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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 049358

2014 AUG 18 AM 9:21

AFFIDAVIT REGARDING TERMINATION OF LIFE ESTATE
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Comes now Donald J. Gercken, being duly sworn upon his oath, alleges states as follows:

1. That he is the brother of Rosalie B. Krupa.

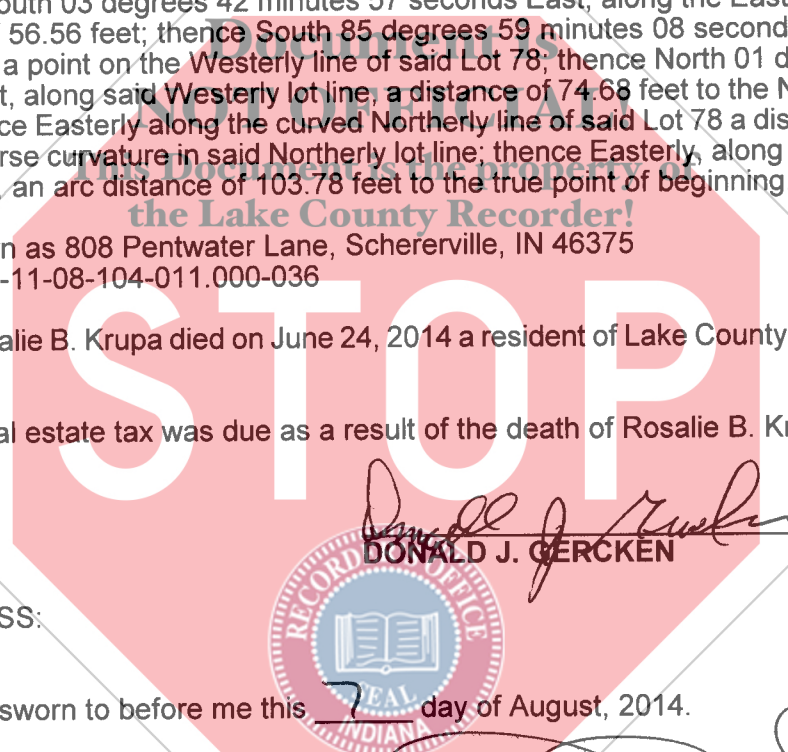
2. That by virtue of a Deed dated November 23, 2009 recorded on November 25, 2009 as Document No. 2009 078747 in the Office of the Lake County Recorder, Rosalie B. Krupa reserved a life estate in the following described real estate located in Lake County, Indiana, more particularly described as follows:

Part of Lot 78 in Briar Cove Subdivision Phase 1, an addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 92 page 79, in the Office of the Recorder of Lake County, Indiana, which part of said Lot 78 is described as follows: Beginning at the Northeast corner of said Lot 78; thence South 03 degrees 42 minutes 57 seconds East, along the Easterly line of said Lot 78, a distance of 56.56 feet; thence South 85 degrees 59 minutes 08 seconds West, a distance of 125.37 feet to a point on the Westerly line of said Lot 78; thence North 01 degrees 11 minutes 27 seconds West, along said Westerly lot line, a distance of 74.68 feet to the Northwest corner of said Lot 78; thence Easterly along the curved Northerly line of said Lot 78 a distance of 19.70 feet to a point of reverse curvature in said Northerly lot line; thence Easterly, along the reverse curved Northerly lot line, an arc distance of 103.78 feet to the true point of beginning.

Commonly known as 808 Pentwater Lane, Schererville, IN 46375
Parcel ID No. 45-11-08-104-011.000-036

3. That Rosalie B. Krupa died on June 24, 2014 a resident of Lake County, Indiana, at which time her life estate terminated.

4. No federal estate tax was due as a result of the death of Rosalie B. Krupa.



Donald J. Gercken
DONALD J. GERCKEN

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 7 day of August, 2014.



Dawn Stanley
Notary Public:
Printed Name: Dawn Stanley

My Commission Expires: 7-29-18
County of Residence: Lake

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.

