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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 048655

2014 AUG 13 AM 10:48

MICHAEL B. BROWN  
RECORDER

3

**AFFIDAVIT TO EXTINGUISH LIFE ESTATE**

Sandra M. Krol, of adult age, being first duly sworn, upon deposes and says:

That Sandra M. Krol, is the Wife of Robert W. Krol, deceased, who died on February 22, 2007 a resident of Lake County, Indiana.

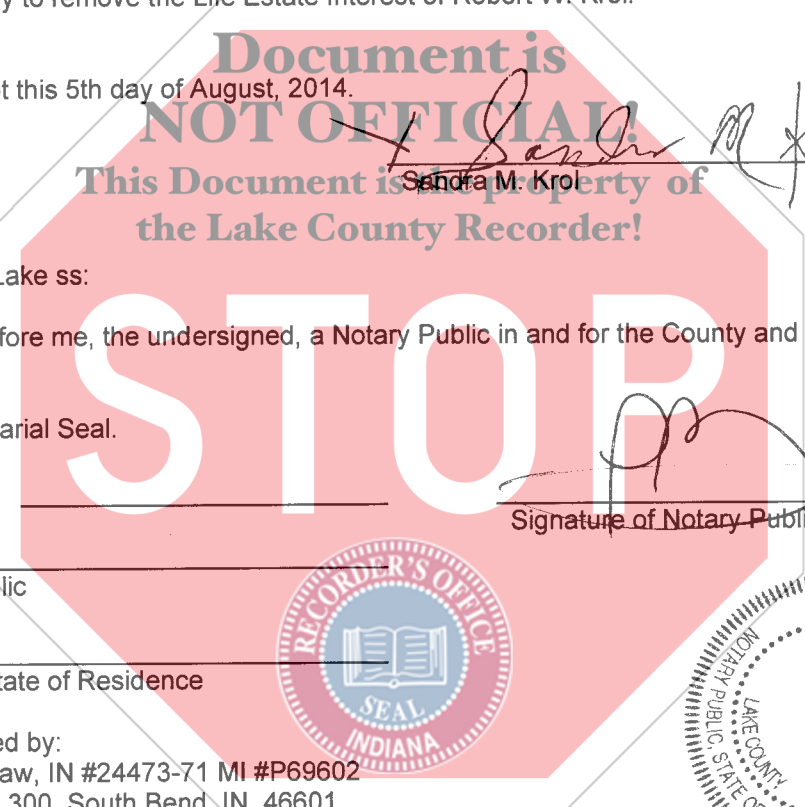
That said decedent acquired a Life Estate Interest to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Robert W. Krol and Sandra M. Krol, Husband and Wife recorded May 19, 2000 as Document No. 2999034721 in the Office of the Office of the Recorder of Lake County, Indiana.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to remove the Life Estate Interest of Robert W. Krol.

And further affiant sayeth not this 5th day of August, 2014.



*Sandra M. Krol*  
Sandra M. Krol

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 5th day of August, 2014.

WITNESS my hand and Notarial Seal.

My Commission Expires:

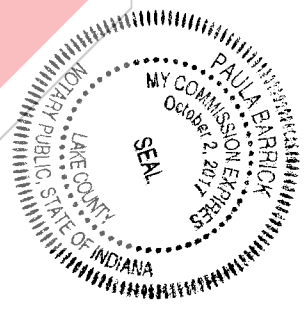
*Paula Barrick*  
Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:  
7717 Lake Shore Dr., Cedar Lake, IN 46303



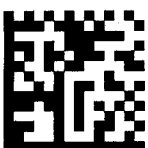
File No.: 14-19911

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. Paula Barrick (Type or Print Name)

