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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 048113

2014 AUG 11 AM 11:55

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA

)

) SS:

COUNTY OF LAKE

)

AFFIDAVIT

I, Lynn E. Waltz, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the Successor Trustee of the Jean A. Waltz Living Trust dated July 20, 1999, and the son of the decedent.
3. Said Jean A. Waltz died on May 21, 2014. See attached Death Certificate for Jean A. Waltz.

4. The legal description of the premises in question is:

LOTS NUMBERED THIRTY-FIVE (35) AND THIRTY-SIX (36), IN BLOCK NO TWELVE (12), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF GOLFMOOR, IN THE TOWN OF HIGHLAND, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 21, PAGE 56, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

Commonly known as: 8615 Cottage Grove Ave, Highland, Indiana 46322

Key No.: 45-07-22-307-010.000-026

5. There is no Federal or State Inheritance tax liability by reason of the death of said decedents.
6. This affidavit relates to a Life Estate Interest.
7. Affiant's relationship to the deceased was her son.

Lynn E. Waltz

Lynn E. Waltz, Affiant
8615 Cottage Grove Ave.
Highland, IN 46322

FILED

AUG 11 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25544

15-7163 AT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 30th day of May, 2014.

My commission expires: 2/13/2018

Signature: Lesa A. Potacki
LesA A. Potacki
Resident of: Lake County, IN



Document is NOT OFFICIAL!
"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 Document is the property of the Lake County Recorder!

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





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 19072

Local No 001616

EDR No 00000386120

State No 022843

1. Decedent's Legal Name (First, Middle, Last) JEAN ADELLE WALTZ				1a. Maiden Name (If female) MCGREGOR		2. Sex FEMALE	3. Time Of Death 10:31 AM	4. Date Of Death (Month/Day/Year) 05/21/2014			
5. Social Security Number [REDACTED]		6a. Age - Yrs 96	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) 03/25/1918		8. Birthplace (City and State or Foreign Country) KANSAS CITY, MO		
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 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 Institution, Give Street and Number) 8615 COTTAGE GROVE					12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322			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	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18c. Street And Number 8615 COTTAGE GROVE	18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				22. Father's Name (First, Middle, Last) EDWARD JAMES MCGREGOR JR		23. Mother's Name (First, Middle, Last) LOUISE ADELLE MCGREGOR	23a. Mother's Maiden Last Name ALLEN
24. Informant's Name LYNN WALTZ		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 8615 COTTAGE GROVE, HIGHLAND, IN 46322							
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number: FH10300021				
27b. Signature Of Indiana Funeral Service Licensee: LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08800305					
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. CARDIAC DISEASE Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ C. _____ D. _____								28. Cause Of Death (See Instructions And Examples) THIS IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT MAY 23 2014 <i>Susan W. Best, M.D.</i> LAKE COUNTY HEALTH OFFICER		Approximate Interval: Onset To Death	
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 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 Within Past Year <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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)			38c. Apt. No.	38d. Zip Code			
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) NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311						44. License Number 01052342A		45. Date Certified 05/22/2014			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 22 2014					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											