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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 046371

2014 AUG -1 PM 2: 56

MICHAEL S. BROWN
RECORDER

AFFIDAVIT TO REMOVE LIFE ESTATE INTEREST OF AUDREY L. STEPHAN

Comes now Timothy L. Stephan and being duly sworn upon his oath states as follows:

1. The Affiant is the son of Audrey L. Stephan, a/k/a Audrey Lou Stephan who died on May 26, 2014.
2. At the time of her death, Audrey L. Stephan was the owner of a life estate interest in the real estate described below by virtue of a reservation in a deed of conveyance recorded in the Office of the Lake County Indiana Recorder as document number 2000 079836 on November 1, 2000, and confirmed thereafter in a deed of conveyance recorded in the Office of the Lake County Indiana Recorder as document number 2007 002644 on January 10, 2007.
3. The subject real estate is described as follows:

Parcel 1:

The Southeast Quarter of the Southeast Quarter of Section 26 (except 6-1/4 acres off the North side belonging to Daniel Cross; and also excepting therefrom that part of the Southeast Quarter of the Southeast Quarter of said Section 26 lying Westerly of the Easterly line of the Railroad Right-of-way of the Louisville, New Albany and Chicago Railway); Also a part of the Southwest Quarter of the Southwest Quarter of Section 25, and described as commencing at a point in the center of the road 29 rods Southerly from the North line of said Southwest Quarter of the Southwest Quarter, (the same being at the Southeast corner of lands formerly owned by Daniel Cross), thence West 19 rods; thence North 16-1/2 rods; West to the West line of said described lot; thence South to the Southwest corner of said described lot; thence East to the Southeast corner of said described lot; thence Northerly along the center of the road to the place beginning in township 33 North, Range 9 West of the 2nd p.m., in Lake County, Indiana, containing 56.33 acres, more or less.

Parcel Number: 45-19-25-353-005.000-007 (formerly key no. 02-03-0078-0019)

Parcel 2:

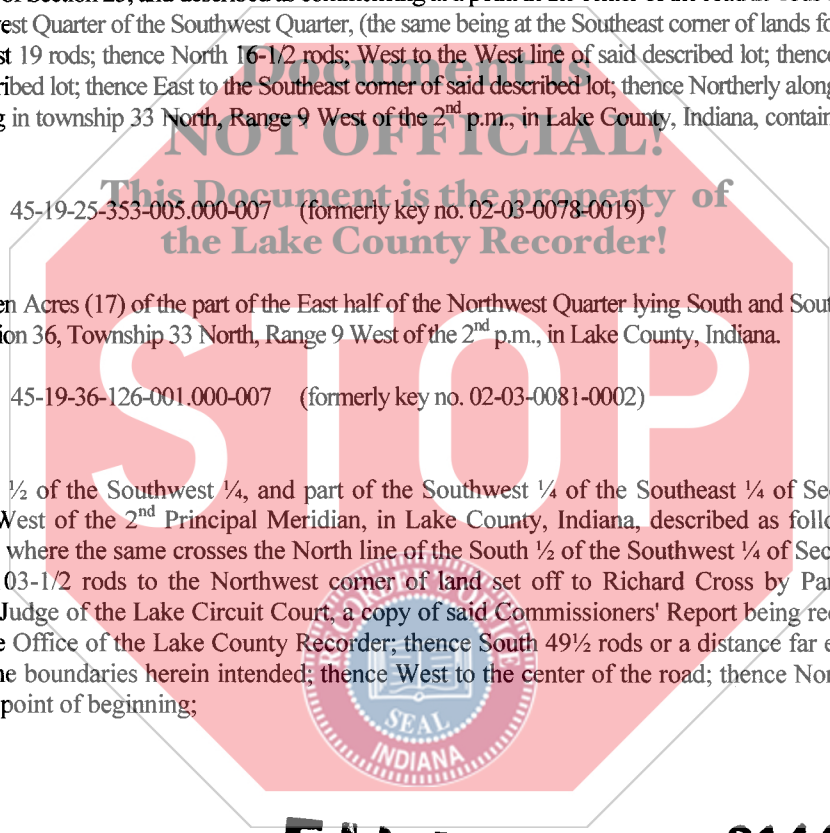
The West Seventeen Acres (17) of the part of the East half of the Northwest Quarter lying South and Southerly of the center of the State Road, in Section 36, Township 33 North, Range 9 West of the 2nd p.m., in Lake County, Indiana.

