

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2013 048147

2013 JUL -2 AM 10: 16

MICHAEL B. BROWN

AFFIDAVIT TO EXTINGUISH LIFE ESTATE RECORDER

Pamela R. Beaty, of adult age, being first duly sworn, upon deposes and says:

That Pamela R. Beaty, is the Daughter of Ola Ray Beaty, deceased, who died on resident of Lake County, Indiana.

Mov 27, 2012

That said decedent acquired a Life Estate Interest to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Ola Ray Beaty and Frances A. Beaty, Husband and Wife recorded March 1, 2001 as Document No. 2009-043291 in the Office of the Office of the Recorder of Lake County, Indiana.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to remove the Life Estate Interest of Ola Ray Beaty.

And further affiant sayeth not this 19th day of June, 2013.

This Document is Pamela R. Beatyrty of

the Lake County Recorder!

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 19th day of June, 2013.

WITNESS my hand and Notarial Seal.

My Commission Expires:

10.2-2017

Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by: Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602

202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

12111 Iowa Street, Crown Point, IN 46307

File No.: 13-17412

PAULA BARRICK Lake County Commission Expires Oct. 2, 2017

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. (Type or Print Name)

HOLD FOR MERIDIAN THE

13-17412

MIN



FILED

JUL 0 1 2013-

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

LEGAL DESCRIPTION

The South 134.03 feet of the North 335.08 feet of the West 325 feet of the Northwest Quarter of the Southeast Quarter of Section 14, Township 34 North, Range 8 West of the 2nd P. M. in Lake County, Indiana





INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No C	EDR No 000000292423					State No					•				
Decedent's Legal Name (First, Middle, Last)				1a. Maiden Name (If female)							Of Death 4. Date Of Death (Month/De		Of Death (Month/Day/Year		
OLA RAY BEATY		1 4							MA	LE	05:1	5 AM		11/27/2012	
5. Social Security Number 6a. Age - Y	rs 6b. Under	1 Year	6c. Under	1 Month	6d. Under 1 C	Day 6e. U	Inder 1 Hour	7. Date	e of Birth (Mo	onth/Day/Year)	8. B	irthplace (Cit	y and State	or Foreign Country)	
413-40-7283 84 9. Ever in U.S. Armed Forces? 10. in	Months Death Occurred I	- A 1/-	Days		Hours	Minute			01/08/1		FE	NTRES	S COUN	ITY, TN	
[[•		_	I He	If Death Occu spice Facility		ewhere Othe Decedent's H	r Than A Hosp ome Nu	ital	me/Long-ten			
Yes ⊠ No ☐ Unknown ☐ In 11. Facility Name (If Not Institution, Give	patient Emer		epartment Ou	tpatient	Dead on A	Arrival D Ot	her (Specify)							,	
12111 IOWA STREET	Street and Numbe	sr) 													
12. City Or Town, State, And Zip Code							13. County (Of Death			- 1	4. Marital Sta			
CROWN POINT, IN, 46307			LAKE			LAKE					☐ Married ☐ ☑ Widowed	Married, B Neve	Married, But Separated Divorced Divorced Unknown		
15. Surviving Spouse's Name				15a.	(If Wife)Give M	valden Last Na	ime		16. Deced	ient's Usual Oc	cupation	1	17. Kind	Of Business/Industry	
									WELDE	R			CONST	FRUCTION	
18. Residence - State	Residence - State 18a. Cou			County			18b. City Or Town						00110	TROCTION	
INDIANA		LAK	E		_	CR	OWN PC	TAIC							
18c. Street And Number										18d. Apt. No	o .	18e. Zip	Code	18f. Inside City Limits?	
12111 IOWA STREET											46	307	☐ Yes ☐ No		
19. Decedent's Education HIGH SCHOOL GRADUATE	OR GED	20	. Decedent Of	Hispanio	Origin		21. D	ecedents	Race			1	301	l	
COMPLETED	- ON GLD	N	OT HISPA	NIC			White								
22. Father's Name (First, Middle, Last)							her's Name (I	ile, Last)		23a, N	23a. Mother's Maiden Last Name				
JAMES BEATY							LILLIAN M BEATY					YOUNG			
24. Informant's Name 24a. Relationship To									And Number,	City, State, Zip	Code)	1.00			
SHARON BEATY		DAUGHTER 63 FOREST AVENUE, RIVERSIDE, IL 60546													
25a, Method Of Disposition	2	5b. Plac	e Of Disposition	on (Nam	25. ne Of Cemetery	. Place Of Disp y, Crematory, C	osition Other Place)	25c. L	ocation - City	Town And St	ate				
■ Burlal □ Cremation □ Donation □ Removal From State	Entombment	:	,	/					\ .						
Other (Specify):	s	TMA	ARY'S CE	MET	RY CT	ıme	ent	CRO	WN POI	NT IN					
r	27. Name And Co	, .			•								27a. Fune	eral Home License Number:	
. 10	GEISEN FU CROWN PO	NER INT.	AL, CREI IN 46307	MATIC	ON & REC	EPHON	CENTRI	E, 6 06	EAST 1	13TH AV	ENUE	≣,	FH1070	20031	
27b. Signature Of Indiana Funeral Service MICHELLE KATSAROS, BY	Licensee:	-/-						ļ.	27	c: License Nui 02970000	mber (O	f-Licensee):	a land with the same	74.74.74.2	
			1113 T	Caus	e Of Death (See Instruct	ions And E	xamples	17.50 12.1	THE TAX STATE		THE ALL LAND	15 5 9 10 T	Approximate	
28. Part I. Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory A A Line. Add Additinal Lines If Necessa	- Diseases, Injur rrest, Or Ventricu ary.	ries, Or ular Fib	Complication rillation Witho	ns - Thai out Shov	t Directly Caus ving The Etiok	sed The Deat ogy. Do Not A	th. Do Not E Abbreviate. E	nter Terr	ninal Events y One Cáús	e On	DI ME	TMENT		Interval: Onset To Death	
Immediate Cause (Final Disease Or C	ondition Res <mark>ultin</mark>	g In De	ath)	A. <u>AS</u>	SPIRATION PI	NEUMONIA				700	0 1	പ വെ		1 DAY	
Sequentially List Conditions of Any La	ading To The C			B. Ch	RONIC DYSI	PHAGIA		DOS TO COT A	A Consequence	DEI		U ZUTZ	-		
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						71000		Due to (Or A	A Consequence	၁၅:				3 YEARS	
THE EVENTO INSIGNING IN CHAIN) East				C. <u>PA</u>	RKINSONISA	M		Due lo (Or Ar	A Consequence	Oη:	· .			12 YEARS	
				D		•							a sa sel al esta la constant		
Part II. Enter Other Significant Conditions Co	ntributing to Deat	But No	ot Resulting In	The Und	lerlying Cause	Givin In Part I			An Autopsy F		- Lings	Yes	⊠ No		
DEMENTIA, HYPERTENSION 31. Did Tobacoo Use Contribute To Death?	32 11	Female						30. Were	Autopsy Fin	ding Available		plete The Ca	use Of Deat	h? Yes No	
☐ Yes ☐ Probably ☒ No ☐ Unknown	n 🗆 🗀 🗛	ot Pregnan	Within Past Year		nant Al Time Of Dea	ath Not Preg	nani, But Pragnan	t Within 42 D	ays Of Death	33. Manner Natural			ccident \square	Pending Investigation	
34. Date Of Injury (Month/Day/Year)	□ No	ime Of	t, Bul Pregnant 43 (Injury	Days To 1 ye		Untrown Place Of Injury	If Pregnant Within			☐ Suicide /	Coul	d Not Be Det	ermined		
					(50)	11,000		- m = (50)	, Construct	IOIT SHE, RESIB	urant, V	rooded Area)		Injury At Work?	
38. Location Of Injury - State	38a. (City Or 1	l own		38b.	Street & Num	iber					38c. Apt. No.		Zip Code	
39. Describe How Injury Occurred			_		E					VAO II Tees	n met c il c	I-1 6		·	
					E.	DEAL.	uni			40. If Transp	or Pa	injury, Speci senger Ped	ry: Istran 🔲 Otha	ır (Specily)	
 Signature, Of Person Certifying Cause C OSEPH KACMAR, BY ELECTION 	of Death:	IGNI	THE		(to)	CIANA	m		42. Certi	l fier (Check On		_			
3. Name, Address And Zip Code Of Person	Certifying Cause	Of Deal	h:						✓ Certi	fying Physician		Coroner		eath Officer Date Certified	
OSEPH KACMAR , 123 N. COURT ST., CROWN POINT, IN 46307															
Additional Funeral Service Provider:		<u> </u>	SAAIA L. OI	<u> </u>	40307					0102°		4	l	12/10/2012	
Signature of Local Health Officer:						·			49 Far Da-			d Mari			
USAN W. BEST, VIA ELECTRONIC SIGNATURE								Į	49. For Registrar Only - Date Filed (Month/Day/Year): DEC 10 2012						
			AMEND	MENT	TO CERTIFIC	ATE OF DEA	TH (ENTR)	OR OR	IGINAL)						

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.