



months after Ronald's death, so the power of a personal representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the Heirs as follows:

Name	Relationship	Address	Percentage
Joseph R. Parat	Ronald's Son	4218 Garden Ridge Rd Crestwood, KY 40014	50%
Debra L. Parat	Ronald's Daughter	8131 W. 126 <sup>th</sup> Ave. Cedar Lake, IN 46303	50%

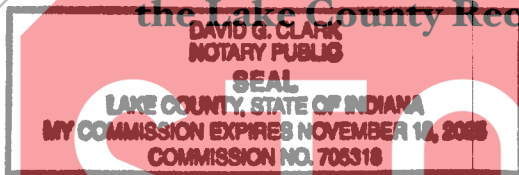
7. This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the Real Estate to the names of Joseph R. Parat and Debra L. Parat upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

*Joseph R. Parat*  
\_\_\_\_\_  
Joseph R. Parat

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State, this 29<sup>th</sup> day of June, 2020, personally appeared Joseph R. Parat, who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Death and Affidavit for Transfer of Real Estate to be his free and voluntary act and deed.



*David G. Clark*  
\_\_\_\_\_  
Notary Public

EXECUTED AND DELIVERED in my presence:

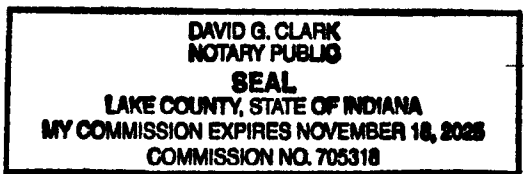
Witness: *Nancy T. Wolframski*  
printed name: Nancy T. Wolframski



STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State, personally appeared Nancy T. Wolframski, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Joseph R. Parat in the above-named subscribing witness's presence and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 29<sup>th</sup> day of June, 2020.



*David G. Clark*  
\_\_\_\_\_  
Notary Public

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. - David G. Clark

THIS INSTRUMENT WAS PREPARED BY DAVID G. CLARK, LAWYER #15397-45, CANALIA & CLARK LLC, 8840 CALUMET AVENUE, SUITE 205, MUNSTER, IN 46321, AT THE SPECIFIC REQUEST OF OWNER OR REPRESENTATIVES AND IS BASED SOLELY ON INFORMATION SUPPLIED BY ONE OR MORE OF THOSE PARTIES AND WITHOUT EXAMINATION FOR ACCURACY. THIS PREPARER ASSUMES NO LIABILITY FOR ANY ERROR, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RESULTING FROM THE INFORMATION PROVIDED. THE PARTIES ACCEPT THIS DISCLAIMER BY OWNER'S EXECUTION OF THIS DOCUMENT.

