

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 015770

2014 MAR 18 AM 9:33

MICHAEL B. BROWN
RECORDER

3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

Angela Hart, as Senior Vice President/Trust Officer, First Midwest Bank, 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. First Midwest Bank is the Successor Trustee of the Betty I. Turner Revocable Trust, dated April 2, 1998.

3. The Betty I. Turner Revocable Trust, dated April 2, 1998, is the owner of the following described real estate located in Lake County, Indiana, more particularly described as follows:

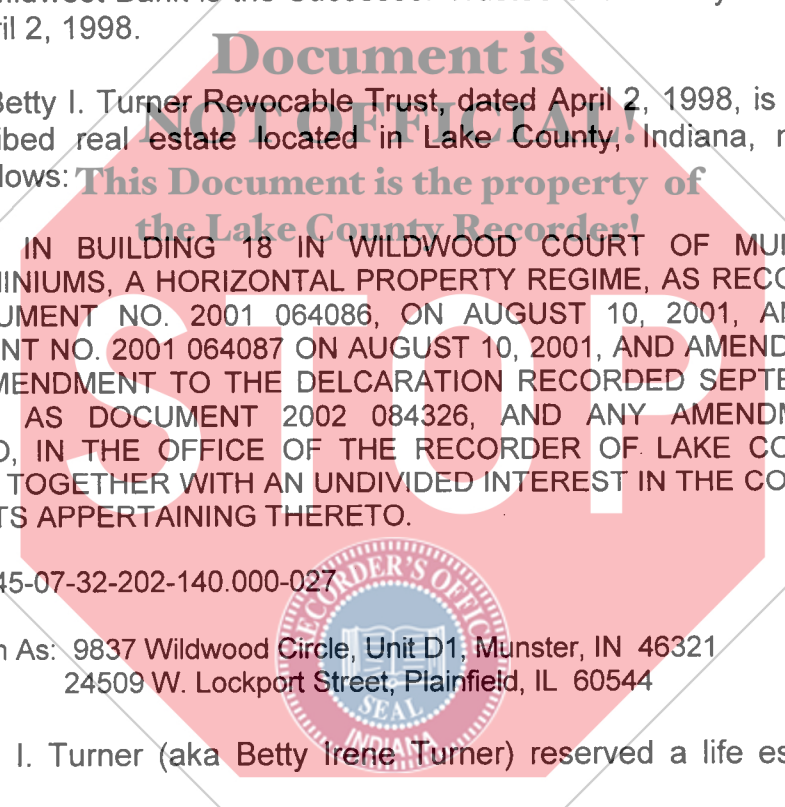
UNIT 1D IN BUILDING 18 IN WILDWOOD COURT OF MUNSTER CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, AS RECORDED AS DOCUMENT NO. 2001 064086, ON AUGUST 10, 2001, AND AS DOCUMENT NO. 2001 064087 ON AUGUST 10, 2001, AND AMENDED BY FIFTH AMENDMENT TO THE DELCARATION RECORDED SEPTEMBER 19, 2002 AS DOCUMENT 2002 084326, AND ANY AMENDMENTS THERETO, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON ELEMENTS APPERTAINING THERETO.

Key No.: 45-07-32-202-140.000-027

Commonly Known As: 9837 Wildwood Circle, Unit D1, Munster, IN 46321
Affiant's Address: 24509 W. Lockport Street, Plainfield, IL 60544

5. Betty I. Turner (aka Betty Irene Turner) reserved a life estate in said real estate.

6. Betty I. Turner died on February 23, 2014. See attached Death Certificate for Betty I. Turner (aka Betty Irene Turner).



15-
ok
DN

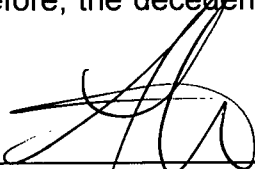
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MAR 18 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

7. 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.



FIRST MIDWEST BANK, Successor Trustee of the
BETTY I. TURNER TRUST
BY: Angela Hart, Senior Vice President/Trust Officer

STATE OF ILLINOIS)
) SS:
COUNTY OF WILL)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Angela Hart, First Midwest Bank Senior Vice President/Trust Officer, as Successor Trustee under the Betty I. Turner TRUST, dated April 2, 1998, and acknowledged the execution of said deed to be her voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 14 day of March, 2014.