Parcel Number: 45-19-36-126-001.000-007 (formerly key no. 02-03-0081-0002)

Parcel 3:

Part of the South 1/2 of the Southwest 1/4, and part of the Southwest 1/4 of the Southeast 1/4 of Section 25, Township 33 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Beginning in the center of the road where the same crosses the North line of the South 1/2 of the Southwest 1/4 of Section 25; thence East on said North line 103-1/2 rods to the Northwest corner of land set off to Richard Cross by Partition Commissioners; appointed by the Judge of the Lake Circuit Court, a copy of said Commissioners' Report being recorded in Deed Record 28 page 68, in the Office of the Lake County Recorder; thence South 49 1/2 rods or a distance far enough so as to include 32 acres within the boundaries herein intended; thence West to the center of the road; thence Northerly along the center of the road to the point of beginning;

AND



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**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

17. -
CK 7854
2 Refs
2.00 CASH

A part of the South half of the Southwest Quarter, and part of the Southwest Quarter of the Southeast Quarter of Section 25, and a part of the Northwest Quarter of the Northeast Quarter of Section 36, and described as commencing in the center of the road at the Southeast corner of said Southwest Quarter of the Southwest Quarter of said Section 25, thence Northerly along the center of said road to the Southwest corner of land set off to Olive Lawson, by Commissioners Deed 28, page 68, thence East along South Line of said Lawson Land about 97-1/2 rods to the West line of land set off to Richard Cross, thence South along the West line of said Richard Cross land to the center of State Road, thence a Southwesterly course along the center of said State Road to the West line of Northwest Quarter of the Northeast Quarter of Section 36, thence North on said line to the Northwest Corner of said last described lot, thence West 80 rods to beginning, all in Township 33 North, Range 9 West of the 2nd p.m., in Lake County, Indiana, all parts containing 50 acres more or less.

Parcel Number: 45-19-25-376-001.000-007 (formerly key no. 02-03-0078-0016)

Commonly known as: approximately 5920 Belshaw Road, Lowell, Indiana 46356

Parcel Nos. 45-19-25-353-005.000-007 (formerly key no. 02-03-0078-0019)
45-19-36-126-001.000-007 (formerly key no. 02-03-0081-0002)
45-19-25-376-001.000-007 (formerly key no. 02-03-0078-0016)

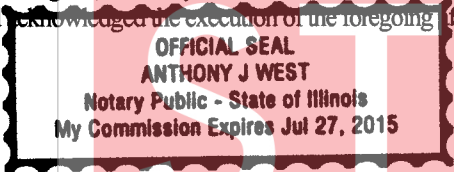
4. A copy of the decedent's death certificate is attached to this affidavit as Exhibit A and this affidavit is being recorded for the purpose of removing the life estate of the decedent from the title to the foregoing real estate.

State of Ill)
County of DePage) SS

Timothy L. Stephan
Timothy L. Stephan

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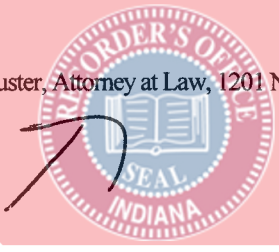
Before the undersigned, a Notary Public in and for said County and State, this 22 day of July, 2014, personally appeared Timothy L. Stephan and I acknowledged the execution of the foregoing affidavit.



Anthony J. West
Anthony J. West, Notary Public

I affirm under penalties for perjury that I have taken reasonable care to redact each Social Security number in the attached document.

This instrument prepared by: Patrick A. Schuster, Attorney at Law, 1201 N. Main St., Crown Point, IN 46307; I.D. No. 1651-45



THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014073198

DATE ISSUED: May 28, 2014

DECEDENT INFORMATION

STATE FILE DATE: May 27, 2014

NAME: AUDREY LOU STEPHAN

DATE OF DEATH: May 26, 2014

SEX: FEMALE SSN:

AGE: 077 YEARS

DATE OF BIRTH: October 9, 1936

BIRTHPLACE: GARY, INDIANA, UNITED STATES

PLACE OF DEATH: NURSING HOME

FACILITY NAME OR STREET ADDRESS: PENINSULA CARE AND REHABILITATION CENTER

LOCATION OF DEATH: TARPON SPRINGS, PINELLAS COUNTY, 34689

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE (IF FEMALE, MAIDEN NAME): NONE

RESIDENCE: 3385 CRESCENT OAKS BLVD, TARPON SPRINGS, FLORIDA 34688, UNITED STATES COUNTY: PINELLAS

OCCUPATION, INDUSTRY: HIGH SCHOOL LIBRARY AIDE, PUBLIC SCHOOL SYSTEM

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean
 American Indian or Alaskan Native--Tribe: Vietnamese Other Asian:
 Guamanian or Chamorro Samoan Other Pacific Isl: Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: GILBERT PATTEE

MOTHER: ALBERTA POIROT

INFORMANT: SHARON S REIF

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 3385 CRESCENT OAKS BLVD, TARPON SPRINGS, FLORIDA 34688, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: LOWELL CEMETERY
LOWELL, INDIANA

METHOD OF DISPOSITION: REMOVAL FROM STATE

FUNERAL DIRECTOR/LICENSE NUMBER: ROBERT KREGE, F043508

FUNERAL FACILITY: DOBIES FUNERAL HOME-TARPON SPRINGS F041073
701 E TARPON AVE, TARPON SPRINGS, FLORIDA 34689

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0415

CERTIFIER'S NAME: DAVID SEAMAN LINDBERG JR

CERTIFIER'S LICENSE NUMBER: ME41442

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a. DEGENERATIVE ENCEPHALOPATHY

b.

c.

d.

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

, State Registrar

REQ# 2014912805

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
 WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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