

NOT AN OFFICIAL DOCUMENT

FILED

Oct 28 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-543924
10/28/2022 02:32 PM
TOTAL FEES: 25.00
BY: SP
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

AFFIDAVIT

****Please see attached death certificate****

On this 27th day of October, 2022, before me personally appeared, Donald J. Smith, who provided a photo identification, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is a party that has knowledge of the facts of the Life Estate Holder.
3. Said Ida M. Smith died on January 12, 2022
4. The legal description of the premises in question is:

See Attached

Tax ID No.: 45-11-23-283-021.000-036

5. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ N/A

The taxes due are paid or unpaid..

6. Where this affidavit relates to a Life Estate Interest only.
7. Affiant's relationship to the deceased was Son.

FIDELITY NATIONAL TITLE/FNW2203291

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Signature: Donald J. Smith

Printed Name: Donald J. Smith

Address: 1203 E. Commercial
Lowell IN 46356

Subscribed and sworn to before me by Donald J. Smith who personally appeared and acknowledged the execution of the foregoing instrument on this 27th day of October, 2022.

[Signature]

Notary Public

Printed Name: Shannon Stiener

My County of Residence: Lake

In the State of Indiana

My Commission Expires: 3-14-23



This instrument prepared by: Timothy R. Kuiper
Attorney-at-law

Austgen Kuiper Jasaitis P.C.
130 North Main Street
Crown Point, IN 46307

Affirmation

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Shannon Stiener

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EXHIBIT "A"

That part of Lot 93 in Plat of Correction of Harvest Manor Unit No. 1, Section No. 3, in the Town of Schererville, as per plat thereof, recorded in Plat Book 50 page 47, and amended by Plat of Correction recorded in Plat Book 55 page 49, in the Office of the Recorder of Lake County, Indiana, lying Northerly of the following described line:

Commencing at a point on the Southwesterly line of said Lot 93, 17.71 South 76 degrees 58 minutes 43 seconds East of the Southwest corner of said Lot 93; thence North 44 degrees 45 minutes 05 seconds East 76.30 feet; thence South 45 degrees 14 minutes 55 seconds East 6.94 feet; thence North 44 degrees 45 minutes 05 seconds East, 3.35 feet; thence South 45 degrees 14 minutes 55 seconds East, 6.89 feet; thence North 44 degrees 45 minutes 05 seconds East, 57.26 feet to the Northeasterly line of said Lot 93.

Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 309239

Local No 000160

EDR No 000011228362

State No 2022-001872

1. Decedent's Legal Name (First, Middle, Last) Ida M. Smith					1a. Maltice Name (If female) Lentini		2. Gender Female		3. Time Of Death 12:21 PM		4. Date Of Death (Month/Day/Year) 01/12/2022														
5. Social Security Number 90		6a. Age - Yrs 90		6b. Under 1 Year Months Days		6c. Under 1 Month Hours Minutes		7. Date of Birth (Month/Day/Year) 06/19/1931		8. Birthplace (City and State or Foreign Country) Gary, Indiana															
8. 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		10b. 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																			
11. Facility Name (If Not Institution, Give Street and Number) 2606 Morningside Drive																									
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307						13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, Not Separated <input type="checkbox"/> Divorced <input 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 Residence Realtor		17. Kind Of Business/Industry Real Estate															
18. Residence - State IN			18a. County Lake			18b. City Or Town Crown Point																			
18c. Street And Number 2606 Morningside Drive			19d. Apt. No.			18a. Zip Code 46307		18. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White																	
22. Parent's Name (First, Middle, Last) Sam Lentini				23. Parent's Name (First, Middle, Last) Mary Lentini				23a. Parent's Last Name Before First Marriage Zigale																	
24. Informants Name Donald Smith			24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 1203 E Commercial Avenue, Lowell, IN, 46356																			
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 Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calumet Park Cemetery			25c. Location - City, Town, And State Marionville, IN																			
26. Was Organ Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Gleason Funeral, Cremation & Reception Centre 608 East 113th Avenue, Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH10700031																			
27b. Signature Of Indiana Funeral Service Licensee Larry Allen Gleason			27c. License Number (Of Licensee) FD09000013			28. Part I. Enter The <u>Single</u> Cause - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventilator Failure 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>SENILE DEGENERATION OF THE BRAIN</u>			Approximate Interval: Onset To Death UNKNOWN																
Sequitely 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						29. 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 checked="" type="checkbox"/> No																
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input 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 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural/Overseas <input checked="" 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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant) (Street And Number)		36. City Or Town		36a. Street & Number		36b. Apt. No.		36c. Zip Code					
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other						41. Signature of Person Certifying Cause of Death: Sheldon Roderick Lewis						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						45. Date Certified 01/14/2022	
46. Name, Address And Zip Code Of Person Certifying Cause Of Death: Sheldon Roderick Lewis 9009 INDIANAPOLIS BLVD, HIGHWAY 30, ZION CO, IN 46788												47. Faxes: 01949868A		48. Telephone Number: 0114/2022		49. For Registrar Only - Date Filed (Month/Day/Year) 01/14/2022									
46. Additional Funeral Service Provider: LAKE COUNTY HEALTH DEPARTMENT												49. For Registrar Only - Date Filed (Month/Day/Year) 01/14/2022						49. For Registrar Only - Date Filed (Month/Day/Year) 01/14/2022							
46. Signature of Local Health Officer: Chandana Varadla												49. For Registrar Only - Date Filed (Month/Day/Year) 01/14/2022						49. For Registrar Only - Date Filed (Month/Day/Year) 01/14/2022							