

NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL
RECORDER

2024-006992

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

3:19 PM 2024 Feb 23

Please send all tax bills to:

PARCEL NO. 45-07-22-176-042.000-026

Carolyn A. Vicari
3436 Ross Place
Highland, Indiana 46322

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

TITLE PASSAGE AFFIDAVIT

The Affiant, Carolyn A. Vicari, (hereafter, "Carolyn"), being first duly sworn, upon an oath deposes and says as follows:

The Affiant is surviving wife of Stephen P. Vicari, deceased (hereafter, "Stephen").

Stephen and Carolyn acquired title to the following described real property situated in Lake County, Indiana, to-wit:

Commonly Known As: 3436 Ross Place, Highland, Indiana 46322

Legally Described As:

Lott 22, Homestead Gardens Master Addition, Block 25, to the Town of Highland, as shown in Plat Book 38 Page 8t, in Lake County, Indiana.

Parcel No. 45-07-22-176-042.000-026

(referred to hereinafter, the "Real Property," but the tax parcel number and property address are provided for informational purposes only and are not part of the description of the Real Property) in 1992.

Stephen died intestate on September 9, 2023. Please see attached as Exhibit A Certificate of Death.

Stephen held this property with his Wife, Carolyn, as tenants by the entirety Husband and Wife, at time of his death. Therefore, Stephen's heirs-at-law are your Affiant (hereinafter, the heirs-at-law are referred to as the "Heir").

Title to the Real Property was immediately vested in the Heir, Carolyn, at the time of Stephen's death by operation of the law under IC 29-1-7-23, subject to the power of a personal representative to divest title under the requirements of IC 29-1-7-15.1.

Stephen died intestate leaving only his wife, Carolyn, as the survivor spouse.

FILED

FEB 23 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1 25
0373
RM

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No petition was ever filed for probate of a will and for issuance of letters testamentary, for appointment of an administrator with the will annexed, or for the appointment of an administrator under IC 29-1-7-5 has ever been filed after Stephen's death, nor did the Clerk ever issue letters testamentary or letters of administration after Stephen's death, so the power of a personal representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the Heirs as follows:

| Name | Relationship | Address | Percentage |
|-------------------|--------------|---------------------------------------|------------|
| Carolyn A. Vicari | Wife | 3436 Ross Place Highland, IN 46322 | 100% |

This affidavit is made for the purpose of establishing the facts herein contained and to reflect the Lake County Auditor and Recorder's prior and accurate transfer of the Real Property to the names of Carolyn A. Vicari in the Lake County Auditor and Recorder's real property transfer records.

IN WITNESS WHEREOF, the Affiant has affixed her hand and seal this day, January 18, 2024.

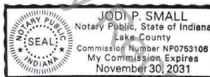
Carolyn A. Vicari
Carolyn A. Vicari

STATE OF INDIANA) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this day, January 18, 2024, contained herein and acknowledged the execution of the above and foregoing Title Passage Affidavit to be her free and voluntary act and deed.

Dated this 18th day of January, 2024.

Jodi P. Small
Jodi K. Small/Notary
County of Residence: Lake
My commission expires: November 30, 2031
Commission # NP0753106



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.

This instrument prepared by:

Michelle Wendlinger, Funk & Wendlinger, 24 E. Lincoln Highway, Schererville, Indiana 46375.



NOT AN OFFICIAL CERTIFICATE OF DEATH

Local No 003154

EDR No 000011606535

State No 2023-046169

| | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|---|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) Stephen Patrick Vicari | | | | 18. Maiden Name (If Female) | | 2. Gender Male | | 3. Time of Death 06:19 PM | | 4. Date of Death (Month/Day/Year) 09/09/2023 | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 77 | | 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 checked="" type="checkbox"/> Yes <input 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 checked="" 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) William J. Riley Memorial Residence, Hospice | | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code Munster, Indiana 46321 | | | | | | 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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | |
| 15. Surviving Spouse's Name Carolyn Vicari | | | | 15a. Last Name Before First Marriage Coorer | | | | 16. Decedent's Usual Occupation Director of Purchasing | | 17. Kind Of Business/Industry Medical | |
| 16. Residence - State IN | | 18a. County Lake | | 18b. City Or Town Highland | | 18c. Apt. No. | | 18e. Zip Code 46322 | | 18d. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Decedent's Education Master's Degree (e.g. MA MS MEdM EdS) | | 20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic or Latino | | | | 21. Decedent's Race White | | | | | |
| 22. Parent's Name (First, Middle, Last) Stephen Joseph Vicari | | | | 23. Parent's Name (First, Middle, Last) Helen Marie Vicari | | | | 23a. Parent's Last Name Before First Marriage Welsh | | | |
| 24. Informant's Name Carolyn Vicari | | 24a. Relationship To Decedent: Wife | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 3436 Ross Place, Highland, IN, 46322 | | | | | | | |
| 25. Place Of Disposition | | | | | | | | | | | |
| 25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Cedar Lake Community Cremations, Llc | | | | 25c. Location - City, Town, And State Cedar Lake, IN | | | |
| 26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility Fagen-Miller Funeral Gardens, Inc.-Highland 2828 Highway Avenue, Highland, Indiana, 46322 | | | | | | 27a. Funeral Home License Number: FH83003035 | | | |
| 27b. Signature of Indiana Funeral Service Licensee: <i>Margaret Hamm</i> | | | | | | 27c. License Number (Of Licensee) FD22100050 | | 27d. Electronically Signed | | | |
| 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terms Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter The Underlying Cause (Final Disease Or Condition Resulting In Death) In Line A. Add Additional Lines If Necessary. | | | | | | | | | | | |
| <p>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</p> <p>SEP 20 2023</p> <p>LAKE COUNTY HEALTH OFFICER</p> | | | | | | | | | | | |
| <p>Approximate Interval: Onset To Death</p> <p>A. ACUTE EXACERBATION OF CHRONIC RESPIRATORY FAILURE WITH HYPOXEMIA 2 WEEKS</p> <p>B. DUE TO DILATED CARDIOMYOPATHY 2 YEARS</p> <p>C.</p> <p>D.</p> | | | | | | | | | | | |
| 29. Significantly 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 | | | | | | | | | | | |
| Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I | | | | | | | | | | | |
| CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE | | | | | | | | | | | |
| 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| 31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 32. If Female: <input type="checkbox"/> Not Pregnant, Not Pregnant 40 Years Or 1 Year Before Death <input type="checkbox"/> Pregnant, Not Pregnant 40 Years Or 1 Year Before Death <input type="checkbox"/> Pregnant, Not Pregnant 40 Years Or 1 Year Before Death <input type="checkbox"/> Pregnant, Not Pregnant 40 Years Or 1 Year Before Death | | | | 33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suspect <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 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 | | | | | | 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | | | |
| 41. Signature, Of Person Certifying Cause Of Death: <i>Lyle R Munn</i> | | | | 42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer | | | | 44. License Number 01031582A | | | |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 600 Superior Avenue, Munster, IN 46321 | | | | 45. Date Certified 09/11/2023 | | | | 47. "Attest": | | | |
| 46. Additional Funeral Service Provider: <i>Margaret Hamm</i> | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): 09/11/2023 | | Electronically Signed | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | | | |

Exhibit A