

(2) (3)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 031287

2015 MAY 20 PM 12:32

MICHAEL B. BROWN
RECORDER

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

Carol L. Richter, of adult age, being first duly sworn, upon deposes and says:

That Carol L. Richter, is the Daughter of Renee H. Richter a/k/a Renee Richter, deceased, who died on September 5, 2014 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 Renee H. Richter a/k/a Renee Richter.

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



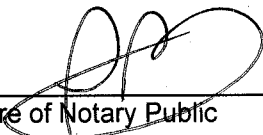
Carol L. Richter

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: _____



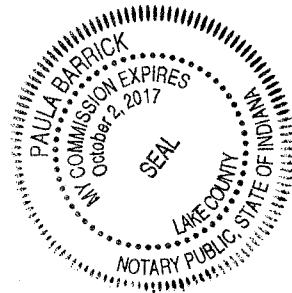
Signature of Notary Public

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

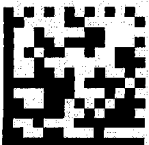
Property Address:
918 Cornwallis Lane, Munster, IN 46321



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



2007700-1754

1500
M-E
M-T

FILED

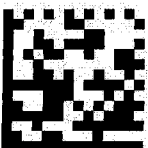
MAY 18 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

02134

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.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 28332

Local No 002786

EDR No 000000403297

State No 039864

1. Decedent's Legal Name (First, Middle, Last) RENEE H RICHTER				1a. Maiden Name (if female) KATZ		2. Sex FEMALE		3. Time Of Death 01:10 AM		4. Date Of Death (Month/Day/Year) 09/05/2014			
5. Social Security Number [REDACTED]		6a. Age - Yrs 85		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) 03/11/1929		8. Birthplace (City and State or Foreign Country) HAMMOND, IN											
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 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) FRANCISCAN HOSPITAL (LAKE)													
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321						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				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MUNSTER			18c. Street And Number 918 CORNWALLIS LANE		18d. Apt. No.		
18e. Zip Code 46321			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) SOL KATZ				23. Mother's Name (First, Middle, Last) MARY KATZ				23a. Mother's Maiden Last Name PARKER					
24. Informant's Name CAROL RICHTER			24a. Relationship To Decedent DAUGHTER			24b. Mailing Address (Street And Number, City, State, Zip Code) 1437 MAPLE PLACE, SCHERERVILLE, IN 46375							
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) KNESETH ISRAEL CEMETERY				25c. Location - City, Town, And State HAMMOND, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number FH10700038					
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD01021590							
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. PELVIC MALIGNANCY NOS 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. _____ C. _____ D. _____													
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I										28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Cause Of Death (See Instructions And Examples) LAKE COUNTY HEALTH DEPARTMENT		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	
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	
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): _____ NOT FILLED UNLESS													
41. Signature Of Person Certifying Cause Of Death: G. SCOTT BEAUREGARD, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: G. SCOTT BEAUREGARD, 5454 HOHMAN AVE, HAMMOND, IN 46320						44. License Number 01052692A		45. Date Certified: 09/05/2014					
46. Additional Funeral Service Provider:						47. *Alias		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					
49. For Registrar Only - Date Filed (Month/Day/Year) SEP 08 2014						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							