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2015 031286

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 MAY 20 PM 12:32

MICHAEL B. BROWN
RECORDER

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

Neal B. Richter, of adult age, being first duly sworn, upon deposes and says:

That Neal B. Richter, is the Son of Harold Richter, deceased, who died on June 15, 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 recorded as Document No. 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 Harold Richter.

And further affiant sayeth not this 8th day of May, 2015.

Neal B Richter

Neal B. Richter

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 8th day of May, 2015.

WITNESS my hand and Notarial Seal.

My Commission Expires: _____

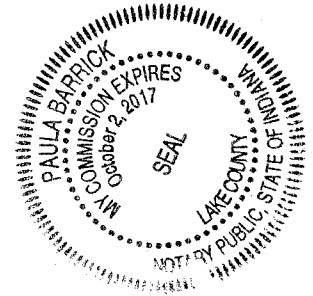
PP
Signature of Notary Public

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:
918 Cornwallis Lane, Munster, IN 46321



File No.: 15-9480

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

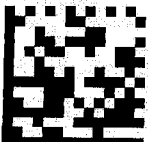
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MAY 18 2015

JOHN F. PETALAS
LAKE COUNTY AUDITOR

\$15.00
M.E
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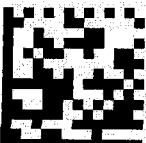
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2007700-1754

LEGAL DESCRIPTION

Lot Numbered 5 in Cobblestones Townhomes, Phase 2, an Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 77, page 69 in the Office of the Recorder of Lake County, Indiana, being more particularly described as follows: Beginning at the Southwest corner of said Lot 5; thence North 00 degrees 50 minutes 32 seconds East along the West line of said Lot 5, a distance of 187.57 feet; thence North 64 degrees 30 minutes 19 seconds East, along the Northwesterly line of said Lot 5, a distance of 170.17 feet to a point of deflection of said Northwesterly line; thence North 48 degrees 51 minutes 30 seconds East, along said Northwesterly line a distance of 75.80 feet; thence South 29 degrees 55 minutes 14 seconds West, a distance of 357.48 feet to a point in the South line of said Lot 5; thence South 88 degrees 38 minutes 38 seconds West, along said South line a distance of 35.14 feet to the point of beginning, all in the Town of Munster, Lake County, Indiana.



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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.

al No. 1537-07

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

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1. DECEASED—NAME (First, Middle, Last) Harold Richter				2. SEX Male		3a. TIME OF DEATH 5:41 P M		3b. DATE OF DEATH (Month, Day, Year) June 15, 2007	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 82		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) November 30, 1924	
7. BIRTHPLACE (City and State or Foreign Country) New York, NY		8a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)							
9a. WAS DECEASED A U.S. VETERAN? Yes		9b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9c. CITY, TOWN, OR LOCATION OF DEATH Munster				9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Renee Katz		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Attorney		12b. KIND OF BUSINESS/INDUSTRY Self-employed			
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 918 Cornwallis Ln.			
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5-		18. FATHER'S NAME (First, Middle, Last) Joseph Richter				19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Slutzker			
20a. INFORMANT'S NAME (Type/Print) Renee Richter				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 918 Cornwallis Ln., Munster, IN 46321				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) June 17, 2007 Kneseth Israel Cemetery				21c. LOCATION—City or Town, State Hammond, IN			
22a. EMBALMER'S NAME: N/A		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1045184		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home Lic # 3004968 8415 Calumet Ave, Munster, IN 46321-2521					
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. Colon Carcinoma									Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. DUE TO (OR AS A CONSEQUENCE OF):		b. DUE TO (OR AS A CONSEQUENCE OF):		c. DUE TO (OR AS A CONSEQUENCE OF):		d. DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No)		28a. WAS AN AUTOPSY PERFORMED? (Yes or No)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
						No		No	
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>[Signature]</i>						29c. MEDICAL LICENSE NO. 01031007A		29d. DATE SIGNED (Month, Day, Year) 6/20/07	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Charles Beck, Ingalls Professional Center Suite 210, Harvey, IL 60426									
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32. DATE FILED (Month, Day, Year) June 21, 2007	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or No)		34d. DESCRIBE HOW INJURY OCCURRED	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.					