

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
PROBATE DIVISION
EAST CHICAGO, INDIANA

IN THE MATTER OF THE UNSUPERVISED)
ADMINISTRATION OF THE ESTATE OF) CAUSE NO: 45D02-2101-EU-000018
ARPAD A. SOMODI, Deceased,)

AFFIDAVIT OF TITLE OWNERSHIP

Comes now James A. Somodi, being duly sworn upon his oath, and states as follows:

1. That the Affiant is the Personal Representative of his Father's estate which is currently pending in the Probate Division of the Lake Superior Court in East Chicago, Indiana, under 45D02-2101-EU-000018.

2. That on the 5th day of February, 2002, Arpad A. Somodi and his spouse, Carolyn I. Somodi transferred their ownership in real estate at 3610 Wirth Road, Highland, Indiana, to Arpad A. Somodi and Carolyn I. Somodi, as Trustees of Trust No.: LTASCS-101, dated February 5, 2002.

The legal description of the property is as follows:

The East 70 feet by parallel lines of the West 170 feet of the North 187 feet of the West Half of the West Half of the Southwest Quarter of the Northeast Quarter of Section 27, Township 36 North, Range 9 West of the 2nd P.M., lying North of the Cady Marsh Ditch, in the Town of Highland, Lake County, Indiana.

3. The aforementioned Trust Agreement named Arpad A. Somodi and Carolyn I. Somodi as the beneficiaries of the Trust.

4. That Carolyn I. Somodi died on July 8, 2010, and Arpad A. Somodi died on November 25, 2020; thus leaving the subject real estate to James A. Somodi as Successor Trustee of the aforementioned Trust. Death Certificates for Carolyn I. Somodi and Arpad A. Somodi are attached hereto and marked Exhibits "A" and "B".

FILED
FEB 24 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR



cl. 25-1474-E
D

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2021 FEB 28
8:02 AM
2021-017635

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5. That James A. Somodi is the acting Personal Representative for the pending estate and is also the Successor Trustee of the aforementioned Trust, and he will transfer the aforementioned real estate by way of Trustee's Deed.

James Somodi
JAMES A. SOMODI, Personal Representative

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 12 day of FEBRUARY, 2021, personally appeared JAMES A. SOMODI, and acknowledged the execution of the foregoing instrument.

In Witness whereof, I have hereunto subscribed my name and affixed my official seal.

James A. [Signature]
NOTARY PUBLIC

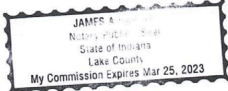
WITNESS to the above signature:

Stephanie A. Bohney
Witness Signature
Stephanie A. Bohney
Print

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared STEPHANIE A. BOHNEY on this 12 day of FEBRUARY, 2021, who acknowledged the execution of the above and foregoing instrument.

I have in witness thereof, subscribed my name and official seal.



James A. [Signature]
NOTARY PUBLIC

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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.



/s/James A. Harris

JAMES A. HARRIS

This instrument was prepared by James A. Harris, Attorney at Law, 9719 Prairie Avenue, Highland, Indiana 46322 at the specific request of affiant or beneficiary 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 errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer affiant's execution of this document of this documents or beneficiary's acceptance.

