

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
2024-035512
11:59 AM 2024 Dec 18

County Assessor Parcel No.: 45-0713-354-015.000-003 State Parcel No. (optional): _____
When Recorded: Email / Mail to: 2800 Hamlin St Gary IN 46406
Mail Tax Statements to (street address): 2800 Hamlin St Gary IN 46406

QUIT CLAIM DEED

GRANTOR(s) Name: Louis P Monik Jr.
of LAKE County, State of IN.
1. GRANTEE Name: Anthony James Monik of LAKE County, State of IN
2. GRANTEE Name: Louis P Monik Jr of LAKE County, State of IN

LEGAL DESCRIPTION of real estate is attached or included below:

Commonly known as: (property address) 2800 Hamlin St Gary IN 46406

WITNESSETH that Grantor, for the sum of 0 Dollars (dollar amount) paid by the Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the Grantee forever, all the right, title, interest and claim, which the Grantor has in and to the described parcel of land, and improvements and appurtenances thereto in the County of Marion, State of Indiana.

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. (IC 36-2-11-15) FORM PREPARED BY: Louis P Monik Jr (Name of individual)

IN WITNESS WHEREOF, Grantor has executed this deed on 12-16-24 (date).

Louis P Monik Jr
Signature (Grantor)
Louis P Monik Jr
Name

Signature (2nd Grantor)

Name

STATE OF INDIANA, COUNTY OF LAKE
Before me, the undersigned, a Notary Public, in and for said County and State, this 16th day of December (date)

personally appeared Louis P. Monik, Jr., said person(s) being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Laura L. Kuiper
Notary Public Signature
Laura L. Kuiper

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

My commission expires: March 23, 2025



DEC 18 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



25-
CASH
D

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LOTS Numbered 6(1), Two(2) and Three(3),
IN Block ~~pro 49(3)~~ (4), as marked and laid
down on the recorded plat of Nickel Plate city,
a subdivision of the West 30 Acres of
The Southwest Quarter of the South West
Quarter of Section 13, Township 36 North,
Range 9 West of the 2nd P.M., in Lake County,
Indiana, as the same appears on Fractional
IN PLAT BOOK 2, page 44, in the
Recorder's Office of Lake County, Indiana.



CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

4842364

Local No 001462

EDR No 000011801290

State No 2024-058648

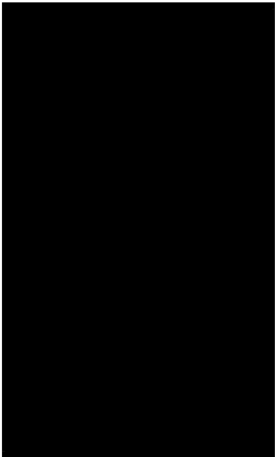
1. Decedent's Legal Name (First, Middle, Last) Melody Ann Monk			1a. Maiden Name (If female) Hunt			2. Gender Female		3. Time of Death 03:23 PM		4. Date of Death (Month/Day/Year) 11/08/2024		
5. Social Security Number ██████████		5a. Age - Yrs 70		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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 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) VNA Hospice Center - Valparaiso Street												
12. City Or Town, State, And Zip Code Valparaiso, Indiana 46383					13. County of Death Porter			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 Louis Phillip Jr.				15a. Last Name Before First Marriage Monik				16. Decedent's Usual Occupation Custodian		17. Kind Of Business/Industry Janitorial		
18. Residence - State IN			18a. County Lake			18b. City Or Town Gary			18d. Apt. No.		18e. Zip Code 46406	
18c. Street And Number 2800 Hamlin Street												
19. Decedent's Education 9th-12th grade, No Diploma			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White						
22. Parent's Name (First, Middle, Last) Houston Hunt				23. Parent's Name (First, Middle, Last) Florence Hunt				23a. Parent's Last Name Before First Marriage Patterson				
24. Informant's Name Louis Phillip Monk Jr.			24a. Relationship To Decedent Husband			24b. Mailing Address (Street And Number, City, State, Zip Code) 2800 Hamlin Street, Gary, IN, 46406						
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) Hillside Funeral Home & Cremation Center (Crematory)			25c. Location - City, Town, And State Highland, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322						27a. Funeral Home License Number: FH11700003			
27b. Signature of Indiana Funeral Service Licensee: <i>Cornelius A. Kruper</i>						27c. License Number (Of Licensee) FD01014511						
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.										Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. PANCREATIC CARCINOMA										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. _____		
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		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown										30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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/Not 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				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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			38. Street & Number			38c. Apt. 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>Rupesh J Shah</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 Rupesh J Shah 202 E 86th Place, Merrillville, IN 46410						44. License Number 02002106A			45. Date Certified 11/12/2024			
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <i>Maria L. Stamp</i>						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 11/14/2024			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)

State Form 53995 - ATTENTION ESTATE: The Social Security if it being requested by this state agency in order to pursue reimbursement. Disclosure is voluntary and there will be no penalty for refusal.
WARNING ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

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Property of Lake County Recorder