

2
B

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 048147

2013 JUL -2 AM 10:16

MICHAEL B. BROWN
RECORDER

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

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

Nov 27, 2012^a

resident of Lake County, Indiana.
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.

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

Pamela R. Beaty TR
Pamela R. Beaty

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:

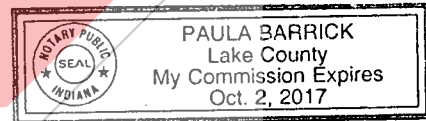
10-2-2017
Paula Barrick

[Signature]
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

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. [Signature] (Type or Print Name)

HOLD FOR MERIDIAN TITLE
13-17412

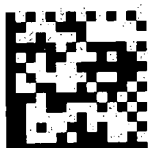
1500
MT
AM

FILED

JUL 01 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

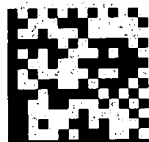
24000



1913551-1005

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



1913551-1005



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003826

EDR No 00000292423

State No

1. Decedent's Legal Name (First, Middle, Last) OLA RAY BEATY
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 05:15 AM
4. Date Of Death (Month/Day/Year) 11/27/2012
5. Social Security Number 413-40-7283
6a. Age - Yrs 84
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 01/08/1928
8. Birthplace (City and State or Foreign Country) FENTRESS COUNTY, TN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) 12111 IOWA STREET
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation WELDER
17. Kind Of Business/Industry CONSTRUCTION
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town CROWN POINT
18c. Street And Number 12111 IOWA STREET
18d. Apt. No.
18e. Zip Code 46307
18f. Inside City Limits?
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) JAMES BEATY
23. Mother's Name (First, Middle, Last) LILLIAN M BEATY
23a. Mother's Maiden Last Name YOUNG
24. Informant's Name SHARON BEATY
24a. Relationship To Decedent DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code) 63 FOREST AVENUE, RIVERSIDE, IL 60546
25. Method Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST MARY'S CEMETERY
25c. Location - City, Town, And State CROWN POINT, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307
27a. Funeral Home License Number: FH10700031
27b. Signature Of Indiana Funeral Service Licensee: MICHELLE KATSAROS, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee) FD29700007
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events.
28. 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?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: JOSEPH KACMAR, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOSEPH KACMAR, 123 N. COURT ST., CROWN POINT, IN 46307
44. License Number 01027088A
45. Date Certified 12/10/2012
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): DEC 10 2012