STATE OF INDIANA LAKE COUNTY -ILED FOR RECORD

STATE OF INDIANA **COUNTY OF LAKE**

2012 059132

2012 AUG 30 AM 10: 54

MICE RECORDER HAJMAN

AFFIDAVIT OF DEATH

- I, Carol J Ferree, being duly sworn, state as follows:
- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent
- 2. I am one the Successor Trustee of the THURMAN N. FERREE LIVING TRUST, dated December 22, 1998. Said Trust is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

APARTMENT UNIT 106 IN THE BUILDING KNOWN AS 2013, 45TH STREET, HIGHLAND, INDIANA, IN PORTE DE L'EAU CONDONIMIUM, A HORIZONTAL PROPERTY REGIME, AS PER AMENDED AND RESTATED DECLARATION OF CONDOMINIUM RECORDED APRIL 18, 1985 AS DOCUMENT No 799766, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA TOGETHER WITH AN UNDIVIDED 0.4095% INTEREST IN THE COMMON AREAS AND FACILITIES APPERTAINING THERETO.

This Document is the property of

Commonly known as 2013 45th Street, Unit 106, Highland, IN 46322

Tax Key No 45-07-29-456-054 000-026

- 3 Trustor Thurman N. Ferree transferred the above-referenced real estate to the THRUMAN N. FERREE LIVING TRUST dated December 22, 1998 by deed of conveyance on the 14th day of April, 1999, and recorded in the Office of the Lake County Recorder on November 8, 1999, as Document No. 99092210.
- Trustor Thurman N. Ferree died on June 9, 2012. See attached Death Certificate for Thurman N Ferree.
- 5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return, therefore, the decedent's estate was not subject to Federal Estate Tax

25795

AUG 3 0 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Carol J. Ferree, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true

Signed and sealed this 24 day of August, 2012

My commission expires: 2/13/2018



"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."

the Lake County Recorder!

