

4

FILED FOR RECORD
LAKE COUNTY
INDIANA

2011 024340

2011 MAY -2 AM 9:37

RECORDER'S OFFICE
LAKE COUNTY, INDIANA

AFFIDAVIT OF LIFE ESTATE

Ida M. Peerbolte, being first duly sworn upon oath, deposes and says:

1. Ella Van Dyke died on February 25, 2010 in LAKE County, Indiana as disclosed on the attached death certificate.

2. That Ella Van Dyke held a life estate interest pursuant to a Quit Deed recorded May 5, 1999 as Document No. 99 037960 as to the real estate described as follows: Lots 12 and 13 in Block 2 in South Ridge Addition in Munster, as per plat thereof, recorded in Plat Book 20 page 15, in the Office of the Recorder of Lake County, Indiana.

Known as: 8322 Harrison Street - Munster, IN 46321
Property number: 45-06-24-251-012.000-027

AMOUNT \$ 17⁰⁰
CASH _____ CHARGE FN
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
GROSS 123

3. That all funeral expenses in connection with the death of said decedent have been paid in full.

4. That all of the assets of said decedent were not sufficient to necessitate payment of Federal Estate Tax, or Indiana Inheritance Tax.

Further affiant sayeth not, dated April 21, 2011

FIDELITY - HIGHLAND
920110584

Ida M Peerbolte
Ida M. Peerbolte **FILED**

052460

APR 27 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

State of Indiana)

) SS:

County of Lake)

Subscribed and sworn before me, a Notary Public, this 21st day of April, 2011. personally appeared the within named Ida M. Peerbolte, who acknowledged the execution of the foregoing affidavit.



Thomas G. Schiller.

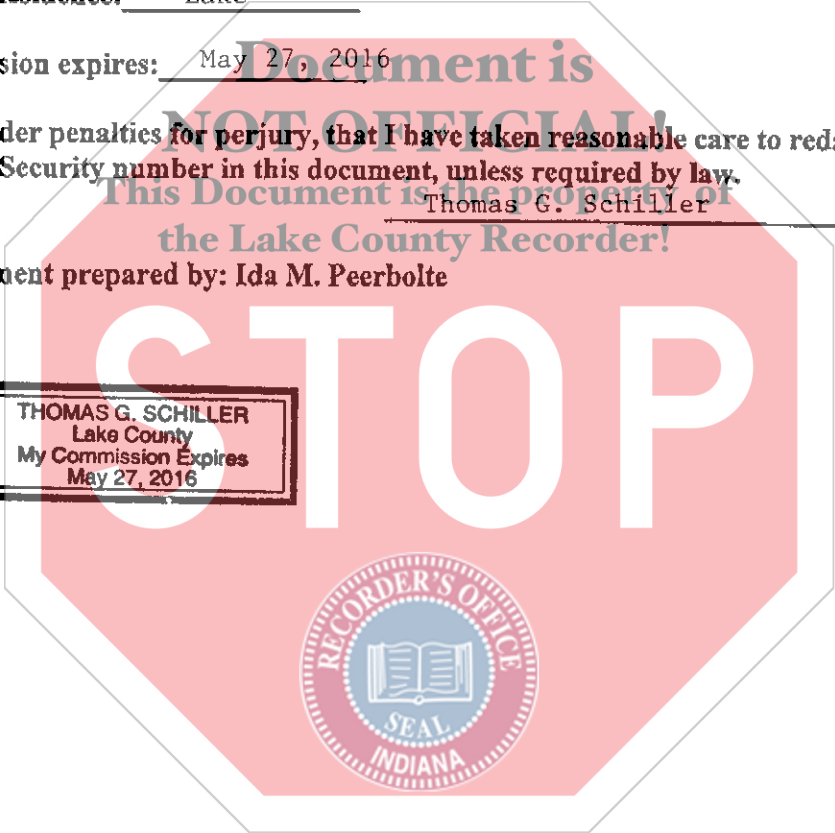
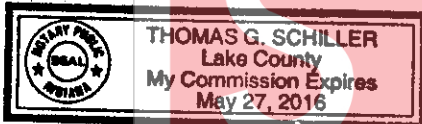
County of Residence: Lake

My commission expires: May 27, 2016

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Thomas G. Schiller

This instrument prepared by: Ida M. Peerbolte



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

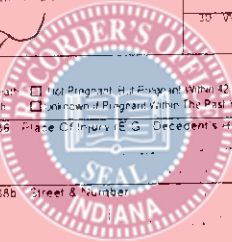
920110584



Local No. 622-10

State No.

