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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 022649

2013 MAR 27 AM 10: 29

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT REGARDING LIFE ESTATE

I, Patricia A. Schniers, as Successor Trustee of the Mark A. Curtis Trust, this 14 day of March, 2013, being first duly sworn upon oath, state as follows:

1. That Mark A. Curtis passed away on the 17th day of August, 2011. A copy of Mark A. Curtis' death certificate is attached hereto.
2. That Mark A. Curtis deeded the following described real estate into the Mark A. Curtis Trust via Warranty Deed on dated May 10, 1995 and recorded as Document No. 95029417 and, at that time, reserved a life estate unto grantor, Mark A. Curtis, for the term of his natural life, in the following described real estate:

NOT OFFICIAL!

This document is the property of
the Lake County Recorder's Office

STOP

LOT 18 IN BLOCK 4 IN HESSVILLE GARDENS, IN THE HAMMOND OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 16, PAGE 27, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Key No.: 45-07-09-202-001.000-023

Commonly known as: 6525 Kennedy Avenue, Hammond, Indiana 46323
3. That due to the death of Mark A. Curtis, the life estate reserved unto him is extinguished.

FURTHER AFFIANT SAYETH NOT.

Patricia A. Schniers
Patricia A. Schniers

FILED

MAR 26 2013

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**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

COMMUNITY TITLE COMPANY
FILE NO 133871

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CM
Cx
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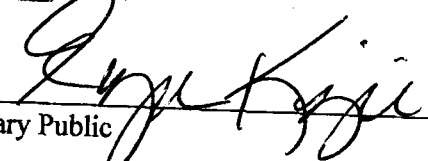
STATE OF INDIANA)
) SS:
COUNT OF LAKE)

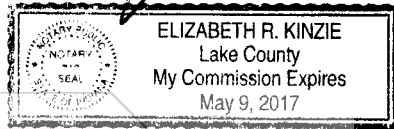
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 14 day of March, 2013.

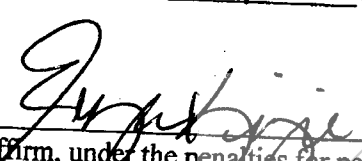
My commission expires:

5/9/17

Resident of Lake County


Notary Public




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. Robert F. Tweedle

Return Recorded Document to:
Robert F. Tweedle
2842 - 45th Street, Suite A
Highland, IN 46322

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

This instrument prepared by:
Robert F. Tweedle, #20411-45
2842 - 45th Street, Suite A
Highland, IN 46322 / 219-924-0770

STOP





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002516

EDR No 00000214818

State No 036266

1. Decedent's Legal Name (First, Middle, Last) **MARK ALVIN CURTIS** 1a. Maiden Name (if female) _____ 2. Sex **MALE** 3. Time Of Death **12:43 AM** 4. Date Of Death (Month/Day/Year) **08/17/2011**

5. Social Security Number _____ 6a. Age - Yrs **93** 6b. Under 1 Year _____ 6c. Under 1 Month _____ 6d. Under 1 Day _____ 6e. Under 1 Hour _____ 7. Date of Birth (Month/Day/Year) **05/31/1918** 8. Birthplace (City and State or Foreign Country) **CENTERLINE, MI**

9. Ever in U.S. Armed Forces? Yes No Unknown 10. If Death Occurred In A Hospital: Inpatient Emergency Department Outpatient Dead on Arrival Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify) _____

11. Facility Name (if Not Institution, Give Street and Number) **6525 KENNEDY AVENUE** 12. City Or Town, State, And Zip Code **HAMMOND, IN, 46323** 13. County Of Death **LAKE** 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name _____ 15a. (If Wife) Give Maiden Last Name **LAKE** 16. Decedent's Usual Occupation **SELF EMPLOYED** 17. Kind Of Business/Industry **CURTIS HANDWRITING SERVICE**

18. Residence - State **INDIANA** 18a. County **LAKE** 18b. City Or Town **HAMMOND** 18c. Street And Number **6525 KENNEDY AVENUE** 18d. Apt. No. _____ 18e. Zip Code **46323** 18f. Inside City Limits? Yes No

19. Decedent's Education **SOME COLLEGE CREDIT, BUT NOT A DEGREE** 20. Decedent Of Hispanic Origin **NOT HISPANIC** 21. Decedent's Race **White**

22. Father's Name (First, Middle, Last) **MARK JAMES CURTIS** 23. Mother's Name (First, Middle, Last) **ANNA MARGARET CURTIS** 23a. Mother's Maiden Last Name **GUENSCHKE**

24. Informant's Name **PATRICIA SCHNIERS** 24a. Relationship To Decedent **NIECE** 24b. Mailing Address (Street And Number, City, State, Zip Code) **11031 HILLCREST STREET, LIVONIA, MI 48150**

25a. Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify): _____ 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **HEIGHTS CREMATORY** 25c. Location - City, Town, And State **CHICAGO HEIGHTS, IL**

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility **BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323** 27a. Funeral Home License Number: **FH10600033**

27b. Signature Of Indiana Funeral Service Licensee: **JOSE G. CORONA, BY ELECTRONIC SIGNATURE** 27c. License Number (Of Licensee): **FD08601373**

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 Disease Or Condition Resulting In Death) **A. LUNG CANCER METASTASIZED** Due to (Or As A Consequence Of): _____ **-2 YEARS**

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

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Autopsy Performed? Yes No 30. Were Autopsy Finding Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown 32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Not Pregnant, But Pregnant 43 Days To 1 year Before Death Unknown If Pregnant Within The Past Year

33. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide 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? Yes 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: Driver/Operator Passenger Pedestrian Other (Specify) _____

41. Signature, Of Person Certifying Cause Of Death: **MARK FRANCIS KEVIN, BY ELECTRONIC SIGNATURE** 42. Certifier (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **MARK FRANCIS KEVIN, 7905 CALUMET AVENUE, MUNSTER, IN 46321** 44. License Number **01036785A** 45. Date Certified **08/21/2011**

46. Additional Funeral Service Provider: _____ 47. *Akas: _____

48. Signature of Local Health Officer: **SUSAN W. BEST, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only - Date Filed (Month/Day/Year): **AUG 22 2011**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