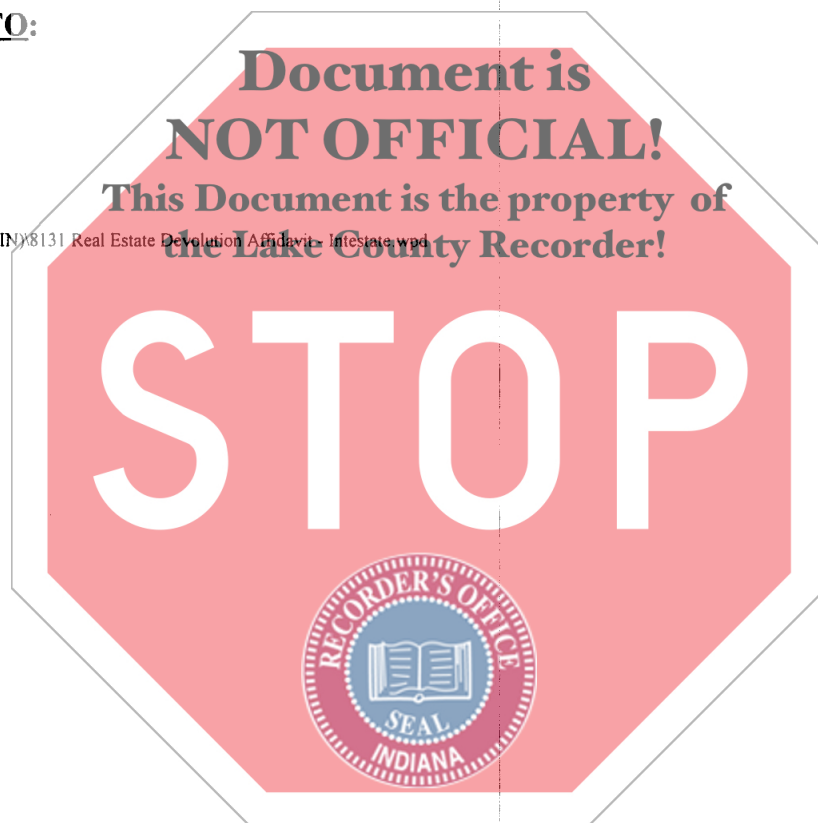
**PREPARED BY, RECORD AND RETURN TO:**

David G. Clark, Esq.  
Canalia & Clark, LLC  
8840 Calumet Avenue, Suite 205  
Munster, IN 46321-2546

**SEND TAX BILLS TO:**

Debra L. Parat  
8131 W. 126<sup>th</sup> Ave.  
Cedar Lake, IN 46303

L:\PROBATE\Parat, Ronald J Sm Est (IN)\8131 Real Estate Devolition Affidavit - Intestate.wpd





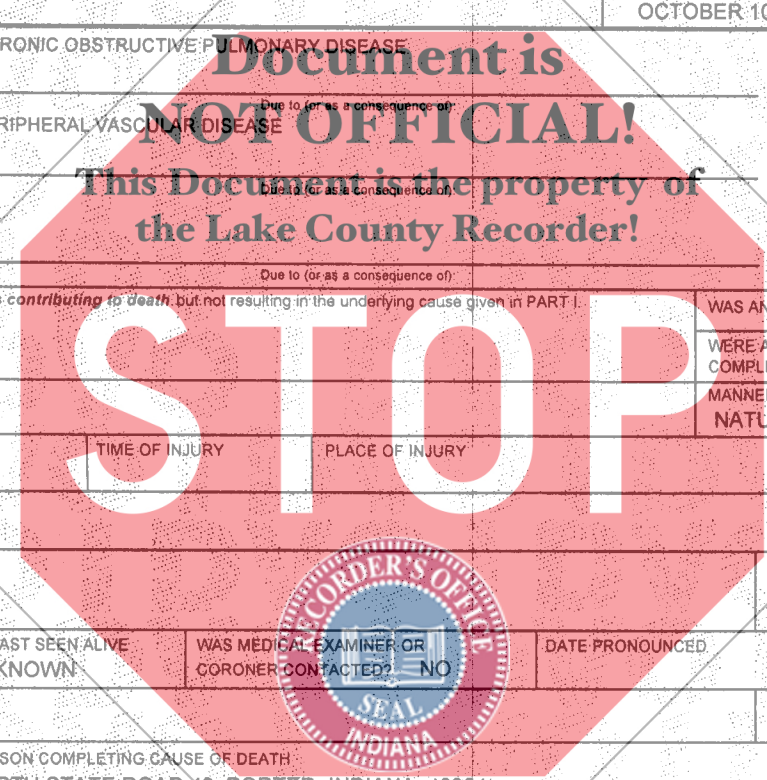
**CERTIFICATION OF DEATH RECORD**

**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2019 0079713

DATE ISSUED 10/16/2019

DECEDENT'S LEGAL NAME RONALD JOSEPH PARAT		SEX MALE	DATE OF DEATH OCTOBER 07, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH MARCH 19, 1943		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 13247 SOUTH EXCHANGE DRIVE			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8131 WEST 126TH AVENUE	APT. NO.	CITY OR TOWN CEDAR LAKE	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46303	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH RAYMOND PARAT	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CATHERINE MARIE BOBCZYK
INFORMANT'S NAME JOSEPH PARAT		RELATIONSHIP SON	MAILING ADDRESS 4218 GARDEN RIDGE ROAD, CRESTWOOD, KY, 40014	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WOODLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION OCTOBER 11, 2019	
FUNERAL HOME RIDGE FUNERAL HOME, 6620 W. ARCHER AVE., CHICAGO, IL, 60638				
FUNERAL DIRECTOR'S NAME EDWARD A TYLKA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015073	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR OCTOBER 10, 2019	
<b>CAUSE OF DEATH</b>				
PART I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Due to (or as a consequence of)			YEARS	
b. PERIPHERAL VASCULAR DISEASE			YEARS	
c. Due to (or as a consequence of)				
PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:04 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 09, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. LYLE R. MUNN, 1190 NORTH STATE ROAD 49, PORTER, INDIANA, 46304			PHYSICIAN'S LICENSE NUMBER 0103158	



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

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