

3

AFFIDAVIT TO TERMINATE LIFE ESTATE

45-11-15-385-019.000-056

On this 7-28-14 before me personally appeared _____
(insert date) Debra Ann Sabau

2014 048578

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 George Sabau
(fill in name of life estate tenant who died)
died on 9/8/13

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

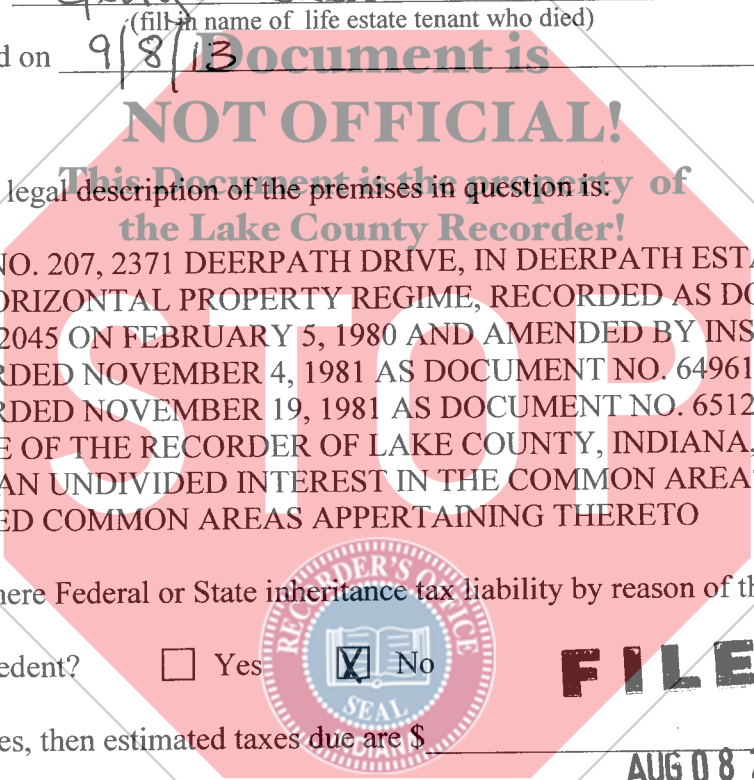
UNIT NO. 207, 2371 DEERPATH DRIVE, IN DEERPATH ESTATES, PHASE 1, A HORIZONTAL PROPERTY REGIME, RECORDED AS DOCUMENT NO. 572045 ON FEBRUARY 5, 1980 AND AMENDED BY INSTRUMENT RECORDED NOVEMBER 4, 1981 AS DOCUMENT NO. 649610 AND RECORDED NOVEMBER 19, 1981 AS DOCUMENT NO. 651214, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AREAS AND LIMITED COMMON AREAS APPERTAINING THERETO

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..

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 AUG 13 AM 10:34
MICHAEL S. DROWN
RECORDER



FILED

AUG 08 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 16
CASH _____ CHARGE CT
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY _____

BT1400312

6. Where this affidavit relates to a Life Estate Interest only.

7. Affiant's relationship to the deceased was Daughter

Signature: Debra Ann Sabau

Printed Name Debra Ann Sabau

Address: 1960 W. Ash St.
Griffith, IN 46319

Subscribed and sworn to before me by the affiant

This 7-28-14
(insert date)

Karen Craig
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____



This instrument prepared by Debra Sabau

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. [Signature]



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-11-15-385-019.000-036

Local No 002979

EDR No 00000342525

State No 041470

Form fields including: 1. Decedent's Legal Name (GEORGE SABAU), 2. Sex (MALE), 3. Time Of Death (09:15 PM), 4. Date Of Death (09/08/2013), 5. Social Security Number, 6a. Age - Yrs (85), 7. Date of Birth (04/02/1928), 8. Birthplace (EAST CHICAGO, IN), 11. Facility Name (1960 WEST ASH STREET), 13. County Of Death (LAKE), 14. Marital Status (Widowed), 15. Surviving Spouse's Name, 16. Decedent's Usual Occupation (MEAT CUTTER), 17. Kind Of Business/Industry (FOOD), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (SCHERERVILLE), 18c. Street And Number (2371 DEERPATH DRIVE), 18d. Apt. No. (207), 18e. Zip Code (46375), 18f. Inside City Limits? (Yes), 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 (GABRIEL SABAU), 23. Mother's Name (ELIZABETH SABAU), 23a. Mother's Maiden Last Name (BERGHIAN), 24. Informant's Name (DEBRA SABAU), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (1960 WEST ASH STREET, GRIFFITH, IN 46319), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (ST JOHN ST JOSEPH CEMETERY), 25c. Location - City, Town, And State (HAMMOND, IN), 27b. Signature Of Indiana Funeral Service Licensee (BRIAN T. BURNS), 27c. License Number (FD08601763), 28. Part I. Enter The Chain Of Events - Cause Of Death (ADENOCARCINOMA METASTATIC TO LIVER, UNKNOWN PRIMARY), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant), 33. Manner Of Death (Natural), 34. Date Of Injury, 35. Time Of Injury, 36. Place Of Injury, 37. Injury At Work? (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: (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (LYLE R MUNN), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (LYLE R MUNN), 44. License Number (01031582A), 45. Date Certified (09/10/2013), 46. Additional Funeral Service Provider, 47. *Akas., 48. Signature of Local Health Officer (SUSAN W. BEST), 49. For Registrar Only - Date Filed (Month/Day/Year) (SEP 11 2013)

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.