PRIME of Lake County Recorder



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Transcribing No. 259458

Local No 005243

EDR No 0000082226

State No

1. Decedent's Legal Name (First, Middle, Last) ARPAD ALBERT SOMODI		12. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 19:54	4. Date Of Death (Month/Day/Year) 11/25/2020	
5. Social Security Number [REDACTED]		6a. Age - Yrs 87	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) 02/03/1933
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)		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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 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 STEEL RADIOGRAPHER		17. Kind Of Business/Industry FACTORY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18c. Street And Number 3610 WIRTH ROAD	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		18d. Apt. No.	
22. Parent's Name (First, Middle, Last) FRANK SOMODI		23. Parent's Name (First, Middle, Last) ELIZABETH SOMODI		23a. Parent's Last Name Before First Marriage SZTARMARY		18e. Zip Code 46322	
24. Informant's Name JAMES SOMODI		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 8920 PORTER COURT, HIGHLAND, IN 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST MARY CEMETERY		25c. Location - City, Town, And State EVERGREEN PARK, IL		25. Place Of Disposition	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322				27a. Funeral Home License Number FH10300021	
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.		29. Cause Of Death (See Instructions And Examples)				27c. License Number (Of Licensee) FD08800305	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. COVID-19 INFECTION W/RESPIRATORY AND END ORGAN FAILURE		B. _____ <small>See I to J for A&B combinations</small>				Approximate Interval: Onset To Death	
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		C. _____ <small>See I to J for A&B combinations</small>					
D. _____ <small>See I to J for A&B combinations</small>							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I				30. 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 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 42 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"/> 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		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		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.	
38d. Zip Code		38e. City Or Town		38f. Street & Number		38g. 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)					
41. Signature, Of Person Certifying Cause Of Death: JOHN M. SZYMCAK, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other (Specify)		43. License Number 01065769A			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOHN M. SZYMCAK, 901 MACARTHUR BLVD, MUNSTER, IN 46321		44. Date Certified 12/07/2020		45. Date Certified			
46. Additional Funeral Service Provider:		47. Manner Of Death 1		48. For Registrar Only - Issue Date (Month/Day/Year) DEC 09 2020			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Issue Date (Month/Day/Year) DEC 09 2020					

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

DEC 09 2020

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

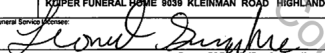
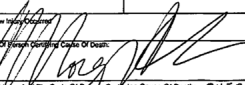


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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 2094-10

State No. _____

1. Decedent's Legal Name (First, Middle, Last) CAROLYN I. SOMODI				1a. Maiden Last Name (if Female) SIEMON		2. Sex F		3. Time of Death 2:45 AM		4. Date of Death (Month/Day/Year) JULY 8, 2010		
5. Social Security Number 76		6a. Under 1 Year Months		6b. Under 1 Month Days		6c. Under 1 Day Hours		6d. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) October 12, 1933		
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		9. 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: Tem Care Facility <input type="checkbox"/> Other (Specify)				8. Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS				
11. Facility Name (if Not Institution, Give Street And Number) 3610 WIRTH ROAD												
12. City Or Town, State, And Zip Code HIGHLAND, INDIANA 46322						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" 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 ARPAD SOMODI				15a. (if Wife/Give Maiden Last Name) N/A				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HIGHLAND						
18c. Street And Number 3610 WIRTH ROAD				19a. Apt. No. N/A		19b. Zip Code 46322		19c. INSDN City/County <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education 9-12th grade, no diploma			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White						
22. Father's Name (First, Middle, Last) HARRY GEORGE SIEMON				23. Mother's Name (First, Middle, Last) OLGA SIEMON				23a. Mother's Maiden Last Name WIGELI				
24. Informant's Name ARPAD SOMODI			24a. Relationship To Decedent HUSBAND			24b. Mailing Address (Street And Number, City, State, Zip Code) 3610 WIRTH ROAD HIGHLAND, INDIANA 46322						
25a. Method Of Disposition: <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) ST. MARYS CEMETERY			25c. Location - City, Town, And State EVERGREEN PARK, ILLINOIS						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility KUOPER FUNERAL HOME 9039 KLEINMAN ROAD HIGHLAND, INDIANA 46322			27a. Funeral Home License Number FH10300021						
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee) FD08800305						
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. Non-Small Cell Lung Carcinoma 4 years 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. _____												
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
30. Were Autopsy Findings Available To Compose 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 checked="" type="checkbox"/> Daily <input type="checkbox"/> Non-Daily <input type="checkbox"/> Unknown						
32. If Female: 32a. Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant 30 Days To 1 Year Before Death <input type="checkbox"/>			32b. If Pregnant, Date Of Birth (Month/Day/Year) _____			33. Manner Of Death: <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Reported, But Presumed To Be Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Specify) _____			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Location Of Injury - State			36a. City Or Town			
36b. Street and Number			36c. Apt. No.			36d. 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)						41. Signature Of Person Reporting Cause Of Death: 						
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: CHEYL MORGAN-IHRIG, M.D. 10630 W. 45th AVE MONSTER, IN 46321						
44. License Number 1041301						45. Date Certified 7-8-2010						
46. Additional Funeral Service Provider						47. *Ages:						
48. Signature Of Local Health Officer: Susan W Bert, D.O.						49. For Registrar Only - Date Filed (Month/Day/Year): July 8, 2010						