

2024-001576  
01/17/2024 10:51 AM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 4  
RECORDED AS PRESENTED

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**

Jan 16 2024 KAP  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

**AFFIDAVIT OF SURVIVORSHIP**

**Stanley Smigla, aka Stanley P. Smigla** of adult age, being first duly sworn, upon deposes and says:

That **Stanley Smigla, aka Stanley P. Smigla** is the Husband of Patricia R. Smigla, deceased, who died on April 18, 2023 a resident of Lake County, Indiana.

That affiant and said decedent, as acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **Stanley Smigla, aka Stanley P. Smigla** surviving spouse or tenant of the decedent.

Further, Affiant sayeth not.

Stanley Smigla  
Stanley Smigla aka Stanley P. Smigla

\* Death Cert Attached Exhibit A  
lap

24-1772  
HOLD FOR MERIDIAN TITLE CO

# NOT AN OFFICIAL DOCUMENT

State of IN County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Stanley Smiglia aka Stanley P. Smiglia** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 21 day of December, 2023

1-21-30  
My Commission Expires:

650421  
Commission No.

Porter IN  
Notary Public County and State of Residence

Annette Martinez  
Signature of Notary Public

Annette Martinez  
Printed Name of Notary

This instrument was prepared by:  
Andrew R. Drake, Attorney-at-Law  
1120 W. Oak Street, Ste. 250, Zionsville, IN 46077

Grantee's Address and Mail Tax Statements To:  
1018 W Pine Pl  
Griffith IN 46319



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. Andrew R. Drake

# NOT AN OFFICIAL DOCUMENT

## LEGAL DESCRIPTION

Tax ID Number(s): 45-07-34-205-003.000-006  
Property Address: 1018 W. Pine Place, Griffith, IN 46319

Lot Numbered 50 in Northtown Estates 2<sup>nd</sup> Addition to Griffith as shown in Plat Book 37 page 1 in Lake County, Indiana.

Tax ID Number(s): 45-27-01-305-009.000-007  
Property Address: 6304 W. 251<sup>st</sup>, Lowell, IN 46356

Lot Numbered 10 in Pon & Co's Wildwood Shores, as shown in Plat Book 26 page 38 in Lake County, Indiana.

Property of Lake County Recorder

# NOT AN OFFICIAL DEATH RECORD

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

Exhibit A

STATE FILE NUMBER 2023 0032942

DATE ISSUED 4/24/2023

|  |   |   |   |   |
|--|---|---|---|---|
| DECEDENT'S LEGAL NAME<br>PATRICIA RITA SMIGLA  |   | SEX:<br>FEMALE  | DATE OF DEATH<br>APRIL 18, 2023   |   |
| COUNTY OF DEATH<br>COOK  | AGE AT LAST BIRTHDAY<br>66 YEARS                            | DATE OF BIRTH<br>AUGUST 15, 1956  |   |   |
| CITY OR TOWN<br>LYONS, TWP   |   | HOSPITAL OR OTHER INSTITUTION NAME<br>RML SPECIALTY HOSPITAL  |   |   |
| PLACE OF DEATH<br>INPATIENT  |   |   |   |   |
| BIRTHPLACE<br>HAMMOND, IN  | SOCIAL SECURITY NUMBER   STATUS AT TIME OF DEATH<br>MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S maiden name<br>STANLEY SMIGLA                                |   | EVER IN U.S. ARMED<br>FORCES? NO  |
| RESIDENCE<br>1018 W PINE PL  | APT. NO.  | CITY OR TOWN<br>GRIFFITH  | INSIDE CITY LIMITS?<br>YES  |   |
| COUNTY<br>LAKE   | STATE<br>IN   | ZIP CODE<br>46319   | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION:<br>RICHARD METZGER | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION:<br>SOPHIA SVITEK |
| INFORMANT'S NAME<br>STANLEY SMIGLA   |   | RELATIONSHIP<br>HUSBAND   | MAILING ADDRESS:<br>1018 WEST PINE PLACE, GRIFFITH, IN, 46319                   |   |
| METHOD OF DISPOSITION<br>CREMATION   | PLACE OF DISPOSITION<br>WOODLAWN CREMATORY                  | LOCATION - CITY OR TOWN AND STATE:<br>FOREST PARK, IL   | DATE OF DISPOSITION   |   |
| FUNERAL HOME:<br>CHAPEL HILL GARDENS SOUTH FUNERAL HOME, 11333 S. CENTRAL AVENUE, OAK LAWN, IL, 60453  |   |   |   |   |
| FUNERAL DIRECTOR'S NAME<br>SHELIA COLLEEN KIRBY  |   |   | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br>034017137                         |   |
| LOCAL REGISTRAR'S NAME<br>KAREN A YARBROUGH  |   |   | DATE FILED WITH LOCAL REGISTRAR<br>APRIL 21, 2023                               |   |
| <b>CAUSE OF DEATH</b> PART I: HYPOXIC RESPIRATORY FAILURE  |   |   |   |   |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death):  |   | a. _____<br><small>Due to (or as a consequence of)</small>  |   | 2 MONTHS  |
|  |   | b. PULMONARY MUCORMYCOSIS END STAGE RENAL DISEASE<br><small>Due to (or as a consequence of)</small> |   | SEVERAL MONTHS  |
|  |   | c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE<br><small>Due to (or as a consequence of)</small>          |   | SEVERAL YEARS   |
| PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I:<br>MULTI-FOCAL PNEUMONIA |   |   |   |   |
|  |   |   | WAS AN AUTOPSY PERFORMED? NO  |   |
|  |   |   | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A                      |   |
| FEMALE PREGNANCY STATUS<br>NOT PREGNANT WITHIN LAST YEAR   |   |   | MANNER OF DEATH<br>NATURAL  |   |
| DATE OF INJURY   | TIME OF INJURY  | PLACE OF INJURY   |   | INJURY AT WORK?   |
| LOCATION OF INJURY   |   |   |   |   |
| DESCRIBE HOW INJURY OCCURRED:  |   |   |   | IF TRANSPORTATION INJURY, SPECIFY   |
| ATTEND THE DECEASED?<br>YES  | DATE LAST SEEN ALIVE<br>APRIL 18, 2023                      | WAS MEDICAL EXAMINER OR<br>CORONER CONTACTED? YES   | DATE PRONOUNCED:  | TIME OF DEATH<br>01:45 PM   |
| CERTIFIER<br>PHYSICIAN   |   |   | DATE CERTIFIED<br>APRIL 20, 2023  |   |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH:<br>DR. MAIRAJ JALEEL, 5601 SOUTH COUNTY LINE ROAD, HINSDALE, ILLINOIS, 60521                 |   |   |   | PHYSICIAN'S LICENSE NUMBER<br>36-1160052<br><b>2531557</b>                    |

THE WORD VOID APPEARS WHEN PHOTO COPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS ARE NOT ON THIS COPY



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE