3

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2012 AUG -3 AM 9: 28

2012 051820

AFFIDAVIT OF DEATH

MICHE FAJMAN RÉCORDER

Comes now R. Michael Wood, being duly sworn upon his oath, and states as follows:

1. That Florence Wood executed the Florence Wood Revocable Trust Agreement on November 19, 1991, which named Florence Wood as the Trustee of said trust.

2. That Florence Wood/owned real estate, which she transferred to Florence Wood/as Trustee of the Florence Wood Revocable Trust Agreement u/t/d November 19, 1991; however she retained a life estate in said real estate, described as follows:

Lots 124, 125, 126, 127, and 128 in Unit 26 of Woodmar, in the City of Hammond, as per plat thereof, recorded in Plat Book 19 page 25, in the Office of the Recorder of Lake County, Indiana.

Property Address: 7949 Northcote Avenue, Hammond, Indiana 46324

Parcel No. 45-07-17-376-008.000-023 OFFICIAL!

- 3. That Florence Wood died on December 17, 2010 is the property of
- 4. That the final funeral expenses of Florence Wood have been paid plus there are no known and outstanding creditors or claims against her estate. Further her estate is not subject to the payment of either Indiana Inheritance and/or Federal Estate taxes or same taxes have been paid in full.
- 5. That upon the death of Florence Wood, her life estate in the property was extinguished.
- 6. That upon the death of Florence Wood, R. Michael Wood began to serve as Successor Trustee of the Florence Wood/Revocable Trust Agreement on November 19, 1991
- 7. That this Affidavit is made for the purpose of showing the death of Florence Wood/on December 17, 2010, Trustee of the Florence Wood/Revocable Trust Agreement u/t/d November 19, 1991; the subsequent appointment of R. Michael Wood as Successor Trustee of the Florence Wood/Revocable Trust Agreement u/t/d November 19,1991; and the extinguishment of the life estate of Florence Wood/in the subject real estate.

FAIT-Highbors 9201228FILED

FIDELITY NATIONAL TITLE COMPANY

92012-2880

AUG 0 1 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 013564

AMOUNT \$	16	
CASHC	ARGE_	1
CHECK#		
OVERAGE		
COPY		

NON-CONF_____

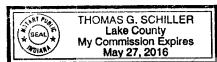
FURTHER AFFIANT SAITH NOT.

R. Michael Wood, Successor Trustee of the Florence Wood/Revocable Trust Agreement u/t/d November 19, 1991

STATE OF INDIANA / COUNTY OF LAKE) SS:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 20 day of

July 2012.



Notary Public

Resident of MKE

_ County

My Commission Expires: 5/37/16

Document is TOFFICIAL!

Document is the property of I affirm under the penalties for perjury, that I have taken reasonable care to redact each social R

security number in this document, unless required by law. Prepared by: Lisa K. Misner-Skozen, Atty No. 16139-45 / Skozen & Skozen, LLP / 2834 - 45th Street, Suite B, Highland, IN