HOLD FOR MERIDIAN TITLE CORP

14-19911

*TS. / not on*



1988116-1005

**FILED**

AUG 11 2014

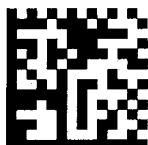
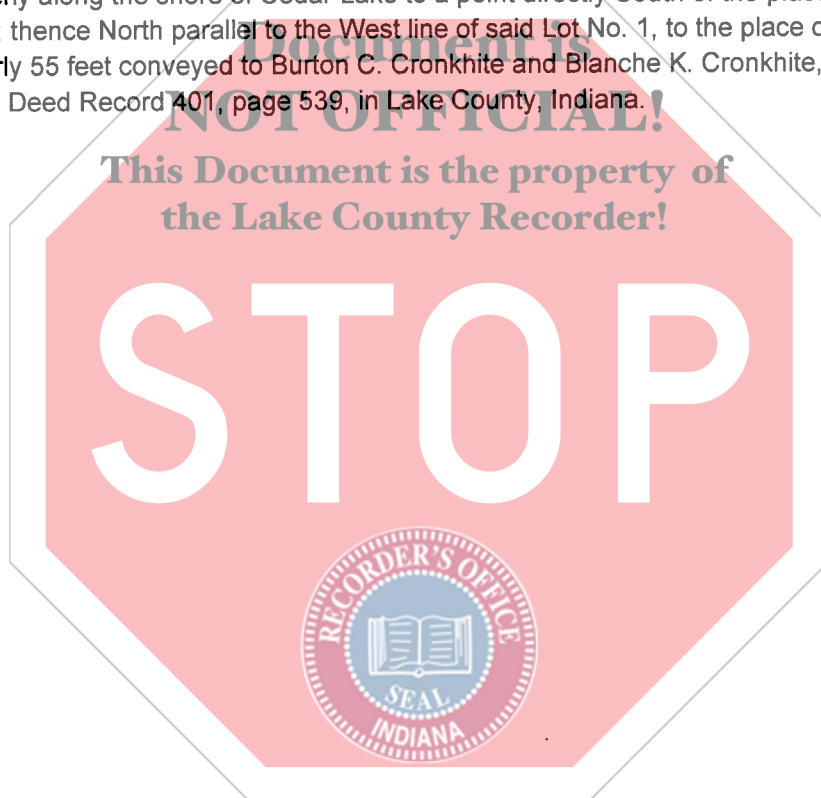
25524 PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

## LEGAL DESCRIPTION

The Northwesterly 50 feet of a tract described as follows:

An irregular shaped parcel of land situated in Government Lot No. 1 in the Southwest Quarter of the Northwest Quarter of Section 23, Township 34 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows:

From the Southwest Quarter stake at the Southwest corner of said Lot No. 1 measure North on the West line of said Lot No. 1, a distance of 35 feet, then measure South 79 degrees East a distance of 445.5 feet to an angle point, then measure South 71 degrees East a distance of 152.0 feet to a gas pipe monument at the Northwest corner of the property herein conveyed, the same being the point of beginning of the tract of land herein described; thence continue South 71 degrees East a distance of 391.93 feet; thence South parallel to the West line of said Lot No. 1 to the shore of Cedar Lake; thence North-Westerly along the shore of Cedar Lake to a point directly South of the place of beginning of the property herein described; thence North parallel to the West line of said Lot No. 1, to the place of beginning, excepting therefrom the Northwesterly 55 feet conveyed to Burton C. Cronkhite and Blanche K. Cronkhite, his wife, by deed recorded July 11, 1927, in Deed Record 401, page 539, in Lake County, Indiana.



1968116-1005

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

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

Local No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) <b>Robert W. Krol</b>				2. SEX <b>Male</b>	3a. TIME OF DEATH <b>11:20AM</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>February 22, 2007</b>	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) <b>69</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) <b>Aug. 15, 1937</b>	7. BIRTHPLACE (City and State or foreign Country) <b>Chicago, Illinois</b>	
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1964</b>	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) <b>Wittenburg Manor</b>			9c. CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Sandra Sonnenberg</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Production Engineer</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Winemaster Co.</b>	
13a. RESIDENCE - STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Cedar Lake</b>		13d. STREET AND NUMBER <b>7717 Lake Shore Drive</b>	
13e. ZIP CODE <b>46303</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. FATHER'S NAME (First, Middle, Last) <b>Richard Krol</b>		17. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Emilie Mansch</b>		18. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> <b>2</b>	
20a. INFORMANT'S NAME (Type/Print) <b>Sandra Krol</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>7717 Lake Shore Dr. Cedar Lake, IN</b>		20c. Relationship <b>Wife</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Regional Cremation February 26, 2007</b>			21c. LOCATION - City or Town, State <b>Munster, IN</b>	
22a. EMBALMER'S NAME: <b>James F. Betkowski</b>				22b. EMBALMER'S LICENSE NO. <b>FD09200077</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>			24b. LICENSE NUMBER (of License) <b>FD09200077</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Elmwood Chapel FHD#19900052 11300 W. 97th Ln. St. John, IN 4637</b>		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> a. <b>Dementia</b> b. <b>Alzheimer's Disease</b> c. d. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>Parkinson's Disease</b>						Approximate Interval Between Onset and Death <b>Years</b>	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				29b. SIGNATURE AND TITLE OF CERTIFIER <i>My Place MD</i>		29c. MEDICAL LICENSE NO. <b>25010</b>	
29d. DATE SIGNED (Month, Day, Year) <b>2/23/07</b>				30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>W. Pierce 210 E 90th Place Munster, IN 46340</b>			
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But. DO.</i>				32. DATE FILED (Month, Day, Year) <b>February 26, 2007</b>			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or No)	
		34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>FEB 26 2007</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			