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STATE OF INDIANA
COUNTY OF LAKE

2014) \$06866

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 FEB -4 PM 3: 15

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

I, Phillip G. Baumeister, 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 the surviving spouse of Annette M. Baumeister (aka Annette Maureen Baumeister; aka Annette Baumeister) and the sole surviving trustee of the Phillip and Annette Baumeister Living Trust Dated April 13, 2010.

3. Annette M. Baumeister and I were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 6 IN ELM RIDGE ADDITION UNIT 1 TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 62 PAGE 36, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key No.: 45-11-17-307-001.000-036

Commonly Known As: 1449 Clover Lane, Schererville, IN 46375

Grantee Address: 1449 Clover Lane, Schererville, IN 46375

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

4. Annette M. Baumeister and I transferred ownership of said real estate to the Phillip and Annette Baumeister Living Trust Dated April 13, 2010, with both of us retaining life estates, by deed of conveyance on the 20th day of April, 2010, and recorded in the Office of the Lake County Recorder on April 28, 2010 as Document Number 2010 024450.

5. The decedent, Annette M. Baumeister, retained a life estate in said real estate until her death on the 26th day of May, 2013. See attached Death Certificate for Annette M. Baumeister.

6. The gross value of the estate of the decedent's estate 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.

Phillip G Baumeister
Phillip G. Baumeister, Affiant

\$16
CHK# 6906

1 Ref Cx

00396

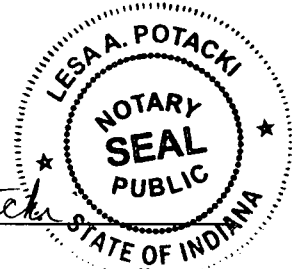
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 3rd day of February, 2014.

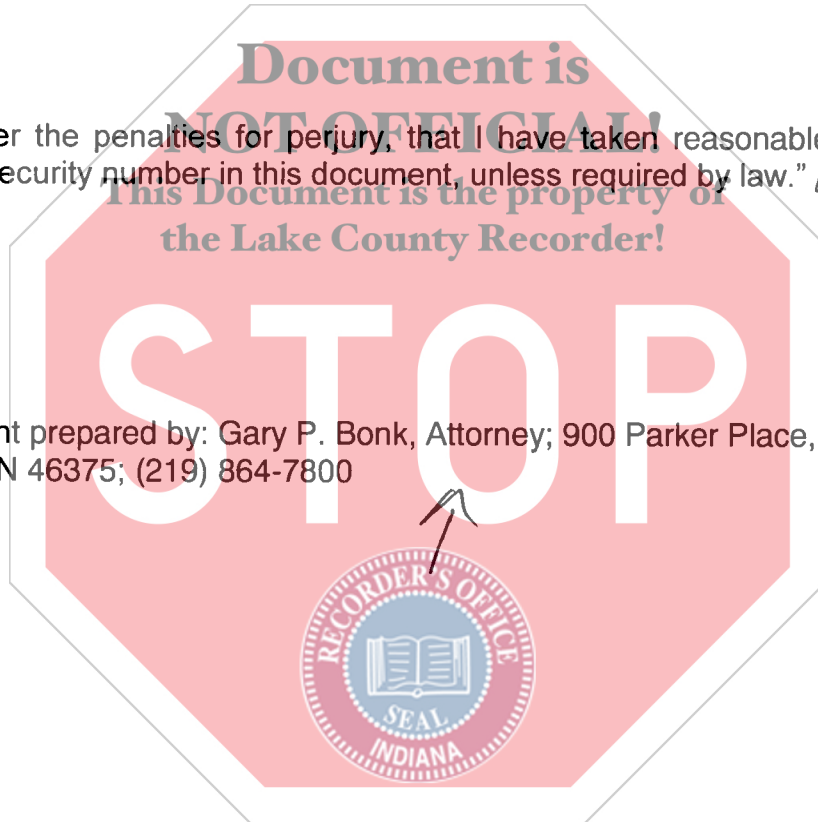
My commission expires: 2/13/2018

Signature: *Lesa A. Potacki*
LesA A. Potacki
Resident of: Lake County, Indiana



"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." /s/Gary P. Bonk

This Document is the property of
the Lake County Recorder!



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 **001862**

EDR No **00000325774**

State No **025359**

1. Decedent's Legal Name (First, Middle, Last) ANNETTE MAUREEN BAUMEISTER				1a. Maiden Name (If female) SARGENT		2. Sex FEMALE	3. Time Of Death 10:40 AM	4. Date Of Death (Month/Day/Year) 05/26/2013			
5. Social Security Number [REDACTED]		6a. Age - Yrs 70	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 11/19/1942		8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL											
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name PHILLIP BAUMEISTER				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation MANAGER		17. Kind Of Business/Industry RESTURANT		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town SCHERERVILLE			18c. Street And Number 1449 CLOVER LANE	18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) FRANK SARGENT				23. Mother's Name (First, Middle, Last) SOPHIE STELZER			23a. Mother's Maiden Last Name BOGDON				
24. Informant's Name PHILLIP BAUMEISTER			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1449 CLOVER LANE, SCHERERVILLE, IN 46375						
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY NAME CHURCH CEMETERY			25c. Location - City, Town, And State CEDAR LAKE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373					27a. Funeral Home License Number. FH10200006				
27b. Signature Of Indiana Funeral Service Licensee: LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006015					
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. METASTATIC LUNG CANCER											
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											
CONGESTIVE HEART FAILURE, STATUS POST AORTIC VALVE REPLACEMENT											
29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Coroner To Determine Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: MARK FRANCIS KEVIN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> 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 05/29/2013			
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): MAY 30 2013					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											