

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 049197

2014 AUG 15 AM 10:39

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL S. BROWN
RECORDER

Re: Warren E. Peters, Deceased
Parcel No.: 45-16-06-254-015.000-042

SURVIVORSHIP AFFIDAVIT

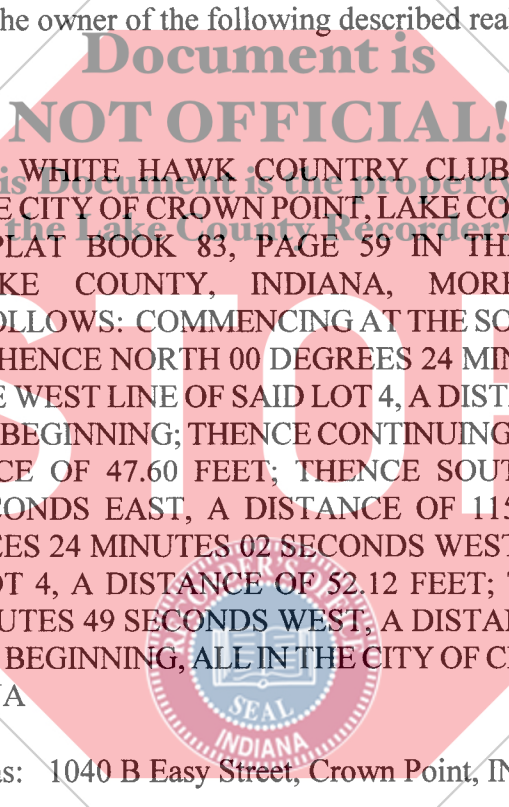
Comes now James W. Peters, being duly sworn upon his oath, and states as follows:

1. That he is an adult son of Warren E. Peters, deceased, and makes this Affidavit based upon personal knowledge.

2. The Testamentary Trust under The Last Will and Testament of Warren E. Peters dated October 30, 2003, is the owner of the following described real estate located in Lake County, Indiana:

PART OF LOT 4, WHITE HAWK COUNTRY CLUB, PHASE TWO, AN ADDITION TO THE CITY OF CROWN POINT, LAKE COUNTY, INDIANA, AS RECORDED IN PLAT BOOK 83, PAGE 59 IN THE OFFICE OF THE RECORDER, LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 4; THENCE NORTH 00 DEGREES 24 MINUTES 02 SECONDS EAST ALONG THE WEST LINE OF SAID LOT 4, A DISTANCE OF 62.40 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING ALONG SAID WEST LINE, A DISTANCE OF 47.60 FEET; THENCE SOUTH 89 DEGREES 35 MINUTES 58 SECONDS EAST, A DISTANCE OF 115.00 FEET; THENCE SOUTH 00 DEGREES 24 MINUTES 02 SECONDS WEST ALONG THE EAST LINE OF SAID LOT 4, A DISTANCE OF 52.12 FEET; THENCE NORTH 87 DEGREES 20 MINUTES 49 SECONDS WEST, A DISTANCE OF 115.09 FEET TO THE POINT OF BEGINNING, ALL IN THE CITY OF CROWN POINT, LAKE COUNTY, INDIANA

Commonly known as: 1040 B Easy Street, Crown Point, IN 4650



FILED

AUG 13 2014

2565 PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

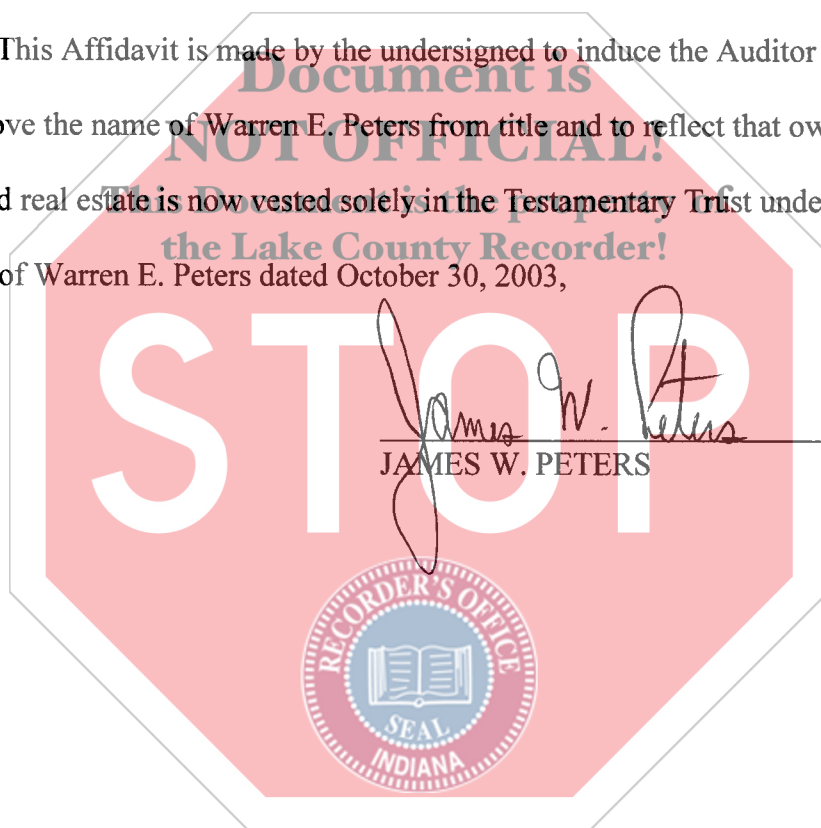
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3. On October 30, 2003, Warren E. Peters, conveyed his interest in the above-referenced real estate by Deed to Trust No. LTWEP-101 dated October 30, 2003, reserving a life estate unto himself.

4. Warren E. Peters died on January 28, 2011, at which time his reserved life estate in the property was extinguished by operation of law. (A true and accurate copy of the death certificate of Warren E. Peters is attached hereto and incorporated herein by reference as Exhibit "A.")

5. This Affidavit is made by the undersigned to induce the Auditor of Lake County, Indiana to remove the name of Warren E. Peters from title and to reflect that ownership of the above-described real estate is now vested solely in the Testamentary Trust under The Last Will and Testament of Warren E. Peters dated October 30, 2003,



JAMES W. PETERS



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **000300**

EDR No **00000180072**

State No

1. Decedent's Legal Name (First, Middle, Last) WARREN E PETERS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:50 AM	4. Date Of Death (Month/Day/Year) 01/28/2011	
5. Social Security Number [REDACTED]	6a. Age - Yrs 87	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) 07/27/1923		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) ST ANTHONY MEDICAL CENTER OF CROWN POINT									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name EVELYN PETERS			15a. (If Wife) Give Maiden Last Name HENDRICKSON		16. Decedent's Usual Occupation METALURGIST		17. Kind Of Business/Industry METAL COMPANY		
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 1040-B EASY STREET		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) HERMAN PETERS				23. Mother's Name (First, Middle, Last) EDNA PETERS			23a. Mother's Maiden Last Name CHRISTENSON		
24. Informant's Name CAROLYN PETERS			24a. Relationship To Decedent DAUGHTER-IN-LAW		24b. Mailing Address (Street And Number, City, State, Zip Code) 8348 DOUBLE TREE NORTH, CROWN POINT, IN 46307				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NORTHWEST INDIANA CREMATION SERVICE CROWN POINT, IN			25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH83002445		
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009461			
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. PULMONARY FIBROSIS Due to (Or As A Consequence Of): B. PNEUMONIA Due to (Or As A Consequence Of): FEB 01 2011 2 WEEKS C. _____ Due to (Or As A Consequence Of): D. _____ Due to (Or As A Consequence Of): Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NONE									
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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				
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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: ALBERTO RAUL SANCHEZ, 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: ALBERTO RAUL SANCHEZ, 7310 WEST LINCOLN HIGHWAY, CROWN POINT, IN 46307						44. License Number 01038216A		45. Date Certified 01/31/2011	
46. Additional Funeral Service Provider:						47. *Ark:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 31 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									