

FILED

Sep 11 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)

) In Re: Mary Lou Vega, Decedent

COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER ON DEATH

I, Rebecca Cripe, being duly sworn, state as follows:

1. Mary Lou Vega died on January 21, 2023. A copy of her death certificate is attached.

2. At the time of death, the decedent owned certain real estate commonly known as 2441 Harvest Drive #8, Crown Point, Indiana, in Lake County and more particularly described as follows:

Apartment Designated as 2441-8 Harvest Drive, Schererville, Indiana, in Oakcrest Condominiums, a horizontal property regime, created by a declaration of condominium recorded May 7, 1985 as document no. 802041 and amended by First, Second, Third and Fourth amendments recorded respectively October 17, 1985 as Document no. 824860, April 29, 1986 as document no. 851542, February 24, 1987 as document no. 903058, and September 20, 1988 as Document no. 998356 in the Office of the Recorder of Lake County, Indiana. Together with an undivided 2.50% interest appertaining to such dwelling unit in the common areas and facilities.

Commonly Known As: 2441 Harvest Drive #8, Crown Point, IN 46307

Tax ID #45-11-23-231-028.000-036

3. This real estate was subject to a transfer on death deed, dated January 13, 2023, recorded in the office of the Lake County Recorder on January 17, 2023 as instrument number 2023-501416.

4. The name and address of each designated beneficiary who survived the owner of the real estate is as follows:

Patricia Simoncelli, PO Box 141, Litchfield, CT 06759
Rebecca Cripe, 104 W. Senator Way, Carmel, IN 46032

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Rebecca M Cripe
Rebecca Cripe

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 11th day of September, 2023, personally appeared: Rebecca Cripe and acknowledged the execution of the foregoing document. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

STATE OF INDIANA, COUNTY OF LAKE) SS:

SUBSCRIBED AND SWORN to before me this 11th day of September, 2023.

My Commission Expires: 2/13/2026

Lesa A. Potacki
Les A. Potacki, Notary Public
County of Residence: Lake



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/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No: 20519-45), (219) 864-7800
900 Parker Place, Suite A, Schererville, Indiana 46375



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 353864

Local No 000274

EDR No 000011496638

State No 2023-004009

1. Decedent's Legal Name (First, Middle, Last) Mary Lou Vega				1a. Maiden Name (If female) Origel		2. Gender Female		3. Time Of Death 07:30 PM		4. Date Of Death (Month/Day/Year) 01/21/2023							
5. Social Security Number [REDACTED]		6a. Age - Yrs 85		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) 09/11/1937		8. Birthplace (City and State or Foreign Country) Leon GTO, Mexico															
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"/> Onset 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 <input type="checkbox"/> Other (Specify)													
11. Facility Name (If Not Institution, Give Street and Number) 2441 Harvest 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, 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 Homemaker In Own Home		17. Kind Of Business/Industry Domestic							
18. Residence - State IN		18a. County Lake			18b. City Or Town Crown Point			18d. Apt. No.		18c. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
18c. Street And Number 2441 Harvest Drive		18e. Zip Code		18f. Inside City Limits?		18g. Apt. No.		18d. Apt. No.		18c. Zip Code							
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Yes, Mexican, Mexican American, Chicano			21. Decedent's Race White		22. Parent's Name (First, Middle, Last) Louis Origel		23. Parent's Name (First, Middle, Last) Lilliam		23a. Parent's Last Name Before First Marriage Buckley						
24. Informant's Name Rebecca Cripe		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 104 W Senator Way, Carmel, IN, 46032													
25. Place Of Disposition																	
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) Ridgeland Cemetery				25c. Location - City, Town, And State Gary, IN											
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Lincoln Ridge Funeral Home 7607 W. Lincoln Highway, Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH88800070											
27b. Signature Of Indiana Funeral Service Licensee: Ed Vajko						27c. License Number (Of Licensee): FD01008300			27d. License Number (Of Licensee): FD01008300								
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. CANCER OF LEFT URETER										Approximate Interval: Onset To Death DAYS							
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																	
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 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"/> 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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant/Woods Area)		35. Time Of Injury		36. Street & Number		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. Street & Number		37. Injury At Work?		38. Location Of Injury - State		39a. City Or Town		39b. Street & Number		39c. Apt. No.		39d. Zip Code	
38. Location Of Injury - State																	
39. Describe How Injury Occurred																	
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian																	
41. Signature, Of Person Certifying Cause Of Death: Rupesh J Shah		42. Center (Check Only Date) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. License Number 02002106A		45. Date Certified 01/26/2023									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Rupesh J Shah 202 E 86th Place, Merrillville, IN 46410		44. Additional Funeral Service Provider:		46. Additional Funeral Service Provider:		47. F.A.S.:		48. Signature of Local Health Officer: Christina Vavilala									
48. Signature of Local Health Officer: Christina Vavilala		49. For Registrar Only - Date Filed (Month/Day/Year): 01/27/2023		APENDIX 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

JAN 27 2023

NO VALIDNESS

RAISED SEAL APPLIED