

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-031919

8:36 AM 2021 Apr 14

AFFIDAVIT TO TERMINATE LIFE ESTATE

On this March 24, 2021 before me personally appeared Donna C. Thomas, who being duly sworn on oath did say that:

1. Affiant principal place of business is located at the following address:

14 E. U.S. Highway 30, Schererville, IN 46375

2. Affiant is the manager of Burnet Title and has possession of the death certificate of former life estate tenant, Katherine Nowak aka Katherine M. Nowak, which form the factual basis for this Affidavit.
3. Said Katherine Nowak aka Katherine M. Nowak acquired a life estate interest in property located at 2441 Clough Avenue, Highland, Indiana 46322 by Deed in Trust dated April 30, 2008 and recorded May 22, 2008 as Document No. 2008-038001.
4. That Katherine Nowak aka Katherine M. Nowak died on May 11, 2011 and the life estate interest terminated upon her death. (Death Certificate attached)
5. The legal description of the property is:

LOT 4 IN BLOCK 4 IN AUWERDA'S 2ND ADDITION TO HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 72, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 2441 Clough Avenue, Highland, Indiana 46322
Parcel No. 45-07-21-357-007.000-026

FILED

APR 13 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

6. The purpose of this Affidavit is to induce the Auditor of Lake County, Indiana to remove the life estate interest of Katherine Nowak aka Katherine M. Nowak.

25.00
Ck# 780108
EX

NOT AN OFFICIAL DOCUMENT

Signature: Donna C. Thomas

Printed Name Donna C Thomas

Address: 14 E. U. S. Highway 30, Schererville, IN 46375

STATE OF INDIANA

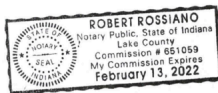
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, personally appeared Donna C Thomas, who acknowledged the execution of the foregoing instrument, having been duly sworn, states that representations therein are true and correct.

By: Robert Rossiano
Notary Signature,

this 9th day of APRIL, 2021.

Notary Public
Resident of LAKE
County My Commission expires: 3-13-2022



I affirm, under the penalty for perjury, that I have taken reasonable care to redact each Social Security number from this document, unless required by law
Donna C. Thomas

Prepared by: Donna C. Thomas, Burnet Title, 14 E. U.S. Hwy 30, Schererville, IN 46376

Return to: Burnet Title, 14 E. U.S. Highway 30, Schererville, IN 46375

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **001493**

EDR No **000000198927**

State No **021160**

| | | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|--|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) KATHERINE MARIE NOWAK | | | | 1a. Maiden Name (if female) TROPSIC | | 2. Sex FEMALE | | 3. Time Of Death 09:50 PM | | 4. Date Of Death (Month/Day/Year) 05/11/2011 | | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 92 | | 6b. Under 1 Year Months | | 6c. Under 1 Month Days | | 6d. Under 1 Day Hours | | 6e. Under 1 Hour Minutes | | |
| 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify) | | | | |
| 11. Facility Name (if Not Institution, Give Street and Number) HARTSFIELD CARE CENTER | | | | 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 | | |
| 15a. Surviving Spouse's Name | | | | 15b. (If Wife) Give Maiden Last Name | | | | 16. Decedent's Usual Occupation REGISTERED NURSE | | 17. Kind Of Business/Industry HOSPITAL-INDUSTRIAL | | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town HIGHLAND | | 18d. Apt. No. | | 18e. Zip Code 46322 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 19. Decedent's Education ASSOCIATE DEGREE (AA, AS) | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race White | | 22. Father's Name (First, Middle, Last) MICHAEL TROPSIC | | 23a. Mother's Maiden Last Name CVITAK | | | | |
| 24. Informant's Name CORRINE FANDREI | | 24a. Relationship To Decedent DAUGHTER | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 9337 SOUTHMOOR AVENUE, HIGHLAND, IN 46322 | | 25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" 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 JOHN MAUSOLEUM | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility ANTHONY & DZIWADOWICZ FUNERAL HOME, INC.-MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321 | | | | 27c. License Number Of Licensee FD01001447 | | 27a. Funeral Home License Number: FH83002916 | | | | |
| 28. Signature Of Indiana Funeral Service Licensee LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE | | | | | | | | | | | | |
| Cause Of Death (See Instructions/And Examples) | | | | | | | | | | | | |
| 29. 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. CVA Approximate Interval: Onset To Death 3 WEEKS | | | | | | | | | | | | |
| 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. _____ | | | | | | | | | | | | |
| 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 | | | | | | 31. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| 32. 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 | | | | | | | | | | | | |
| 33. 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 | | 38a. City Or Town | | 38b. Street & Number | | |
| 38. Location Of Injury - State | | 38c. Apt. No. | | 38d. Zip Code | | 39. Describe How Injury Occurred | | | | | | |
| 41. Signature, Of Person Certifying Cause Of Death: WASSIM ATASSI, BY ELECTRONIC SIGNATURE | | | | | | 42. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI, 7400 COLUMBIA AVE, HAMMOND, IN 46324 | | | | | | |
| 44. License Number MAY 10 1058603A | | | | | | 45. Date Certified 05/13/2011 | | | | | | |
| 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): MAY 13 2011 | | | | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | | | | |