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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012-062389

2012 JUN 27 AM 9:16

45-08-24-207-024.000-020 HENRI R. FAJMAN
RECORDER

On this 15th of May 2012 before me personally appeared _____
(insert date)

Karen May Collins

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is _____
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

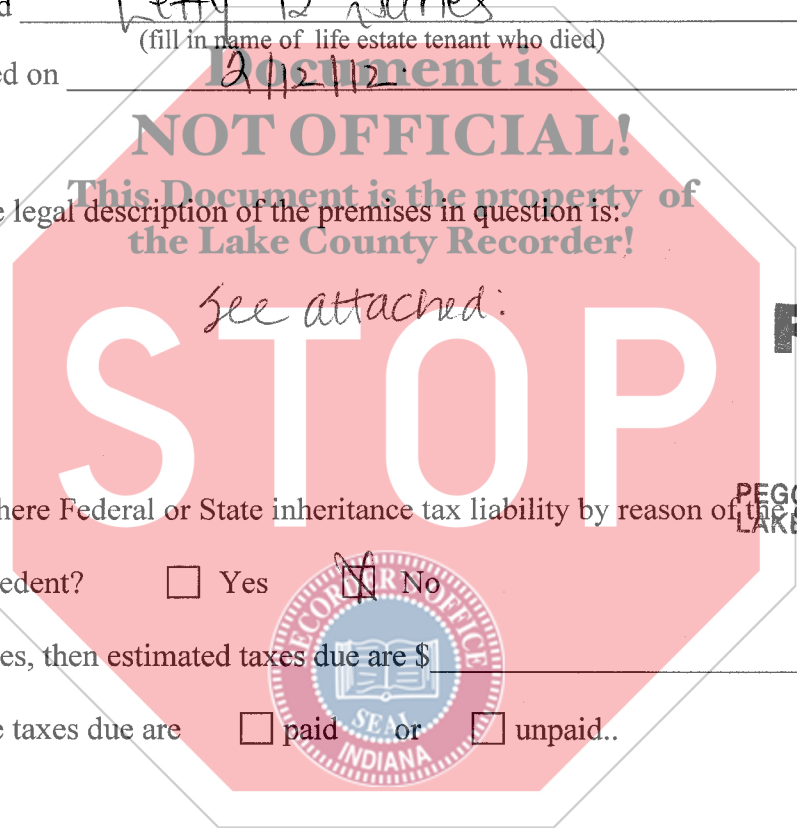
- 3. Said Letty B Jones
(fill in name of life estate tenant who died)
died on 2/2/12

- 4. The legal description of the premises in question is:

see attached:

- 5. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No
If yes, then estimated taxes due are \$ _____
The taxes due are paid or unpaid..

- 6. Where this affidavit relates to a Life Estate Interest only.
- 7. Affiant's relationship to the deceased was daughter



FILED
JUN 22 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

24117

**FIDELITY NATIONAL
TITLE COMPANY**
92012-1177

AMOUNT \$ 17
 CASH _____ CHARGE FW
 CHECK# _____
 OVERAGE _____
 COPY _____
 NON-CONF _____
 DEPUTY AD

Signature: Karen May Collins

Printed Name Karen May Collins

Address: 4144 Park Ave.
Lake Station IN 46405

Subscribed and sworn to before me by the affiant

This 15th of May 2012
(insert date)

