

CHICAGO TITLE INSURANCE COMPANY

AFFIDAVIT TO TERMINATE LIFE ESTATE

BT 1300993

On this 2-10-14 before me personally appeared _____
(insert date)

Christine L Geckeler

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is daughter
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- 3. Said Barbara A Miller
(fill in name of life estate tenant who died)
died on 7/13/2013

4. The legal description of the premises in question is:
 Lot 17 in Ridgewood Heights Addition to the Town of Highland, as shown on plat thereof, recorded in Plat Book 13 page 47, in the Office of the Recorder of Lake County, Indiana

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

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

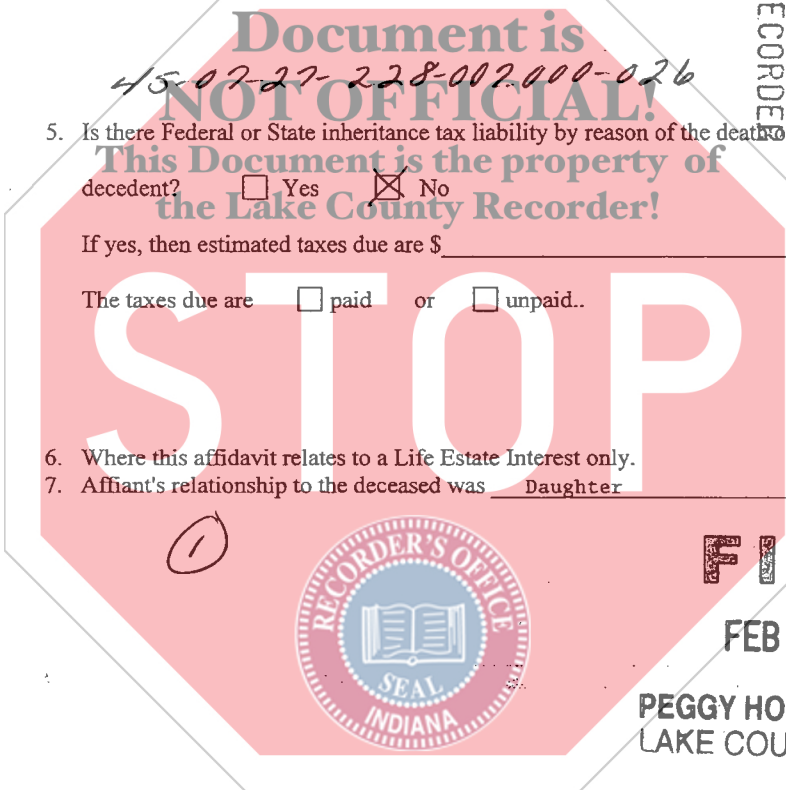
- 6. Where this affidavit relates to a Life Estate Interest only.
- 7. Affiant's relationship to the deceased was Daughter

2014 FEB 18 10:58 AM

RECORDED
MICHAEL B. BROWN

2014 FEB 21 AM 10:18

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



45-07-27-228-002-000-026

FILED

FEB 18 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

010771

18.
EST
Dr
NOT-com

Signature: Christine L. Geckeler

Printed Name Christine L. Geckeler

Address: _____

Subscribed and sworn to before me by the affiant

This _____
(insert date)

Notary Public

See attached Jurat

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____

This instrument prepared by Christine L. Geckeler



STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

SUBSCRIBED AND SWORN To (or affirmed) before me on this 10TH day of FEBRUARY 2014, by
CHRISTINE L. GECKELER proved to me
on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Laura J. Toland

