

NOT AN OFFICIAL DOCUMENT

GINA PRIMMITE
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-017553

8:51 AM 2021 Feb 26

AFFIDAVIT

STATE OF INDIANA

File No.: CTNW2100297-JRA

COUNTY OF LAKE

On this February 23, 2021 before me personally appeared William Vitkus to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- That JOYCELYN N. VITKUS held a life estate interest in the following described land;
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
- Said JOYCELYN N VITKUS died on JANUARY 29, 2015; *see attached death Certificate.*
- Is there Federal 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
- Affiant's relationship to the deceased was Son.

IN WITNESS WHEREOF, the undersigned have executed this document on February 23, 2021.

BY: William Vitkus
William Vitkus
Successor Trustee

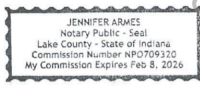
Address: _____

STATE OF IN
COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared William Vitkus, Trustee, or their successor in trust, under the Joycelyn N. Vitkus Revocable Trust, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 23 day of February, 2021

Signature: _____
Printed: Jennifer Armes
Resident of: IN County
State of: IN
My Commission expires: 2/8/2026



This instrument prepared by: William Vitkus

FILED

FEB 25 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Cell 1820802135
#2500
D

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Return to: William Vitkus
Address: 9624 Chestnut Ln. Munster IN 46321 Parcel: 45-07-29-232-05-1-000-026

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EXHIBIT "A" Legal Description

For APN/Parcel ID(s): 45-07-29-232-051.000-026

*2303 Bordeaux Walk Apt. B-1 Highland
IN 46322*

UNIT B1 IN LES CHATEAUX CARRS CHATEAU FONTAINE CONDOMINIUMS AS CREATED BY A DECLARATION RECORDED IN INSTRUMENT NUMBER 1976-356979 AND AS BUILT FLOOR PLANS RECORDED AS INSTRUMENT NUMBER PLAT BOOK 41 PAGE 68 AND SUPPLEMENTAL DECLARATION AND/OR AMENDMENT RECORDED AS INSTRUMENT NUMBER 1976-356979 AND ANY ADDITIONAL SUPPLEMENTAL DECLARATIONS AND/OR AMENDMENTS THERETO WHICH ARE RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON AREAS AND LIMITED COMMON AREAS.

Property of Lake County Recorder



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Local No 000391

EDR No 00000430236

State No 005562

1. Decedent's Legal Name (First, Middle, Last) JOYCELYN N VITKUS		1a. Maiden Name (if female) NELSON		2. Sex FEMALE	3. Time Of Death 06:18 PM	4. Date Of Death (Month/Day/Year) 01/29/2015	
5. Social Security Number 64	6a. Age - Yrs 84	6b. Under 1 Year Months 84	6c. Under 1 Month Days 0	6d. Under 1 Day Hours 0	6e. Under 1 Hour Minutes 07/11/1930	7. Date of Birth (Month/Day/Year) OAK PARK, IL	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input checked="" 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	
12. City Or Town, State, And Zip Code MUNSTER IN 46321		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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name	
16. Residence - State INDIANA		16a. County LAKE		16b. City Or Town HIGHLAND		16c. Usual Occupation HOMEMAKER	
16d. Street And Number 2303 BORDEAUX WALK		16e. Apt. No. 81		16f. Zip Code 46322		16g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		23a. Mother's Maiden Last Name NELSON	
22. Father's Name (First, Middle, Last) ROY W NELSON		23. Mother's Name (First, Middle, Last) ESTHER NELSON		24b. Mailing Address (Street And Number, City, State, Zip Code) 9624 CHESTNUT LANE, MUNSTER, IN 46321		27a. Funeral Home License Number FH83004968	
24. Intendant's Name WILLIAM VITKUS		24c. Relationship To Decedent SON		25. Place Of Disposition CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN	
25a. Method Of Disposition <input 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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN		27a. Funeral Home License Number FH83004968	
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. MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321		27c. License Number (Of Licensee) FD08601763		27a. Funeral Home License Number FH83004968	
27b. Signature Of Indiana Funeral Service Licensee BRIAN T. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD08601763		27a. Funeral Home License Number FH83004968		27b. Signature Of Indiana Funeral Service Licensee BRIAN T. BURNS, BY ELECTRONIC SIGNATURE	
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. DIVERTICULITIS / PNEUMOPERITONEUM CAUSING MULTIORGAN SYSTEM FAILURE		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Applicable To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death 48H	
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. _____		31. Place Of Injury (If Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT		32. Apt. No. 01074133A		36. Zip Code 02/02/2015	
34. Date Of Injury (Month/Day/Year) FEB 04 2015		35. Time Of Injury		36. Zip Code		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.	
39. Describe How Injury Occurred		39a. City Or Town		39b. Street & Number		39c. Apt. No.	
41. Signature Of Person Certifying Cause Of Death: JENNIFER ALLISON PLATT, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Carrying Physical <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01074133A		45. Date Certified 02/02/2015	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JENNIFER ALLISON PLATT, 901 MACARTHUE BLVD, MUNSTER, IN 46321		46. Additional Funeral Service Provider		47. Fax		48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) FEB 04 2015		49. For Registrar Only - Date Filed (Month/Day/Year) FEB 04 2015		49. For Registrar Only - Date Filed (Month/Day/Year) FEB 04 2015	