TE OF INCOME. AME COUNTY FILED FOR RECORD

2014 081547

2014 DEC 23 AM 10: 43

MICHAEL D. BROWN RECORDER

STATE OF INDIANA	)	
	)	
COUNTY OF LAKE	)	SS

## **AFFIDAVIT**

- T. Charles Willie, being sworn upon his oath, states that:
- He is the Successor Trustee of the Ensweiler Living Trust, dated July 20, 2012.
- 2. Decedent, John C. Ensweiler, died on August 24, 2014.
- 3. John C. Ensweiler was a Trustee under the Trust Agreement known as the Ensweiler Living Trust, dated July 10, 2012, which owned the following described real estate in Lake County, Indiana, to-wit:

Lot 2 in Sunny-side Addition to Crown Point, as per plat thereof, recorded in Plat Book 17, page 29, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-16-08-280-005.000-042

Common address: 215 Maxwell, Crown Point IN 46307

This Affidavit is made for the purpose of removing the Life Estate reserved by John C. 4. Ensweiler on the above described real estate.

T. Charles Willie

State of Indiana )

) ss: County of Lake )

Subscribed and sworn to before me, a Notary Public in and for said County and State, on December 18 2014.

KIMBERLY KAY SCHOLTZ Jasper Cou Commission F pires

Kimberly Kay Schultz, Notary Public

thave taken reasonable care to redact each Social Security number in this document, I affirm, under unless required by law.

John M. O'Drobinak

Prepared by Attorney John M. O'Drobinak, 1806 Robinhood Blvd, Suite A, Schererville IN 46375; (219) 865-2285

14- 21092 M

NORTHWEST INDIANA TITLE 101 E. 90TH DRIVE SUITE C MERRILLVILLE, IN 46410 219-755-0100

05766

FILED

DEC 2 2 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

## 27494

## INDIANA STATE DEPARTMENT OF HEALTH

Tracking No. CERTIFICATE OF DEATH State No 038511 EDR No 00000401899 Local No 002682 JOHN CHARLES CHRISTIAN ENSWEILER MALE (Month) 12:10 PM 08/24/2014 or Foreign Country) Se Under 1 Hour 07/27/1949 GARY, IN Days 10a If Death Occ ☐ Nursing Home/Long-term Care Facility ☐ Hospice Facility ☐ Yes ☑ No ☐ Unk nt 🔲 E Other (Specify) 11 Facility Name (If Not Institution, Give Street and Number)
ST MARGARET MERCY HEALTHCARE CENTERS-DYER
12 City Or Town State And Zip Code 14. Marital Status At Time Of Death 13 County Of Death ☐ Married ☐ Married, But Separated ☑ Divorced
☐ Wildowed ☐ Never Married ☐ Unknown LAKE DYER, IN, 46311 16. Decedent's Usual Oc 17. Kind Of Business/Indus 15a (If Wife)Give Maider ADVERTISING AGENCY RETIRED PUBLISHER 18a County 18b. City Or To 18 Residence - State **CROWN POINT INDIANA** AKE 18d Apt No 18e Zip Code 18f. Inside City Limits? ⊠ Yes □ No 213 MAXWELL STREET 46307 20 Decedent Of Hispanic Origin 21 Decedent's Race White NOT HISPANIC BACHELOR'S DEGREE (BA, AB, BS) 23a Mother's Maiden Last Name CLARENCE ENSWEILER MARY JANE ENSWEILER mber, City, State, Zip Code; 24a, Relationship To Decede 11188 STATE STREET, CROWN POINT, IN 46307 TERRENCE C WILLIE EXECUTOR 25. Place Of Disposition 25a Method Of Dispositio 25c. Location - City, Town, And State 🗵 Bunal 🔲 Cremation 🔲 Removal From State ST MARY CEMETERY OCUMENT CROWN POINT, IN Other (Specify). 26 Was Coroner Contacted? BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307 FH83002445 276 Signature Of Indiana Funeral Service Licensee

JAMES E. BURNS, BY ELECTRONIC SIGNATURE

Cause Of Death (See Instructions And Examples) Approximate Interval Onset To Death 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 Additinal Lines If Necessary 30 MINUTES Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIO- RESPIRATORY ARREST TWO DAYS B SEPSIS Sequentially List Conditions, If Any, Leading To The Cause Listed Or Line A. Enter The Underlying Cause (Disease Or Injury That Infliated The Events Resulting In Death) Last TWO DAYS C. RIGHT PAROTID ENLARGEMENT MANY YEARS ESRO Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Yes No 30 Were Aut Yes No PLEASE SEE ABOVE
31 Did Tobacoo Use Contribute To Death? 33. Manner Of Death:

Natural Homicide Acadent Pending Investigation Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, Bul Pregnant Within 42 Days Of De ☐ Yes ☐ Probably ☐ No ☒ Unknown Place Of Injury & G. Decepents Home; Construction Suicide Could Not Be Detribon Site, Restaurant, Wooded Area) Nat Pregnant, But Pregnant 43 Days To 1 year Before 35. Time: Of Injury 37. Injury At Work? 34 Date Of Injury (Month/Day/Year) ON FILE WATH THE ☐ Yes ☐ No 38d Zip Code b Street & Number 38 Location Of Injury - State 38a City Or Town AUG 2 9 2014 39 Describe How Injury Occurred VAPID TRLESS 41. Signature. Of Person Certifying Cause Of Death:
FITHUN L ZEKARIAS, BY ELECTRONIC SIGNATURE
43. Name, Address And Zip Code Of Person Certifying Cause Of Death 42/ Certifier (Ch Heath Officer
45. Date Certified LAKE COUNTY HEALTH OFFICER UTU68138A 47 Alas: 08/28/2014 FITHUN L ZEKARIAS , 5454 HOHMANN AVE, HAMMOND, IN 463 49 For Registrar Only - Date Filed (Month/Day/Year): 48 Sonature of Local Health Office 48 Signature of Local Health Officer
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY 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 the will be to be train, for which IXED

AUG 28 2014