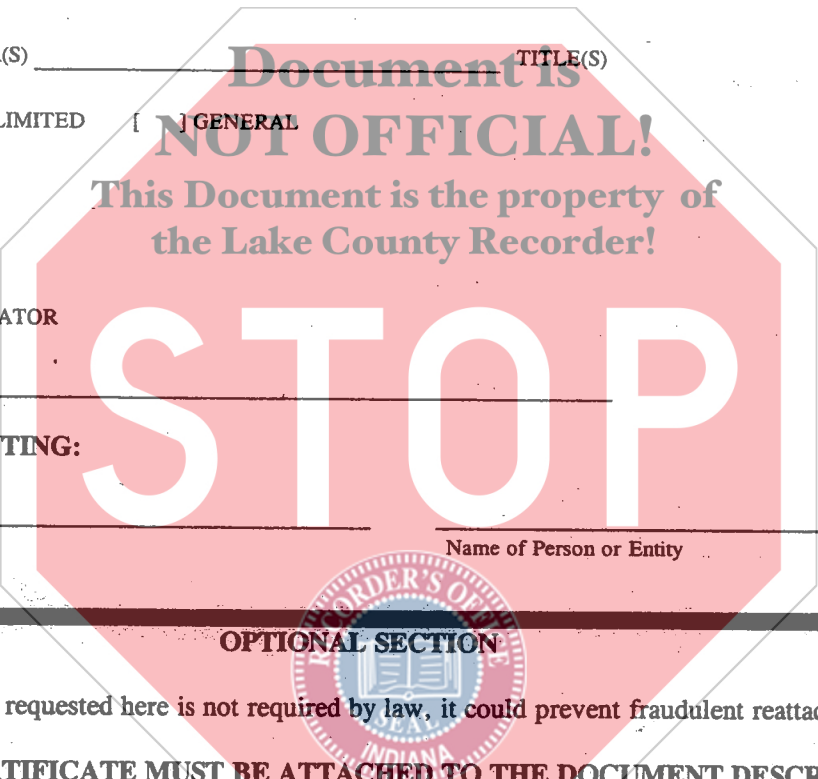


(This area for official notarial seal)

**OPTIONAL SECTION
CAPACITY CLAIMED BY SIGNER**

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S) _____ TITLE(S) _____
- PARTNER(S) - LIMITED GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER _____



SIGNER IS REPRESENTING:

Name of Person or Entity _____ Name of Person or Entity _____

OPTIONAL SECTION

Though the date requested here is not required by law, it could prevent fraudulent reattachment of this form.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW

TITLE OR TYPE OF DOCUMENT: Affidavit to Terminate Life Estate

NUMBER OF PAGES 2 DATE OF DOCUMENT 2-10-14

SIGNER(S) OTHER THAN NAMED ABOVE _____

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-07-27-228-007-00-026

Local No. 002364

EDR No 00000333210

State No 032508

1. Decedent's Legal Name (First, Middle, Last) BARBARA A MILLER		1a. Maiden Name (if female) HANEY		7. Sex FEMALE	8. Time Of Death 09:02 AM	9. Date Of Death (Month/Day/Year) 07/13/2013	
5. Social Security Number	6a. Age - Yrs 74	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) 03/02/1939	
8. Birthplace (City and State or Foreign Country) HAMMOND, IN		10. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Education, Drive Street and Number) 8916 OHIO PLACE		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322		15a. (If Wife/Give Maiden Last Name) HOMEMAKER		16. Decedent's Usual Occupation OWN HOME			
17a. Resident - State INDIANA		17b. County LAKE		17c. City Or Town HIGHLAND			
18. Street And Number 8916 OHIO PLACE		18a. Apt. No.		18b. Zip Code 46322		18c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent's Ethnicity/Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle & Last) PAUL HANEY		23. Mother's Name (First, Middle & Last) MARTHA HANEY		24. Mother's Maiden Last Name BRADKE			
25. Relationship To Decedent SON		26. Mailing Address (Street And Number, City, State, Zip Code) 1807 INDIANAPOLIS BOULEVARD, WHITING, IN 46394					
27a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		27b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) OAKLAND MEMORY LANES CREMATORY		27c. Location, City, Town, And State DOLTON, IL			
28. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 8039 KLEINMAN ROAD, HIGHLAND, IN 46322		29. Name And Complete Address Of Funeral Facility		29a. Funeral Home License Number FH10300021			
30. Signature Of Undertaker (Print Name) DAVID R. PETERSON, BY ELECTRONIC SIGNATURE		30a. License Number (Print) FD08601685		30b. License State (Print) IN			
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. MALNUTRITION							
B. ALCOHOL ABUSE							
C. ...							
D. ...							
E. ...							
F. ...							
G. ...							
H. ...							
I. ...							
J. ...							
K. ...							
L. ...							
M. ...							
N. ...							
O. ...							
P. ...							
Q. ...							
R. ...							
S. ...							
T. ...							
U. ...							
V. ...							
W. ...							
X. ...							
Y. ...							
Z. ...							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown							
32. Were Alcohol/Drugs Available To Contribute To Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year)							
35. Cause Of Injury							
36. Location Of Injury - State							
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
38. Location Of Injury - City Or Town							
39. Street & Number							
40. Apt. No.							
41. Zip Code							
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And City Of Person Certifying Cause Of Death KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311							
44. License Number 01852342A							
45. Date Certified 07/15/2013							
46. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE							
47. For Registrar Only - Date Filed (Month/Day/Year) JUL 16 2013							

STATE Form 53259 - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to prorate responsibility. Disclosure is voluntary and there will be no penalty for refusal.

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.