Decedent's Legal Name (First, Middle, Last) Ella VanDyke Vroom				Maiden Last Name (Female) Female		Time of Death 4:48am		Date of Death (Month/Day/Year) February 25, 2010	
Social Security Number 5321		Age - Yrs 97		Date of Birth (Month/Day/Year) April 13, 1912		Birthplace (City, State or Foreign Country) Chicago, Illinois			
Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If Death Occurred in a Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
Facility Name (If Not Institution, Give Street and Number) Munster Med Inn									
City or Town, State and Zip Code Munster, Indiana 46321				County of Death Lake		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			
Surviving Spouse's Name None			If Wife Give Maiden Last Name NA		Decedent's Usual Occupation Homemaker		Kind of Business/Industry Own home		
Residence - State Indiana		County Lake		City or Town Munster		Apt No.		Zip Code 46321	Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street and Number 8322 Harrison		Decedent's Education 9		Decedent of Hispanic Origin No		Decedent's Race White			
Father's Name (First, Middle, Last) Henry Vroom			Mother's Name (First, Middle, Last) Ida Vroom			Mother's Maiden Last Name Alkema			
Informant's Name Ida Peerbolte		Relationship to Decedent Daughter		Mailing Address (Street and Number, City, State, Zip Code) 8322 Harrison Munster, IN 46321					
Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		Place of Disposition (Name of Cemetery, Crematory, Other Place) Oakridge Cemetery		Location - City, Town and State Lansing, Illinois					
Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name and Complete Address of Funeral Facility Anthony & Dziadowicz Funeral Home 9455 Calumet Ave. Munster, IN 46321					Funeral Home License Number FH 83002916		
Signature of Indiana Funeral Service Licensee <i>[Signature]</i>				License Number (Of Licensee) FD20800089					
Cause of Death (See Instructions and Examples)									
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. <i>acute failure to thrive</i>									
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. <i>and stage dementia</i>									
C.									
D.									
Part II: Enter Other Significant Conditions Contributing to Death But Not Resulting in the Underlying Cause Given in Part I: <i>A - fibrillation HTN</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 type="checkbox"/> No									
31. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probable <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female <input checked="" type="checkbox"/> Not Pregnant (Within Past Year) <input type="checkbox"/> Pregnant At Time of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before 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. Date of Injury (Month/Day/Year)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Time of Injury		36. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		38. Street & Number		39. City or Town		39. Zip Code	
39. Location of Injury - State		39. Describe How Injury Occurred		40. Transportation Injury, Specify: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature of Person Certifying Cause of Death <i>[Signature]</i>		42. Certifier (Check Only One) <input 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 JOSEFIN NAVARRO MD 7905 Calumet Munster, IN 46321				44. License Number 01052047		45. Date Certified 2/25/10			
46. Additional Funeral Service Provider Schroeder-Lauer Funeral Home				47. For Registrar Only - State Filed (Month/Day/Year) March 1, 2010					
48. Signature of Vital Health Officer <i>[Signature]</i>									



in Munster in Plat Book 20 page 15
Lots 12 and 13, Block 2 in South Ridge Addition being a Subdivision of the following described property: Part of the Northeast quarter of Section 24, Township 36 North, Range 10 West of the Second P.M., described as beginning at a point on the South line of the Ridge Road as established by the Town Board of the Town of Munster prior to 1925; South 79° 43' E. 75 feet from the intersection of said South line of the Ridge Road with the East Right of Way line of the C.I. & L.R.R. thence south parallel with said East Right of Way line 419.01 feet to a point which is South 75° 44 1/2' E. 76.15 feet from the East Right of Way line of said C.I. & L.R.R. thence South 75° 44 1/2' E. 1636.1 ft. thence North 0° 34' W. 535.21' ft. to the South line of said Ridge Road thence N. 79° 43' W. 1606.22 ft. along the south line of said Ridge Road to the place of beginning, containing 17.319 acres more or less.

