

2

### AFFIDAVIT TO TERMINATE LIFE ESTATE

On this 1/16/14 before me personally appeared JOHN C. KOPCHA to me personally known, who being duly sworn on oath did say that:

2014 008088

1. Affiant resides at the address given below affiant's signature:
2. Affiant is grandson to Mary Kopcha
3. Said MARY KOPCHA died on August 22, 1970.
4. The legal description of the premises in question is:

LOT 27 AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF CLOSE'S SUBDIVISION OF A TRACT OF LAND IN THE CITY OF WHITING, LAKE COUNTY, INDIANA, COMMONLY KNOWN AS 1942 NEW YORK AVENUE, WHITING, INDIANA 46394.

5. Is there Federal or State inheritance tax liability by reason of the death of decedent?  Yes  No

If yes, then estimated taxes due are \$ 0.00.

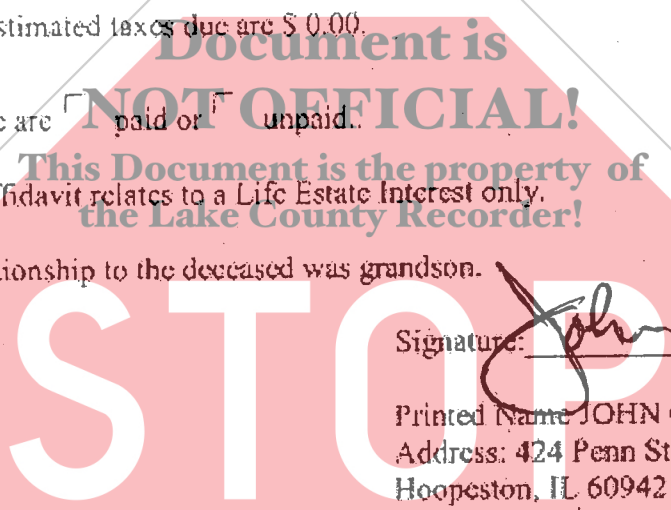
The taxes due are  paid or  unpaid.

6. Where this affidavit relates to a Life Estate Interest only.
7. Affiant's relationship to the deceased was grandson.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2014 FEB 11 AM 10:30  
MICHAEL B. BROWN  
CLERK  
FILED

FEB 07 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



Signature: John C Kopcha  
 Printed Name JOHN C. KOPCHA  
 Address: 424 Penn Street  
 Hoopston, IL 60942

20710

Subscribed and sworn to before me by the affiant this 1/16/14

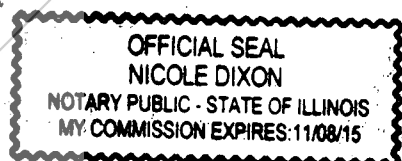
Nicole Dixon  
Notary Public

Printed Name Nicole Dixon

My County of Residence is: Wilmington

In the State of IL My Commission Expires 11-8-15

This instrument prepared by William J. O'Connor, 5268 Hohman Avenue, Hammond, IN 46320



1400  
700 com  
CT  
AR

1306451

CHICAGO TITLE INSURANCE COMPANY

2

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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.

Disposition Permit Issued /  
Provisional Certificate  Yes  No

EMBALMER'S NAME Edward L. Koslor  
LICENSE No. 2605

FUNERAL DIRECTOR'S LICENSE No. 1362

Local No. 70-1218

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

State No.

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST MARY MIDDLE KUPCHO LAST KOPCHA SEX Female DATE OF DEATH (MONTH, DAY, YEAR) Aug. 22, 1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White AGE—LAST BIRTHDAY (YEAR, MONTH, DAY) 82 UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN. DATE OF BIRTH (MONTH, DAY, YEAR) Unknown COUNTY OF DEATH Lake

CITY, TOWN, OR LOCATION OF DEATH Gary INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Mary's Mercy Hospital

DECEASED 7b. Gary SOCIAL SECURITY NUMBER U.S.A. CITIZEN OF WHAT COUNTRY U.S.A. SOCIAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) HOUSEWORK MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) OWN HOME

RESIDENCE—STATE Indiana COUNTY Lake CITY, TOWN OR LOCATION Whiting INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes KIND OF BUSINESS OR INDUSTRY OWN HOME TOWNSHIP North IS RESIDENCE ON A FARM? NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
14. UNKNOWN 16. UNKNOWN

PARENTS 15. INFORMANT—NAME FIRST MIDDLE LAST RELATIONSHIP 17a. John Kopcha Son 17b. 1942 New York Ave., Whiting, Ind.

18. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE FOR 1a, 1b, AND 1c) IMMEDIATE CAUSE (1a) Heart Disease (1b) Due to a consequence of (1c) Heart Disease

CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) Due to a consequence of (1d) Heart Disease

DEATH OCCURRED (HOUR) 3:10 A.M. (DAY, MONTH, YEAR) Aug. 22 1970 THE DECEASED WAS PROLONGED DEAD (HOUR) 3:10 A.M. (DAY, MONTH, YEAR) Aug. 22 1970 DATE SIGNED (MONTH, DAY, YEAR) 8/24/70

CERTIFIER (NAME (TYPE OR PRINT)) R. N. Billis, M.D. (DEGREE OR TITLE) M.D. ADDRESS (STREET OR R.F.D. NO.) 504 Broadway, Gary, Ind. CITY OR TOWN Gary STATE Ind. ZIP 46402

BURIAL 23. BURIAL CEMETERY, REMOVAL (SPECIFY) Burial CEMETERY, CREMATOR, FUNERAL HOME St. Mary's Cemetery LOCATION Hammond, Ind. STATE Ind. ZIP 46402

24. DATE (MONTH, DAY, YEAR) Aug. 25, 1970 FUNERAL HOME—NAME AND ADDRESS Edw. L. Koslor, 2031 Indpls. Blvd., Whiting, Ind. 46394 (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

25. FUNERAL DIRECTOR—SIGNATURE Edward L. Koslor DATE RECEIVED BY LOCAL HEALTH OFFICER Aug 27 1970