Richard E. Anderson
Printed Name: Richard E. Anderson

This instrument prepared by: Richard E. Anderson, #2408-45
Anderson & Anderson, P.C.
9211 Broadway
Merrillville, Indiana 46410
(219) 769-1892

FILED

AUG 15 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR 1-ref SS

25816

14-FN

REGION TITLE/FIDELITY

RF14007123

Region/Fidelity
RF14007123



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

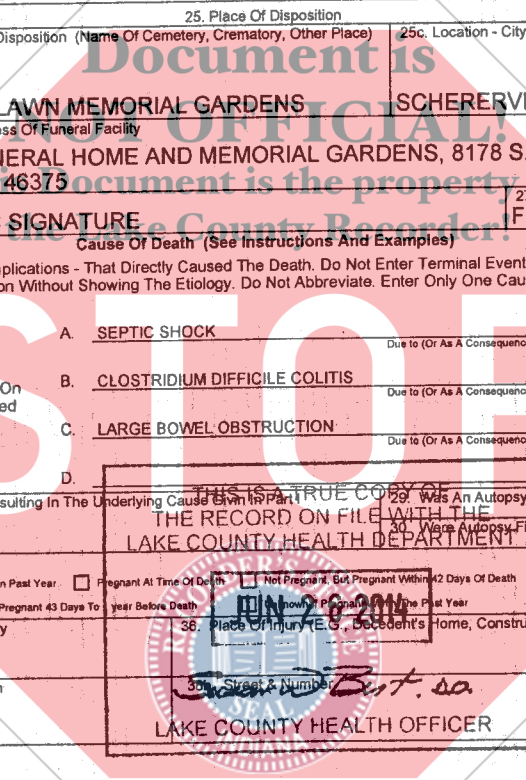
Tracking No. 21891

Local No 001994

EDR No 00000391739

State No 028369

1. Decedent's Legal Name (First, Middle, Last) ROSALIE BERNICE KRUPA				1a. Maiden Name (If female) GERCKEN		2. Sex FEMALE		3. Time Of Death 02:22 AM		4. Date Of Death (Month/Day/Year) 06/24/2014					
5. Social Security Number [REDACTED]		6a. Age - Yrs 89		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes					
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				7. Date of Birth (Month/Day/Year) 02/05/1925		8. Birthplace (City and State or Foreign Country) THAWVILLE, IL					
11. Facility Name (If Not Institution, Give Street and Number) MUNSTER COMMUNITY HOSPITAL				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							
12. City Or Town, State, And Zip Code MUNSTER, IN, 46320				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME					
15. Surviving Spouse's Name				18. Residence - State INDIANA				18a. County LAKE		18b. City Or Town SCHERERVILLE		18c. Street And Number 808 PENTWATER LANE			
18d. Apt. No.				18e. Zip Code 46375				18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
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 (First, Middle, Last) JACOB GERKEN				23. Mother's Name (First, Middle, Last) GRACE GERKEN				23a. Mother's Maiden Last Name LEACH							
24. Informant's Name DONALD GERCKEN				24a. Relationship To Decedent BROTHER				24b. Mailing Address (Street And Number, City, State, Zip Code) 3817 NORTH 107 LANE, CROWN POINT, IN 46307							
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375				27a. Funeral Home License Number: FH19900051							
27b. Signature Of Indiana Funeral Service Licensee: MELISSA L. CHRISTENSEN, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD21400006											
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. SEPTIC SHOCK Due to (Or As A Consequence Of): 1 DAY															
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. CLOSTRIDIUM DIFFICILE COLITIS Due to (Or As A Consequence Of): 7 DAYS															
C. LARGE BOWEL OBSTRUCTION Due to (Or As A Consequence Of): 7 DAYS															
D.															
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause On This Part.															
CORONARY ARTERY DISEASE															
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 year Before Death				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 (U.S., Decedent's Home, Construction Site, Restaurant, Wooded Area)				38. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State				38a. City Or Town				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"/> Other															
41. Signature, Of Person Certifying Cause Of Death: SHILPA ARUN MALEKAR, BY ELECTRONIC SIGNATURE															
42. Certifier (Check 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: SHILPA ARUN MALEKAR, 1950 45TH STREET STE 201, MUNSTER, IN 46321						44. License Number: 01069578A			45. Date Certified: 06/25/2014			47. *Age			
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year) JUN 26 2014									
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



RAISED SEAL AFFIXED