPOLIS, IN 46250	
27b. Signature Of Indiana Funeral Service Licensee: MICHAEL P. DELEGATTO, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD21000093		27a. Funeral Home License Number: FH10200003		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. ACUTE SUBDURAL HEMATOMA WITH SHIFT AND CEREBRAL EDEMA Due to (Or As A Consequence Of) B. C. D.			
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.		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.		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.		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 1 DAY	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. ATRIAL FIBRILLATION, COAGULOPATHY, HYPERTENSION, CORONARY ARTERY DISEASE					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings 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 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 Pregnant Status 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	
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	
38. Location Of Injury - State		39a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
19. 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)				
1. Signature, Of Person Certifying Cause Of Death: MARK J. SILVER, BY ELECTRONIC SIGNATURE					42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
3. Name, Address And Zip Code Of Person Certifying Cause Of Death: MARK J. SILVER, 901 MACARTHUR, MUNSTER, IN 46321					44. License Number 02004020A		45. Date Certified 03/04/2019		
4. Additional Funeral Service Provider: REMATION SOCIETY OF ILLINOIS					47. *Akas		49. For Registrar Only - Date Filed (Month/Day/Year) MAR 05 2019		
5. Signature of Local Health Officer: HANDANA VAVILALA, VIA ELECTRONIC SIGNATURE					AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				
LAKE COUNTY HEALTH OFFICER					RAISED SEAL AFFIXED				

