AFFIDAVIT

4/040 ZIO

STATE OF INDIANA COUNTY OF LAKE

) SS:

Tax I.D. No. 45-07-33-228-004.000-026

SUSAN C. RAE, being first duly sworn upon oath, depose and says:

- 1. That JAMES RAE, died on the 30th day of August, 2003 at, Lake County, Indiana and CATHERINE RAE a/k/a CATHERINE T. RAE, died on the 9th day of December, 2011, in Lake County, Indiana.
- That at the time of their death, they held a Life Estate interest in the following described real estate:

 LOT 49 IN LAKESIDE 2ND ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 36 PAGE 53, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
- 3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the deaths of James Rae and Catherine Rae a/k/a Catherine T. Rae.
- 4. That this Affiant's relationship to the Decedent was daughter.

This Document is the property of

the Lake County Recorder! FURTHER, Affiant saith naught.

Susan C. Rae

Subscribed and sworn to before me, a Notary Public this

day of

ne, 2012.

Notary Public

My Commission Expires: County of Residence:

SEAL MOIL

ELIZABETH R. KINZIE Lake County

May 9, 2017

FILED

JUN 15 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 23841

COMMUNITY TITLE COMPANY FILE NO 103385 #18 CW NON

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.

Signature of Preparer	Name of Preparer

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.

No legal opinion given or rendered. All information used in preparation of document was supplied by title company.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

002	026		EUD		0023334	41	s	tate l	<u> 10 05</u>	4408	0.0
Local No 003 ecedent's Legal Name (First, Middle, Last)	020_		EDK	1a. Maiden Name	e (If female)	• • •	2. Sex	3. Tir	ne Of Death	4. Date	of Death (Month/Day/Year)
				TOAL			FEMALE		9:05 AN	A	12/09/2011 te or Foreign Country)
THERINE T RAE ocial Security Number 6a. Age - Yrs	6b. Under 1 Y	Year 6c. Under		6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month/Day/	Year)	8. Birthplac	ce (City and Stat	le or Foreign Country)
l F	Months	Days		Hours	Minutes		01/09/1929			AVIE, ST	
7 1 02 1	Occurred in A	A Hospital:			10a. If Death Occu		where Other Than A ecedent's Home	Hospital Nursi	ng Home/Lo	ong-term Care Fa	acility
Yes ☑ No ☐ Unknown ☐ Inpatien	nt 🔲 Emerge	ency Department O	utpatient	Dead on Arrival	Other (Specify)						
Facility Name (If Not Institution, Give Street					1						
20 98TH STREET WEST					13. County	Of Death				rital Status At Tir	
City Or Town, State, And Zip Code									Ma Wi	dowed Named	i, But Separated Divorce ever Married DUNknown
GHLAND, IN, 46322			T 15a.	(If Wife)Give Maide	LAKE n Last Name		16. Decedent's U	ual Occ	pation	17. Ki	ind Of Business/Industry
Surviving Spouse's Name							HOMEMAKE	:D		OWN	HOME
		18a. County			18b. City Or To	wn	HOMEMAKE				
Residence - State		18a. County			LUCLUAND						
DIANA		LAKE			HIGHLAND	<u>, </u>	18d.	Apt. No.	1	8e. Zip Code	18f. Inside City Limits
Street And Number										46322	☑ Yes ☐ No
20 98TH STREET WEST		20. Decedent	Of Llianas	nia Origin	21.	Decedent'	s Race			40322	
Decedent's Education GH SCHOOL GRADUATE O	R GED	20. Decedent	, Of Hispan	ile Origin							
OMPLETED		NOT HIS	<u>PANIC</u>	;	Whi 23. Mother's Name		Idle, Last)			23a. Mother's	Maiden Last Name
. Father's Name (First, Middle, Last)										MCCANN	
NDREW TOAL					SARAH TOA	L (Street	And Number, City, S	state, Zip	Code)	INCCAININ	
Informant's Name		1	•	To Decedent	1		ACE, HIGHL			12	
JSAN C RAE		DAUG	HTER		ace Of Disposition						
a. Method Of Disposition		25b. Place Of Disp	osition (N	ame Of Cemetery, C	rematory, Other Place	e) 25c.	Location - City, Tow	n, And Si	ate		
						1					
	ntombment		/ -			•					
Burial Cremation Donation En Removal From State Other (Specify):	0	CHAPEL LA	WN ME	EMORIAL GA	RDENS 11	sc	HERERVILLE	, IN		27a.	Funeral Home License Num
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

ATTENTION ESTATE: The Social Security # is neing requested by this state agency in order to nursue its statutory responsibility. Disclosure is coluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

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