46322 / 219.924.7979

R. Michael Wood

2700 W. Higgins Road, Suite 110

Hoffman Estates, IL 60169

Local No.f U							State No		<u> </u>	<u> </u>	••••	
Decedent s Legal Name (First Middle, Last) FLORENCE L WOOD			1a Maiden Last Na	1a Maiden Last Name (If Female) 2 Sex ROII Female			1			Death (Month/Day/Year)		
											ber 17, 2010	
5 Social Security Number	ga. Age Yrs 91	8b Under 1 Y Months	Cear 6c Under	Month 6d Under 1 Day Hours	<u>@e Under 1 Hour</u> Minutes	1	Birth (Month/Day/Year) uary 27, 1919		3 Birthplace (City And State Or Foreign Country) Salem, IL			
9 Ever In U.S. Armed Forces?	9 Ever In U.S. Armed Forces? 10 If Death Occurred In A Hospital 10s If Death Occurred Somewhere Other Than A Hospital Hospice Facility 🖾 Decedent's Home 📗 Nursing Home/Long-											
☐ Yes ☒ No Unknown			cy Department Outpat	ent 🔲 Dead On Arrival	Term Care Facility	Other (Specif	y)					
11 Facility Name (If Not Institution Give Street And Number) 7949 Northcote Ave												
12 City Or Town, State And Zi	ip Code				13 County C	Of Death		14 M	antal Status	At Time Of De	ath	
HAMMOND, INDIANA, 46324					LAKE	LAKE			. ☐ Marned ☐ Marned, But Separated ☑ Divorced ☐ Widowed ☐ Never Marned ☐ Unknown			
15 Surviving Spouse's Name N/A	1				on Last Name 16 Decedent's Usual (Manager			ccupation		17 Kind Of Business/Industry Lisence Bureau		
18 Residence - State			18a County	.1	18b City Or Town				L			
IN			Lake		Hammond							
18c Street And Number		l			. J		18d Apt No		18e Zip C	Code	181 Inside City Limits?	
7949 Northcote Ave									46324		☑ Yes ☐ No	
19 Decedent's Education	or GED as-	unlated.	1	f Hispanic Ongin		Decedent's Rac	е	L			4	
High school graduate		ered	No, not Sp	anish/Hispanic/Latin				·				
22 Father's Name (First, Middl Frank W Roll	e, L8SI)				23 Mother's Name (I Bessie May Ro		ast)			Mother's Maid	en Last Name	
24 Informant's Name			1 74a Releti	onehin To Docadard	•		umber City, State Zip Coo	461	Johr	nston		
Michael Wood						•	inster, IN 46321	16)				
25a Method Of Disposition		25b F	Place Of Disposition (I		ace Of Disposition	25c Location	on - City Town And State					
25a Method Of Disposition Bunal Cremation Donation Entombrent Removal From State Cremation Content (Specify) 25b Place Of Disposition (Name Of Cemetery Crematory Other Place) 25c Location - City Town And State Regional Cremation Service Munister, Indiana Munis												
26 Was Coroner Contacted?			ete Address Of Funera			TAI				l .	al Home License Number	
⊠ Yes □ No			ome 10000 Cal	umet Avenue Munst	er, IN 46321	LAU	L:			FH10700	0038	
This Document is the property of FD01021590												
A. Sala Sala Share	-0/5	1	the	Cause Of Death (See	Instructions An	d Example	er!					
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												
Immediate Cause (Final Di	sease Or Condi	tion Resulting	In Death	A Jolling	eliste H		A Consequence Of)					
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 De	The Events Resulting In Death) Last			С	Due To (Or As A Consequence Of)							
Port II Erder Other Comes	anddiana Cantalia	to Danie	Mal Bassier	D								
Part II Enter Other <u>Significent C</u>	Androns Contribu	uidilo Death Bu	TNOT Kesulting In The	Underlying Cause Given In Pr	erti		Autopsy Performed? Autopsy Findings Available	☐Yes To Complete		OI Death?	☐ Yes ☒ No	
31 Did Tobacco Use Contribute	To Death?	32 If F	emale				33 Mariner	Of Death				
☐ Yes ☐ Probably S-No ☐ Unknx		Not F	regnant Within Past Year	Pregnant At Time Of Death	Not Pregnant But Pregnant	Within 42 Days Of	Death Natural 🗀	Hornicide A		ending Investigate	n	
34 Date Of Injury (Month/Day/Y	ear)	35 Time Of Injury 38 Place Of Injury (E.G. D665dent's Home, Constructions Still Resident Hull Vision (Resident States) 37 Injury At Work?							njury At Work?			
				1.40	S CERTO O STORES	TEC DE	ATH ON FILE WITH T	HE		1	⊒Yes □ No	
38 Location Of Injury - State		38a Ci	ty Or Town	386 , \$1	reet & Number	TE CAPE ME	N.	38	c Apt No	38d Zi	p Code	
39 Describe How Injury Occurred				E THE LOW A	DIANA WEST	T 20	2013 40 If Tra	ansportati	on Injury	, Specify		
	41 Signature Of Person Certifying Cause Of Death 42 Certifier (Check Only One)											
James	James 13. Walsham Coroner Health Officer											
43 Name, Address And Zip Code Of Person Certifying Cause Of Death						44 License Number 45 Date Certified				1 1		
Dr. James B. Walsh, 9122 Columbia Ave. Munster, IN 46321				والمراجعة المحاجمة ال	0/027487 12/20/19				120/19			
46 Additional Funeral Service Provider						47 °A	47 'Akas					
48 Signature of Local Health Officer 49 Fox Registrar Only - Date Filed (Month/Day/Year)												
20	49 For Registrar Only - Date Filed (Month/Day/Year) Licens W 20, 2010											
State Form 10110 (R7/9-07) ATTENTION ESTATE The Social Security if is being requested by this state opency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-57 1 10												