

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2023-005573

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

10:11 AM 2023 Feb 15

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF TITLE

3 Joseph S. Irak, being first duly sworn upon his oath, deposes and says:

2. That John M. Smederovac *aka John Smederovac* and Gloria A. Smederovac *aka Gloria Smederovac* obtained ownership of certain real property as Husband and Wife, tenants by entirety on February 18, 1983 by way of a Trustee's Deed recorded on March 18, 1983 as Document Number 701170 (3-17-83) described as follows:

Parcel No. : 45-19-24-176-015.000-008

Lot 87 in Castlebrook Unit 1, as per plat thereof, recorded in Plat Book 46, page 128, in the Office of the Recorder of Lake County, Indiana.

Common Address: 17590 Merlin Dr., Lowell, IN 46356

3. That John M. Smederovac *aka John Smederovac* and Gloria A. Smederovac *aka Gloria Smederovac* were divorced on or about April 20, 1990, which divorce converted ownership of the above property to equal shares as tenants in common.

4. That the decedent, Gloria A. Smederovac *aka Gloria Smederovac* died intestate on April 23, 2022 and pursuant to Indiana law, her 50% tenant in common share in the above real estate would devolve to her only surviving daughter, Kathleen Smederovac. (Death Certificate attached as Exhibit "A")

5. That John M. Smederovac *aka John Smederovac* will Quit Claim his 50% tenant in common share in the real estate to his daughter, Kathleen Smederovac.

6. That the purpose of this affidavit is to induce the Lake County Auditor to show the proper entities in title to the above real estate naming owners as Tenants in Common.

Further, your Affiant saith not.

[Signature]
JOSEPH S. IRAK, AFFIANT
Attorney at Law
9219 Broadway
Merrillville, IN 46410
(219) 769-4552
FAX (219) 769-3875
joeirak@yahoo.com

251-
cl. 17754
[Signature]

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PEGGY HOLINGA KATONA PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR LAKE COUNTY AUDITOR

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 2ND day of February, 2023, did personally appear JOSEPH S. IRAK, provided sufficient state identification, and acknowledged the execution of the foregoing Affidavit of Title. In witness whereof I have hereunto subscribed my name and affixed my official seal.



Antoinette Krupa
ANTOINETTE KRUPA, NOTARY
My Commission Expires 01/19/2025
Resident of Lake County
Commission No.: 693508

Prepared by Atty. Jos. S. Irak, 9219 Broadway, Merrillville, IN
46410 (219) 769-4552

Mail to: 17590 Merlin Dr., Lowell, IN 46356

Openly Lake County Recorder



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Trcl. H. No. 324677

Local No 001834

EDR No D00011277394

State No 2022-024161

1. Decedent's Legal Name (First, Middle, Last) Gloria Ann Smederovac				1a. Maiden Name (if female)		2. Gender Female		3. Time of Death 08:48 AM		4. Date of Death (Month/Day/Year) 04/23/2022			
5. Social Security Number [REDACTED]		6a. Age - Yrs 70		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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Died on Arrival				11a. 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) St. Anthony Medical Center													
12. City or Town, State, and Zip Code Crown Point, Indiana						13. County of Death Lake			14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" 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 Occupation Banker		17. Kind Of Business Industry Banking		
18. Residence - State IN				18a. County Lake				18b. City or Town Lowell					
18c. Street and Number 17590 Merlin Drive						18d. Apt. No.		18e. Zip Code 46356		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education Some college, but no degree						20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Parents Name (First, Middle, Last) Anthony Nasloski Sr.						23. Parents Name (First, Middle, Last) Theresa Nasloski			23a. Parents Last Name Before First Marriage Centanni				
24. Informant's Name Kathleen Marie Smederovac				24a. Relationship to Decedent Daughter				24b. Mailing Address (Street And Number, City, State, Zip Code) 17590 Merlin Drive, Lowell, IN, 46356					
25. Place Of Disposition													
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) Geisen Cremation Centre				25c. Location - City, Town, and State Crown Point, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Geisen - Carlisle Funeral & Cremation Services 613 Washington St, Michigan City, Indiana, 46360				27a. Funeral Home License Number FH11200023					
27b. Signature Of Indiana Funeral Service Licensee <i>Megan Kornudy</i>						Electronically Signed			27c. License Number Of Licensee FD21200033				
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. Bowel Obstruction <small>(Use to 25 An Abbreviation)</small>													
B. Metastatic endometrial cancer <small>(Use to 25 An Abbreviation)</small>													
C. <small>(Use to 25 An Abbreviation)</small>													
D. <small>(Use to 25 An Abbreviation)</small>													
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last													
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 Finding 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 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 43 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	
39. Describe How Injury Occurred													
41. Signature, Of Person Certifying Cause Of Death: <i>Kristine Marie Teodori</i>						Electronically Signed			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: Kristine Marie Teodori 300 N Main Street Ste D, Crown Point, IN 46307						44. License Number 02002441A		45. Date Certified 04/25/2022					
46. Additional Funeral Service Provider:													
48. Signature of Local Health Officer: <i>Chandana Karijala</i>						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 04/26/2022				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													
LAKE COUNTY HEALTH OFFICER													

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAY 06 2022
 LAKE COUNTY HEALTH OFFICER

Exhibit "A"

RAISED SEAL AFFIXED