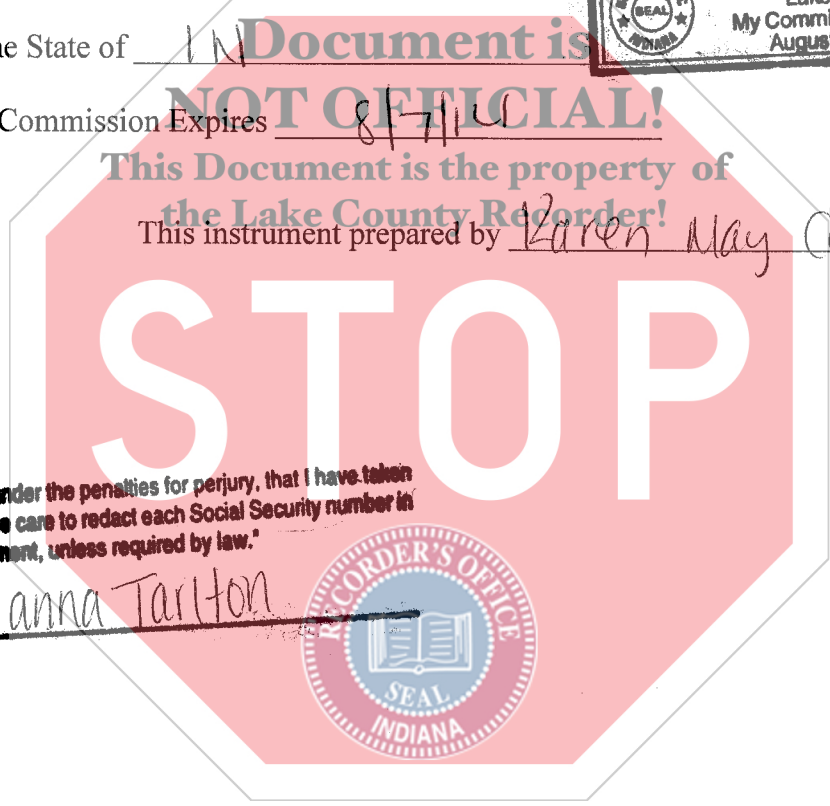
[Signature]
Notary Public

Printed Name SUSAN MIEDEMA

My County of Residence is: LAKE

In the State of IN

My Commission Expires 8/7/14



"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."

Daianna Tarlton



EXHIBIT "A"

Lot 24, in Block 9, in Lloyds Deepriver Subdivision as per plat thereof, recorded in Plat Book 22, page 71 in the Recorder's Office of Lake County, Indiana.

Property Address: 4144 Park Avenue, Lake Station, IN 46405





**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **000170**

EDR No **00000244759**

State No **006302**

1. Decedent's Legal Name (First, Middle, Last) LETTY JANES				1a. Maiden Name (If female) COLLIER		2. Sex FEMALE	3. Time Of Death 08:23 PM	4. Date Of Death (Month/Day/Year) 02/12/2012	
5. Social Security Number [REDACTED]		6a. Age - Yrs 83	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 01/24/1929		8. Birthplace (City and State or Foreign Country) COATSVILLE, MO
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) VNA HOSPICE CENTER									
12. City Or Town, State, And Zip Code VALPARAISO, IN, 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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation CUSTODIAN		17. Kind Of Business/Industry JANITORIAL
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town LAKE STATION				
18c. Street And Number 4144 PARK AVENUE						18d. Apt. No.	18e. Zip Code 46405	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) WILLIAM COLLIER				23. Mother's Name (First, Middle, Last) OLLIE COLLIER			23a. Mother's Maiden Last Name PICKINS		
24. Informant's Name ALAN JANES		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 3243 NORTH LAKE PARK, HOBART, IN 46342					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) GRACELAND CEMETERY			25c. Location - City, Town, And State VALPARAISO, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342					27a. Funeral Home License Number: FH83003069		
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006463			
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. CARDIO RESPIRATORY ARREST									10 MINUTES
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. CHRONIC OBSTRUCTIVE LUNG DISEASE									
C. CARDIOMYOPATHY, CONGESTIVE HEART FAILURE, ATRIAL FIBRILLATION									
D. HYPOTHYROIDISM									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I LEFT LOWER LOBE NON SMALL CELL CANCER						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding 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 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 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)		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: SHASHIKANT R. RANE, BY ELECTRONIC SIGNATURE						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: SHASHIKANT R. RANE, 10 NORTH MICHIGAN AVENUE, HOBART, IN 46342						44. License Number 01031797A		45. Date Certified 02/14/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 14 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									