/s/Gary P. Bonk

This instrument prepared by Gary P Bonk, Attorney, 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No UU			EDR No 0000)00 <u>2</u> 644	79	State I	40 02564	48
Decedent's Legal Name (First, Middle Later	st)		1a Maiden Nam		2 5	Sex 3 Tir	ne Of Death	4 Date Of Death (Month/Day/Year)
THURMAN N FERREE						MALE 1	0 20 AM	06/09/2012
5 Social Security Number 6a Age - Yrs	6b Under 1 Y	ear 6c Under 1	Month 6d Under 1 Day	6e Under 1 Hour				and State or Foreign Country)
316-24-8115 80	Months	Days	Hours	Minutes	07/14	/1021	EACT CHIC	ACO IN
	eath Occurred In A		110013	.1		/1931 ther Than A Hospital	EAST CHIC	AGO, IN
Dyes Mys Dyelses D.							ng Home/Long-term	Care Facility
l i		ncy Department Outp	atient 🔲 Dead on Arnval	Other (Specify)				
11 Facility Name (If Not Institution Give Str WILLIAM J RILEY MEMORIA	eet and Number)	ACE HOSDIC	·			-		
12 City Or Town State, And Zip Code	AL KESIDEI	NCE, HOSPIC	<u>, E</u>	13 County 0	of Death		14 Martial State	us At Time Of Death
,				15 County C	JI Death			Married But Separated Divorce
MUNSTER, IN, 46321				LAKE			☐ Widowed	Never Marned Unknown
15 Surviving Spouse's Name			15a (If Wife)Give Maide		16 De	cedent's Usual Occu	pation	17 Kind Of Business/Industry
CAROL FERREE 18 Residence - State		10	AUSTGEN	T	TRUC	KING		MOVERS
10 Mesineline - Grafe		18a County		18b City Or Tow	⁄n			
INDIANA	Ĺ	AKE		HIGHLAND				
18c Street And Number				11111111111111111		18d Apt No	18e Zip C	ode 18f Inside City Limits?
2912 GRAND BOULEVARD								⊠ Yes □ No
19 Decedent's Education		T 60 . D				<u> </u>	463	22
HIGH SCHOOL GRADUATE	OR GED	20 Decedent Of H	nispanic Origin	21 D	ecedent's Race			
COMPLETED		NOT HISPA	NIC	White	:			
22 Father's Name (First Middle Last)				23 Mother's Name (23a M	other's Maiden Last Name
T. U.D.4444 EEGOSE							İ	
THURMAN FERREE 24 Informant's Name				ANNA FERRE			GASK	(EY
24 Informant's Name		24a Relations	hip To Decedent	24b Mailing Address	(Street And Numb	er City State Zip C	ode)	
CAROL FERREE	<u> </u>	WIFE		2912 GRAND	BOULEVAR	D, HIGHLAN	D, IN 46322	
25a Method Of Disposition				e Of Disposition				
Bunal Cremation Donation E		Place Of Dispositio	n (Name Of Cemetery Cre	matory, Other Place)	25c Location - 0	City Town And State	1	
Removal From State								
Other (Specify)	CH	IAPEL LAWN	MEMORIAL GAR	RDENS	SCHERER	VILLE, IN		
	Name And Com	plete Address Of Fu	neral Facility		10	\		27a Funeral Home License Number
☐ Yes ☒ No ☐ S	OLAN-PRU	ZIN FUNERA	L SERVICE INC	DBA SOLAN-F	PRUZIN, 14 J	KÈNNEDY AV		
27b Signature Of Indiana Funeral Service Li	CHERERVI	LLE, IN 46375				27c License Numb		FH10200037
DEAN G WAGNER, BY ELEC	CTRONIC S	GNATURE				FD08800057	er (Oi Licensee)	
		This L	Cause Of Death (See			V 01		Approximate
28 Part I Enter The Chain Of Events - Such As Cardiac Arrest, Respiratory Arr A Line Add Additinal Lines If Necessary	Diseases Injune	es, Or Complication	s - That Directly Caused	The Death Do Not E	nter Terminal, Eve	intel 1 tell approx	NO A TRUE AND	
A Line Add Additinal Lines If Necessary	y veriliacul	ai Fibililation vvitio	or showing the Ellology	Do Not Abbieviate	Eured Allia Aueto	ause Omili II'''	OF PEALH ON T	I WITH THE To Death
Immediate Cause (Final Disease Or Cor	ndition Resulting	In Death)	A CHRONIC OBSTRU	JCTIVE PULMONAR	Y DISEASE	国际自己的	11 142 to 1	10 YEAR
					Due to Or As A Consequ	ence O()		
Sequentially List Conditions, If Any, Lea	iding To The Cau	126 FIZION OIL	CORONARY ARTE	RY DISEASE		75 50 5	7 21.4	4 YEARS
Line A Enter The Underlying Cause (Di The Events Resulting In Death) Last	isease Or Injury				Due to (Or As A Consequ	ence Of)	1 14	•
The Events Resulting in Death) Cast			C		Due to (Or As A Consequ	ence OD		
					a a			1 1
Part II Enter Other Significant Conditions Con	Inbuting to Death			n in Part I	29 Was An Autor	sv Performed?		
)		4	-Finding-Available-To	Yes	ISO O(Dooth?
DIABETES 31 Did Tobacoo Use Contribute To Death?	32 If F	emale	<u> </u>		30 Were Autopsy			ise-Of Death? Yes No
	Not Not		Pregnant At Time Of Death	Not Pregnant But Pregna	ini Within 42 Days Of Deat	33 Manner C		cident Pending Investigation
Yes Probably No Unknown	No.	Pregnant But Pregnant 43 C		Unknown if Pregnant With		Suicide [Could Not Be Dete	
34 Date Of Injury (Month/Day/Year)	35 Tı	me Of Injury	36 Place	e Of Injury (E.G. Dece	dent's Home Cons	truction Site, Restaut	ant Wooded Area)	37 Injury At Work?
			80%	THE PARTY OF THE P				☐ Yes ☐ No
38 Location Of Injury - State	38a C	ity Or Town	38b Str	eet & Number		7/	38c Apt No	38d Zip Code
			7				:	
39 Describe How Injury Occurred						40 If Transec	rtation louise Speci	fv
			E &	EAL		Driver/Operator	Passenger Pede	fy estrian Other (Specify)
41 Signature Of Person Certifying Cause O	f Death	——————————————————————————————————————	Sec. 1	DIANA JUST	7 1 10/	Cont. Co		
DAVID ALAN DESCHEPPER	BY ELECT	TRONIC SIGN	IATURE	illimit.		Certifier (Check Only Certifying Physician	Coroner	. Heath Officer
43 Name, Address And Zip Code Of Person	Certifying Cause (Of Death					nse Number	45 Date Certified
DAVID ALAN DESCHEPPER	8437 KEN	INEDY AVE	HIGHLAND IN 46	322		01035	121 /	06/44/0040
46 Additional Funeral Service Provider	, UTSI NEN	MALDI WAL	INGITEAIND, IN 46	1022		01035		06/11/2012
						7' 00		
10 0					49 For	Registrar Only - D	•	• •
48 Signature of Local Health Officer							JUN 11 20	112
48 Signature of Local Health Officer SUSAN W BEST, VIA ELECT	RONIC SIG							·-
-	RONIC SIG		MENT TO CERTIFICAT	E OF DEATH (ENT	RY OR ORIGINAL	.)		· · ·
-	RONIC SIG		MENT TO CERTIFICAT	E OF DEATH (ENT	RY OR ORIGINAL	-)		
-	RONIC SIG		MENT TO CERTIFICAT	E OF DEATH (ENTR	RY OR ORIGINAL	-)		
-	RONIC SIG		MENT TO CERTIFICAT	E OF DEATH (ENTE	RY OR ORIGINAL)		
SUSAN W BEST, VIA ELECT		AMENI						
•		AMENI						