

NOT AN OFFICIAL DOCUMENT

FILED

Jul 19 2023 KAP
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-522998
07/19/2023 01:48 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 2
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

AFFIDAVIT

STATE OF INDIANA

File No.: CTNW2302746A

COUNTY OF LAKE

Comes now Debra A. Gentile, Affiant, and having been duly sworn, states as follows:

- Affiant resides at the address given below affiant's signature;
- That Mary I. Gentile held a life estate interest in the following described land;

For APN/Parcel ID(s): 45-06-13-301-031.000-027

LOT 29 IN BLOCK 7 IN BROADMOOR, IN THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED DECEMBER 12, 1924 IN PLAT BOOK 18, PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- Said Mary I. Gentile died on March 25, 2018;
- 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 Daughter.

IN WITNESS WHEREOF, the undersigned have executed this document on July 17, 2023.


Debra A. Gentile

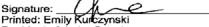
Address: 912 Cornwallis Ln
Munster, IN 46321

STATE OF INDIANA

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared Debra A. Gentile who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 17 day of July, 2023

Signature: 
Printed: Emily Kurczynski
Resident of: Lake County
State of: INDIANA
My Commission expires: March 26, 2026



This instrument prepared by: Dena Phillips Farling, for the benefit of Chicago Title Company, LLC.

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 (Dena Phillips Farling, for the benefit of Chicago Title Company, LLC).

CHICAGO TITLE INSURANCE COMPANY

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 154630



Local No 901057

EDR No 000000635249

State No 015915

1. Decedent's Legal Name (Print Middle Last) MARY J GENTILE		2. Sex FEMALE		3. Time of Death 05:30 PM		4. Date of Death (Month/Day/Year) 03/25/2018	
5. Social Security Number 90		6. Maiden Name (if female) SUKTA		7. Date of Birth (Month/Day/Year) 11/20/1927		8. Residence (City and State or Foreign Country) CHICAGO, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. U.S. Military Service (MOS) (If applicable) None		11. U.S. Military Service (MOS) (If applicable) None		12. U.S. Military Service (MOS) (If applicable) None	
13. Family Name (If different from 1. or 2.) BEVERLY PLACE		14. County of Death LAKE		15. Decedent's Address (If different from 8.) LAKE PACKER GENERAL MILLS		16. Decedent's Address (If different from 8.) LAKE PACKER GENERAL MILLS	
17. Decedent's Education 8TH GRADE OR LESS		18. Decedent's Race NOT HISPANIC		19. Decedent's Religion White		20. Decedent's Religion (If different from 19.) None	
21. Decedent's Occupation None		22. Decedent's Occupation (If different from 21.) None		23. Decedent's Occupation (If different from 21.) None		24. Decedent's Occupation (If different from 21.) None	
25. Marital Status WIDOWED		26. Spouse's Name (Last, First, Middle, Last) MARY SUKTA		27. Spouse's Date of Death (Month/Day/Year) None		28. Spouse's Cause of Death (If different from 1.) None	
29. Marital Status (If different from 25.) None		30. Spouse's Name (Last, First, Middle, Last) MARY SUKTA		31. Spouse's Date of Death (Month/Day/Year) None		32. Spouse's Cause of Death (If different from 1.) None	
33. Marital Status (If different from 25.) None		34. Spouse's Name (Last, First, Middle, Last) MARY SUKTA		35. Spouse's Date of Death (Month/Day/Year) None		36. Spouse's Cause of Death (If different from 1.) None	
37. Marital Status (If different from 25.) None		38. Spouse's Name (Last, First, Middle, Last) MARY SUKTA		39. Spouse's Date of Death (Month/Day/Year) None		40. Spouse's Cause of Death (If different from 1.) None	
41. Signature of Person Entering Cause of Death TEOFILO S VINJLUA		42. Signature of Person Entering Cause of Death CHANDANA VAVILALA		43. Signature of Person Entering Cause of Death CHANDANA VAVILALA		44. Signature of Person Entering Cause of Death CHANDANA VAVILALA	
45. Signature of Person Entering Cause of Death TEOFILO S VINJLUA		46. Signature of Person Entering Cause of Death CHANDANA VAVILALA		47. Signature of Person Entering Cause of Death CHANDANA VAVILALA		48. Signature of Person Entering Cause of Death CHANDANA VAVILALA	
49. Signature of Person Entering Cause of Death TEOFILO S VINJLUA		50. Signature of Person Entering Cause of Death CHANDANA VAVILALA		51. Signature of Person Entering Cause of Death CHANDANA VAVILALA		52. Signature of Person Entering Cause of Death CHANDANA VAVILALA	
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93. Signature of Person Entering Cause of Death TEOFILO S VINJLUA		94. Signature of Person Entering Cause of Death CHANDANA VAVILALA		95. Signature of Person Entering Cause of Death CHANDANA VAVILALA		96. Signature of Person Entering Cause of Death CHANDANA VAVILALA	
97. Signature of Person Entering Cause of Death TEOFILO S VINJLUA		98. Signature of Person Entering Cause of Death CHANDANA VAVILALA		99. Signature of Person Entering Cause of Death CHANDANA VAVILALA		100. Signature of Person Entering Cause of Death CHANDANA VAVILALA	

THIS IS A COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAR 24 2018

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

RAISED SEAL AFFIXED