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2020-063473

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

2020 Sep 14 8:34 AM

AFFIDAVIT

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

The undersigned affiant, Monica Corradin, who being duly sworn on oath, states as follows:

1. Affiant resides at 8402 Schreiber Drive, Munster, Indiana 46321;
2. Affiant is an owner of the within described property that is the subject of this affidavit;
3. Marilyn May Hill, the holder of a life estate interest in the within described property, died on November 11, 2019;
4. The legal description of the property is as follows:

LOT 25 IN LAMBERT SCHOON'S FIRST ADDITION TO MUNSTER, IN MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 97, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

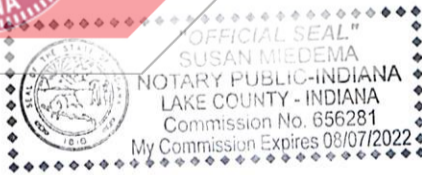
PARCEL NO.: 45-07-19-252-018,000-027. ADDRESS: 8348 SCHREIBER DR., MUNSTER, IN 46321

5. There is no Federal estate or State inheritance tax liability arising by reason of the death of said decedent;
  6. This affidavit relates to a Life Estate Interest only; created by Deed recorded February 13, 2013 as Instrument No. 2013 011811, in the Office of the Recorder of Lake County, Indiana.
  7. Affiant's relationship to the deceased was daughter.
- Affiant states nothing further.



Subscribed and sworn to before me this  
10th day of September, 2020.

*[Signature]*  
Notary Public Susan Miedema



026104

FILED

SEP 11 2020

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

FIDELITY NATIONAL  
TITLE COMPANY  
FWW2003088

25-RM

CK#1820704744

EXECUTED AND DELIVERED in my presence:

Witness: Debbie Noworyta

printed name: Debbie Noworyta

STATE OF INDIANA )  
  ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Debbie Noworyta, 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 Monica Corradin 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 10th day of September, 2020.



Susan Miedema  
Notary Public Susan Miedema

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

RECORD AND RETURN TO:  
David G. Clark  
8840 Calumet Avenue, Suite 205  
Munster, IN 46321-2546



This instrument prepared by: David G. Clark, Atty., 8840 Calumet Avenue, Ste. 205, Munster, IN 46321

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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

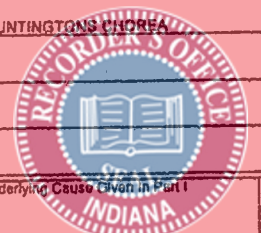
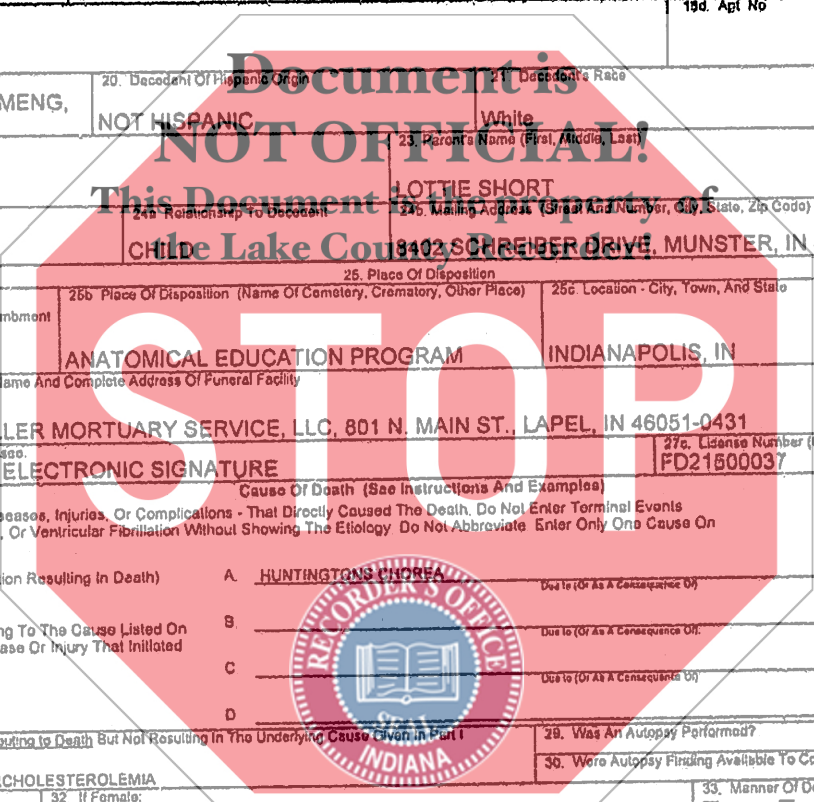
Tracking No. 213780

Local No 904141

EDR No 00000742509

State No 056060

1. Decedent's Legal Name (First, Middle, Last) <b>MARILYN MAY HILL</b>				1a. Maiden Name (If female) <b>SHORT</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>09:40 PM</b>	4. Date Of Death (Month/Day/Year) <b>11/11/2019</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>81</b>	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) <b>05/17/1938</b>		8. Birthplace (City and State or Foreign Country) <b>CLARK COUNTY, IL</b>	
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 checked="" 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) <b>8348 SCHREIBER DRIVE</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>				13. County Of Death <b>LAKE</b>		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 <b>TEACHER</b>		17. Kind Of Business/Industry <b>PUBLIC EDUCATION</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>MUNSTER</b>		19d. Apt No		19e. Zip Code <b>46321</b>	19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>8348 SCHREIBER DRIVE</b>				19. Decedent's Education <b>MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>	
22. Parent's Name (First, Middle, Last) <b>LOWELL WAYNE SHORT</b>				23. Parent's Name (First, Middle, Last) <b>LOTTIE SHORT</b>		23a. Parent's Last Name Before First Marriage <b>NEIDIGH</b>			
24. Informant's Name <b>MONICA CORRADIN</b>				24a. Relationship To Decedent <b>Child</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8348 SCHREIBER DRIVE, MUNSTER, IN 46321</b>			
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) <b>ANATOMICAL EDUCATION PROGRAM</b>		25c. Location - City, Town, And State <b>INDIANAPOLIS, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KELLER MORTUARY SERVICE, LLC, 801 N. MAIN ST., LAPEL, IN 46051-0431</b>						27a. Funeral Home License Number <b>FH11200031</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>KELSEY TERESE BYERS, BY ELECTRONIC SIGNATURE</b>						27c. License Number Of Licensee: <b>FD21500037</b>			
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>HUNTINGTON'S CHOREA</u> 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. _____								Approximate Interval Onset To Death <b>YEARS</b>	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>HYPERTENSIVE HEART DISEASE, HYPERCHOLESTEROLEMIA</b>						29. Was An Autopsy Performed? <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"/> Not Pregnant, Not Pregnant Days To 1 year before death <input type="checkbox"/> Pregnant Within 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)			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury - State		36a. City Or Town		36b. Street & Number <b>NOV 18 2019</b>	
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) <b>NOT VALID UNLESS</b>			
41. Signature, Of Person Certifying Cause Of Death: <b>MARK FRANCIS KEVIN, BY ELECTRONIC SIGNATURE</b>						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: <b>MARK FRANCIS KEVIN, 7905 CALUMET AVENUE, MUNSTER, IN 46321</b>						44. License Number <b>01086785A</b>		45. Date Certified <b>11/15/2019</b>	
46. Additional Funeral Service Provider:						47. Akas:			
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 18 2019</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

NOV 18 2019

RAISED SEAL AFFIXED