"OFFICIAL SEAL"
DEBORAH RITKE
Notary Public, State of Illinois
My Commission Expires 1/23/16
My Commission Expires:



Notary Public

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 at Law (Attorney No. 20519-45)
900 Parker Place, Suite A
Schererville, Indiana 46375 (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

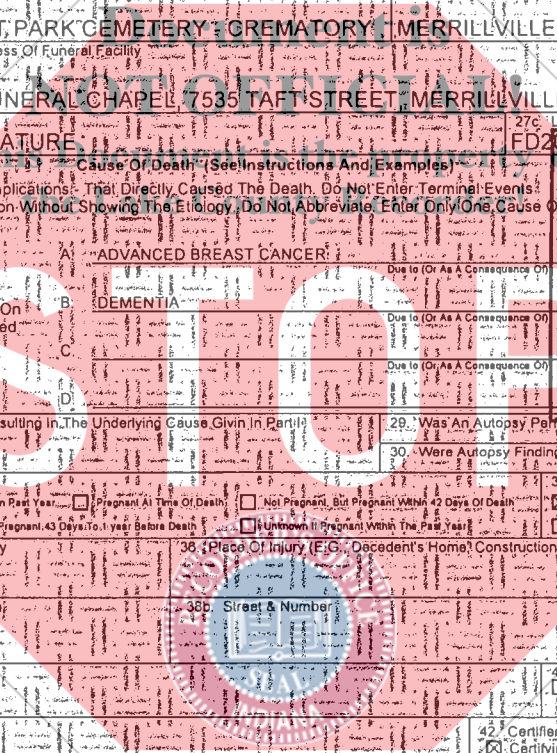
Tracking No. 10772

Local No 000614

EDR No 00000371443

State No 008568

1. Decedent's Legal Name (First, Middle, Last) BETTY IRENE TURNER		1a. Maiden Name (If female) TUCKWELL		2. Sex FEMALE	3. Time Of Death 05:05 AM	4. Date Of Death (Month/Day/Year) 02/23/2014		
5. Social Security Number [REDACTED]		6a. Age - Yrs 90	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) 04/30/1923	8. Birthplace (City/and State/ or Foreign Country) LEAMINGTON, ON
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 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 checked="" 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) WILLIAM J. RILEY MEMORIAL RESIDENCE HOSPICE								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		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation GEMOLOGIST		17. Kind Of Business/Industry RETAIL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18c. Street And Number 9837 WILDWOOD CIRCLE		
18d. Apt. No. D-1		18e. Zip Code 46321		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
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) ALFRED THOMAS TUCKWELL			23. Mother's Name (First, Middle, Last) LUCY BELL TUCKWELL		23a. Mother's Maiden Last Name KNIGHT			
24. Informant's Name CONSTANCE HIFLAXMAN		24a. Relationship To Decedent NIECE POA		24b. Mailing Address - (Street And Number, City, State, Zip Code) 190 POLLYWOG POINT, LA BELLE, FL 33935				
25a. 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)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY - CREMATORY, MERRILLVILLE, IN		25c. Location: City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL 7535 TAFT STREET, MERRILLVILLE, IN 46410				27a. Funeral Home License Number FH104000321		
27b. Signature Of Indiana Funeral Service Licensee SHERRY L WILLIAMS BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20700074		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. ADVANCED BREAST CANCER Due to (Or As A Consequence Of) B. DEMENTIA Due to (Or As A Consequence Of) C. SEQUELAE OF B. Due to (Or As A Consequence Of) D. FALL FROM HEIGHTS Due to (Or As A Consequence Of)				
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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. If Female: <input type="checkbox"/> Not Pregnant <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"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		
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 checked="" 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 LYLE R MUNN 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 LYLE R MUNN, 85 E US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383				
44. License Number 01031582A		45. Date Certified 02/25/2014		46. Additional Funeral Service Provider				
47. Signature Of Local Health Officer SUSAN W. BEST VIA ELECTRONIC SIGNATURE		48. For Registrar Only - Date Filed (Month/Day/Year) FEB 25 2014		49. For Registrar Only - Date Filed (Month/Day/Year)				



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE OFFICE OF THE CLERK OF SUPERIOR COURT, LAKE COUNTY, INDIANA.
FEB 25 2014
Susan W. Best
LAKE COUNTY HEALTH OFFICER