

2019-086498

2019 Dec 13 11:22 AM

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

Property Numbers:

~~45-02-25-232-008.000-023~~ *Comb w/ 232-009*
45-02-25-232-009.000-023
~~45-02-25-232-010.000-023~~ *Comb w/ 232-009*
45-02-25-232-011.000-023

Tax Mailing Address:

1529 Elliot Drive
Munster IN 46321

**AFFIDAVIT IN AID OF TITLE
(Extinguishing Life Estate Interest)**

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Comes now Alex Surma, the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

1. Alex Surma is an adult resident of _____, in the State of INDIANA whose current address is 1529 Elliot Drive Munster IN 46321 and has personal knowledge of the facts stated in this Affidavit as the Successor Trustee of the Revocable Trust Agreement of Helen Caponegri, Dated the 14th day of July, 2006.

2. Helen Caponegri held a life estate interest in the following described real estate:

Parcel 1: Lots Ten (10), Eleven (11), and Twelve (12), Block One (1), as marked and laid down on the recorded plat of M.M. Towle's Third Addition to the City of Hammond, Lake County, Indiana.

Site Address:

4225 Torrence Ave
Hammond, IN 46327

Property Numbers:

45-02-25-232-008.000-023
45-02-25-232-009.000-023
45-02-25-232-010.000-023

31743

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1N006754

Greater Indiana Title Company

FILED

DEC 13 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

32810
25 PM

Parcel 2: The North 4 feet of Lot Thirteen (13), Block One (1), as marked and laid down on the recorded plat of M.M. Towle's Third Addition to the City of Hammond, as shown in Plat Book 2, page 37, in the Office of the Recorder of Lake County, Indiana.

Site Address: 4227 Torrence Ave.
Hammond, IN 46327

Property Number: 45-02-25-232-011.000-023

3. Helen Caponegri died on May 22, 2008, a resident of Lake County, Indiana. A true and correct copy of the Indiana State Department of Health Certificate of Death of is attached to this Affidavit as Exhibit "A" and made a part of this Affidavit by reference.

4. Helen Caponegri reserved her life estate interest in and to said real estate in the Quit Claim Deed dated June 12th 2017, and recorded July 19, 2007, as Document Number 2007 058882, in the Office of the Recorder of Lake County, Indiana, made by

Helen Caponegri to the Revocable Trust
Agreement of Helen Caponegri


5. There were no Federal Estate taxes due by reason of Helen Caponegri's death.

6. There were no Indiana State Inheritance taxes due by reason of Helen Caponegri's death.

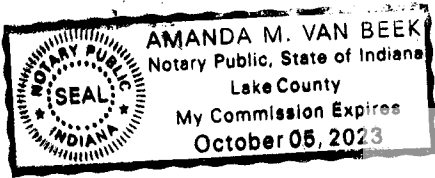
7. As a result of Helen Caponegri's death, her life estate interest in said real estate was extinguished.

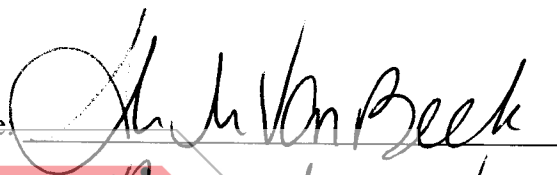
8. The purpose of this Affidavit is to file with the Lake County Auditor's Office and to place on record with the Lake County Recorder's Office evidence that Helen Caponegri's life estate interest in said real estate has been extinguished.

Further Affiant saith not.


Alex Surma

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by Alex Surma, the Affiant, on this 18th day of October, 2019.



Notary's Signature: 

Notary's Printed Name: Amanda M. Van BEEK

Notary's County of Residence: Lake

Notary's Commission Expires: 10/05/2023

After recording return to: Alex Surma

1529 Elliot Drive
Munster IN 46321

This instrument was prepared by Edward J. Wartman, Attorney at Law, Indiana License #18939-45; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company's commitment no. IN006754.

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. Edward J. Wartman

Please Return to: Alex Surma - 1529 Elliot Drive Munster IN 46321



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



Local No. 1865-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) HELEN CAPONEGRI			2. Maiden Last Name (If Female) SURMA			3. Sex Female	4. Time Of Death 8:10 PM	5. Date Of Death (Month/Day/Year) May 22, 2008
6. Social Security Number [REDACTED]	8a. Age - Yrs 89	8b. Under 1 Year Months None	8c. Under 1 Month Days None	8d. Under 1 Day Hours None	8e. Under 1 Hour Minutes None	7. Date Of Birth (Month/Day/Year) February 6, 1919		8. Birthplace (City And State Or Foreign Country) Chester, Pennsylvania
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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) BLUE SKIES HOSPICE								
12. City Or Town, State, And Zip Code HAMMOND			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 N/A			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation ASSEMBLY LINE WORKER		17. Kind Of Business/Industry HAMMOND VALVE
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER				
18a. Street And Number 1740 RIDGE ROAD			18d. Apt. No.		18e. Zip Code 46321		18f. Home City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education Primary 8			20. Decedent's Hispanic Origin			21. Decedent's Race WHITE		
22. Father's Name (First, Middle, Last) FRANK SURMA			23. Mother's Name (First, Middle, Last) AGNES SURMA			24. Mother's Maiden Last Name MARKOWSKI		
24. Decedent's Name LISA GUZMAN			24b. Relationship To Decedent NIECE			24c. Mailing Address (Street And Number, City, State, Zip Code) 9925 MARGO LANE, MUNSTER, IN 46321		
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. Name Of Disposition (Name Of Cemetery, Crematory, Other Place) Holy Cross Cemetery			25c. Location - City, Town, And State Calumet City, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Bocken Funeral Home, Inc. FH10600033 7042 Kennedy Avenue, Hammond, IN 46323			27a. Funeral Home License Number: FH10600033			
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>		27c. License Number (Of Licensee) FD08601373						
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. <u>My Heart Myself</u> B. _____ C. _____ D. _____ 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								
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 checked="" 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"/> Accidental <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. Mode Of Injury (e.g., Decedent's Vehicle, Construction Site, Unattended Fire, Wooded Area) COPY OF THE CERTIFICATE OF DEATH LAKE COUNTY, INDIANA		
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number		38c. Zip Code
30. Describe How Injury Occurred			39. 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 <i>[Signature]</i>						42. Consider (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: ERWIN ROBIN, M.D. 801 MacARTHUR BLVD, Suite 401, MUNSTER, IN 46321-						44. License Number 01038072		45. Date Certified 5/27/08
46. Additional Funeral Service Provider:						47. *After		
48. Signature of Local Health Officer <i>Susan W. Best, D.O.</i>						49. For Registrar Only - (Do Not Fill In This Section)		

