STATE OF INCIDE LAKE COUNTY FILED FOR RECORD

h			2014	048415	2014 AUG 12 AM 11: 54							
	STATE O	F INDIANA	)		MICHAEL B. BROWN RECORDER							
	COUNTY	OF LAKE	)	A INDIAN A V								
				<u>AFFIDAV</u>	<u>/11</u>							
			•	2014, before me sworn on oath did	personally appeared Steven D. Dickey to me d say that:							
	<ol> <li>Affiant resides at the address given below affiant's signature.</li> <li>Affiant is the nephew of Aileen A. Williams.</li> </ol>											
	3. That Aileen A. Williams died on the 7 <sup>th</sup> day of June, 2013.											
	4. The legal description of the premises in question is:											
		a Planned Unit Development in the City of n Plat Book 75 page 62, in the Office of the										
		Common Parcel No	ıly known a	sake C1686M	Magnolia Drive, Hobart, Indiana 46342 05-353-014.000-018							
	5.	There are decedent		or State inheritar	nce tax liability by reason of the death of said							
	6.	That the Williams		as terminated upo	on the death of the life estate holder, Aileen A.							
	WI	HEREFORE,	the affiant p	orays that the life	estate interest be removed from title.  Steven D. Diokey  Steven D. Diokey	/						
	ST	ATE OF IND	IANA	)	The Market	18, 126, 21,						
	OUNTY OF LAKE ) AUG 1 2 2014											
				, a Notary Public	PEGGY HOLINGA KATONA in and for said CONKE DOUNTE, AUDITOR	ゾ Ø!						

03403

appeared Matthew R. Dicky, and acknowledge the execution of the foregoing instrument to be his free and voluntary act.

Witness my hand and seal this  $\cancel{pl}$  day of August, 2014.

My Commission Expires: 03/25/2018

Patricia A. Rees Notary Public

Resident of Lake County, Indiana

## Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

This Instrument Prepared by: Law Offices of Patricia A. Rees, 5341 Central Ave., Portage, IN 46368 (219) 947-1692

