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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 008338

2014 FEB 12 PM 12:43

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, Barbara M. Hoffstedt (aka Barbara Hoffstedt), being duly sworn, states 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 current sole Trustee of the ROBERT AND BARBARA HOFFSTEDT LIVING TRUST, dated March 5, 2008. Said Trust is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 2, in Aspen Trail, an Addition to Lake County, as per plat thereof, recorded in Plat Book 89 page 61, in the Office of the Recorder of Lake County, Indiana, excepting therefrom that part bounded and described as follows:

Beginning at the Northeast corner of said Lot 2, thence Southeasterly on the Easterly line of Lot 2, a distance of 172.65 feet to the Southeast corner of said Lot 2; thence West on the South line of said Lot 2, a distance of 161.44 feet to a point; thence North at an angle of 90 degrees, as measured from the South line of Lot 2, a distance of 150.52 feet, to a point on the North line of Lot 2, said point being on the arc of a curved line convex to the South; thence Easterly on the North line of Lot 2, on the arc of a curved line having a radius of 70.00 feet, an arc length of 74.66 feet and a chord length of 71.17 feet to the point of beginning."Commonly known as Unit 3 of Lot 2, 8094 Patterson Court, Dyer, Indiana 46311

Grantee Address/Commonly known as: 8904 Patterson Court  
Dyer, IN 46311

Tax Key Number: 45-11-20-178-005-000-032

**FILED**  
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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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3. The decedent, Robert M. Hoffstedt (aka Robert Hoffstedt), acquired a life estate in said real estate by deed of conveyance on the 5th day of March, 2008, and recorded in the Office of the Lake County Recorder as Document No. 2008 019461.

4. The decedent reserved a life estate in said real estate until his death on the 18th day of December, 2012. See attached Death Certificate for Robert M. Hoffstedt.

5. The gross value of the estate of the decedent 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.

Barbara M. Hoffstedt  
Barbara M. Hoffstedt, Affiant

STATE OF INDIANA

COUNTY OF LAKE

) SS:  
)

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

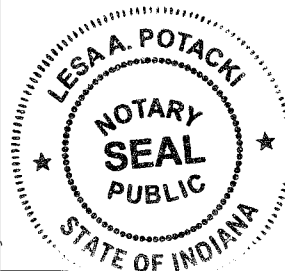
Signed and sealed this 11<sup>th</sup> day of February, 2014.

My commission expires: 02/13/2018

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 instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

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# CERTIFICATION OF DEATH RECORD

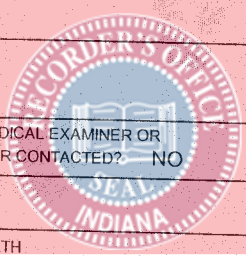
CITY OF HARVEY CITY CLERKS OFFICE  
HARVEY, ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0097402

DATE ISSUED 1/4/2013

DECEDENT'S LEGAL NAME ROBERT M HOFFSTEDT			SEX MALE	DATE OF DEATH DECEMBER 18, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 73 YEARS		DATE OF BIRTH JUNE 02, 1939		
CITY OR TOWN HARVEY		HOSPITAL OR OTHER INSTITUTION NAME INGALLS INPATIENT HOSPICE			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BARBARA KASSEN	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 8094 PATTERSON COURT		APT. NO.	CITY OR TOWN DYER		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46311	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILTON HOFFSTEDT		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GWENDOLYN O'DAY
INFORMANT'S NAME BARBARA HOFFSTEDT		RELATIONSHIP WIFE		MAILING ADDRESS 8094 PATTERSON COURT, DYER, IN, 46311	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION SMITS FUNERAL HOME CREMATORY		LOCATION - CITY OR TOWN AND STATE DYER, IN	DATE OF DISPOSITION DECEMBER 21, 2012
FUNERAL HOME SMITS DE YOUNG VROEGH, 649 E. 162ND. ST., SOUTH HOLLAND, IL, 60473					
FUNERAL DIRECTOR'S NAME TIMOTHY G SMITS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014483		
LOCAL REGISTRAR'S NAME NANCY L CLARK			DATE FILED WITH LOCAL REGISTRAR DECEMBER 31, 2012		
<b>CAUSE OF DEATH</b>					
PART I. CARDIOMYOPATHY					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____		MONTHS	
		b. _____		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		c. _____			
Due to (or as a consequence of):					
PART II. Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.					
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO		
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
LOCATION OF INJURY					MANNER OF DEATH NATURAL
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:		
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 01:20 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 21, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALEXANDER STARR, 71 W. 156TH STREET, HARVEY, ILLINOIS, 60426				PHYSICIAN'S LICENSE NUMBER 036-096343	



D78799

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*Nancy L. Clark*  
NANCY L. CLARK  
LOCAL REGISTRAR