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	Local No 001976					EDR No 00000327433					State No 026946						
1. Decedent's Legal							1a. Maiden Nar				2. Sex		Of Death	n 4. Date	e Of Death (Mor	ith/Day/Year)	
AILEEN A WI	ILLIAMS						FLECK				FEMA		0:08		06/07/20		
5. Social Security N		Age - Yrs	6b. Under	1 Year	6c. Under 1 I	Month 6	d. Under 1 Day	6e. Un	der 1 Hour	7. Date	of Birth (Mont	h/Day/Year) 8	Birthplac	ce (City and Stat	te or Foreign Cou	intry)	
		89	Months		Days	+	lours	Minutes			10/10/19		SARY	, IN			
9. Ever in U.S. Arm	ed Forces?		th Occurred In					☐ Hos	Death Occurr spice Facility		ecedent's Hom	Than A Hospital ne ☐ Nursing	Home/Lo	ong-term Care Fa	acility		
☐ Yes ☒ No [		i —			epartment Outp	patient [	Dead on Arriva	Oth	er (Specify)								
11. Facility Name (	`			er)													
12. City Or Town, S								1	<ol><li>County Of</li></ol>	f Death				rital Status At Tir		☐ Divorced	
HOBART, IN, 46342								LAKE					☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown				
15. Surviving Spouse's Name					15a. (If Wife)Give Maio			len Last Name 16. De			16. Decede	nt's Usual Occupa	tion	17. Kind Of Business/Industry			
								воокк			EPER		ACC	COUNTING			
18. Residence - Sta	ate			18a.	County	•		18b.	City Or Towr	n							
INDIANA				LAKI	E			HOI	BART					7:0-4-	40£ Ineid	e City Limits?	
18c. Street And Nu	ımber											18d. Apt. No.	18	Be. Zip Code		s No	
1686 MAGNO	OLIA DRI	VΕ												46342			
19. Decedent's Edu		DIATE (	OR GED	20	Decedent Of	Hispanic	Origin		21. De	ecedent's	Race						
				N	OT HISPA	NIC		00 11-4	White		dia Laat)			23a Mother's I	Maiden Last Nam	10	
22. Father's Name (First, Middle, Last)									23. Mother's Name (First, Midd		ine, casij			Zou. Mostor of			
GEORGE M FLECK					045 D 1-8				MARGARET FLECK				BAUMER				
24. Informant's Name						24a. Relationship To Decedent 24b. Mailing Address (Street And Number, City, State, Zip Code)											
STEVE DICKEY NEPHEW							25 Pl	534 WEST ROUTE 8, HEBRON, IN 46341   Place Of Disposition									
25a. Method Of Dis				25b. Pla	ce Of Dispositi	on (Nam	e Of Cemetery, C	rematory, (	Other Place)	25c. L	ocation - City,	Town, And State					
■ Burial    □ Crem     □ Removal From S		nation 📑 E	ntombment		/				4-	•							
Other (Specify) 26. Was Coroner C		27			ART CEM			me	ent	HOE	BART, IN			27a. F	uneral Home Lic	ense Number:	
					/ T			ות ות	TOI	ГА	T	\					
☐ Yes ☑ No 27b. Signature Of I				IERA	L HOME,	HOBA	RT CHAPE	EL, 600	WOLD	RIDGI	E RD, HC	BART, IN 4 c. License Numb	6342 er (Of Lic		3003069		
JAMES J. KF				SIG	NATURE		ument	is t	he nr	010	F	001006463	Locaragements 17 000	JE COPY C	11-		
28. Part I. Enter	The Chain C	of Events -	Diseases, Inj	uries, C	r Complicatio	ns - Tha	se Of Death (Se t Directly Cause	ee instruc d The Dea	ath. Do Not E	nter Ter	minal Events	THE RECO	10 08 10 08	SELE WIT	THE Inter	oximate val: Onset	
28. Part I. Enter Such As Cardiad A Line. Add Add	c Arrest, Resi ditinal Lines I	piratory Arre f Necessary	est, Or Ventri v.	cular Fi	brillation With	out Show	ving The Etiolog	y. Do Not	Abbreviate. I	Enter Or	nly One Caus	KE COUNT	YHEA	KLTH DEPA	RTMENIOU	eatn	
Immediate Caus	se (Final Dise	ase Or Cor	idition Result	ing In D	eath)	A. <u>D</u>	ASTOLIC HEAR	RT FAILUF	RE	Due to (Or	As A Consequence	06:	h 1 A	1 0010			
		# A I	P T . T	0	inter Or	B. C	ORONARY ART	ERY DISE					NI	1 2013			
Sequentially List Line A. Enter Th	he Underlying	Cause (Di								Due to (Or	As A Consequence	Of):			•	1	
The Events Resulting In Death) Last						C				Due to (Or	As A Consequence	On:	^ E/L	sound of the	-0.C2		
					D								E COUNTY HEALTH OFFICER				
Part II. Enter Other	Significant Co	nditions Con	tributing to De	ath But	Not Resulting I	n The Un	derlying Cause Gi	iivin In Part			s An Autonsy Fir	Performed?		Yes 🔯 I	Death2		
31. Did Tobacoo U	Jse Contribute	To Death?	32.	If Fema	ale:					30. ***	re Adiopsy i ii	33. Manner O				es No	
Yes Proba							gnant At Time Of Death	-CTTTTT-						le		vestigation	
34. Date Of Injury (	(Month/Day/Ye	ear)	100	Time (		3 Days 10 1						tion Site, Restaur			37. Injury At W	ork?	
															☐ Yes	□ No	
38. Location Of Inju	ury - State		38a	City C	r Town		38b. 1	Street & Nu	umber				380	c. Apt. No.	38d. Zip Code		
								لقهة				/ 12 1/ 7		Cit			
39. Describe How !	Injury Occurre	d					E .	SEAV	· Jazz			4U. If I ranspo	Passer	jury, Specify: nger Pedestrian	Other (Specify)		
41. Signature, Of I							Section 1	DIAN	min		42. Cer	tifier (Check Only	One)		<b>-</b>		
STEPHANIE 43. Name, Address	ANNE B	e Of Person	, BY ELE Certifying Cau	CTR(	ONIC SIG	UTAN	IKE				⊠ Cer	tifying Physician 44. Lice			Heath Office 45. Date Certif		
						70/05	HODART	IN 462	12			02004	0254		06/10/	/2013	
STEPHANIE 46. Additional Fund			, 104 BR	MUK	EN PARK	VVAY,	HUDAKI,	111 4034	+∠			47. *Ak			00/10/	2010	
48. Signature of Lo	ocal Health Off	icer:		-1.1							49. For Re	gistrar Only - D	ate Filed	(Month/Day/Yea	r):		
SUSAN W. B			RONIC S	SIGN										N 10 2013			
					AME	NDMEN.	T TO CERTIFICA	ATE OF D	EATH (ENT	RY OR	ORIGINAL)						
: •																	

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.