

2015 062607

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDING  
2015 SEP 11 AM 11:09

MICHAEL BROWN  
RECORDER

**AFFIDAVIT TO EXTINGUISH LIFE ESTATE**

Larry Wagner, of adult age, being first duly sworn, upon deposes and says:

That Larry Wagner, is the Son of William Ben Wagner, deceased, who died on April 4, 2015 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 William B. Wagner aka William Ben Wagner recorded July 17, 2008 as Document No. 2008 051644 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 William Ben Wagner.

And further affiant sayeth not this 3rd day of September, 2015.

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

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 3rd day of September, 2015.

WITNESS my hand and Notarial Seal.

My Commission Expires: 1-21-22

Annette Martinez

Printed Name of Notary Public

Porter IN

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:  
4617 Johnson Avenue, Hammond, IN 46327

015172

File No.: 15-25694

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. Annette Martinez (Type or Print Name)

HOLD FOR MERIDIAN TITLE

**FILED**

SEP 09 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR



2028783-1754

# 15-00  
M-C  
M-T

**LEGAL DESCRIPTION**

The South 15 feet of Lot Numbered 8, and Lot Numbered 9 in Block 12 in Hoffman's Third Addition to the City of Hammond as per plat thereof recorded in Plat Book 1 page 99 in the Office of the Recorder of Lake County, Indiana.





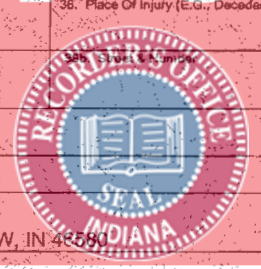
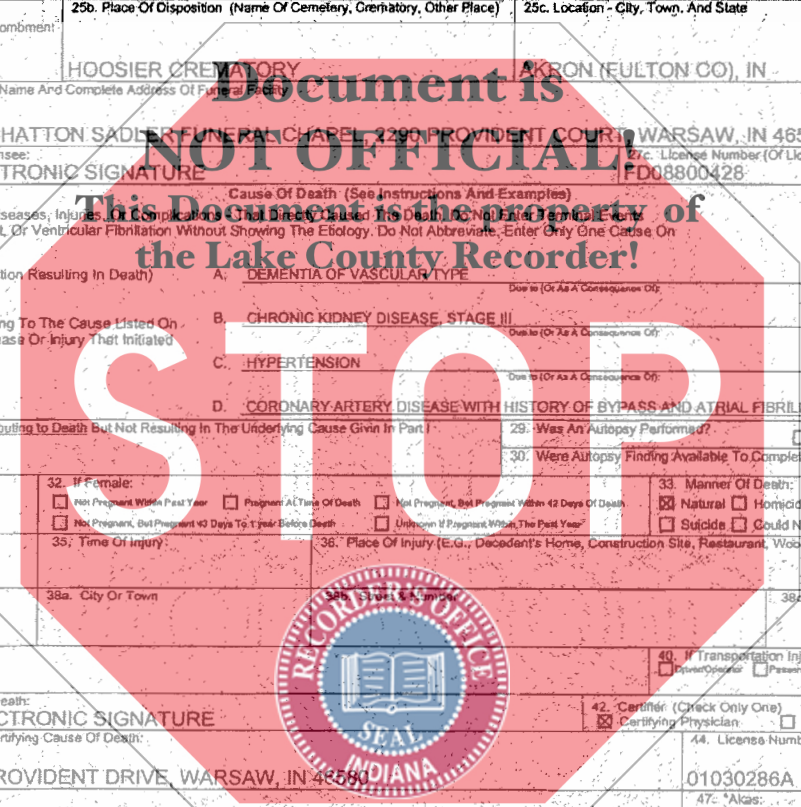
CERTIFICATE OF DEATH

Local No 000152

EDR No 000000441592

State No 016322

1. Decedent's Legal Name (First, Middle, Last) <b>WILLIAM B WAGNER JR</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>01:00 PM</b>	4. Date Of Death (Month/Day/Year) <b>04/04/2015</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>96</b>	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) <b>01/28/1919</b>	
8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>		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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>WARSAW MEADOWS CARE CENTER</b>				12. City Or Town, State, And Zip Code <b>WARSAW, IN, 46580</b>		13. County Of Death <b>KOSCIUSKO</b>	
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		15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>OWNER</b>	
17. Kind Of Business/Industry <b>AUTO SALVAGE</b>		18. Residence - State <b>INDIANA</b>		18a. County <b>KOSCIUSKO</b>		18b. City Or Town <b>WARSAW</b>	
18c. Street And Number <b>300 EAST PRAIRIE STREET</b>		18d. Apt. No.		18e. Zip Code <b>46580</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>WILLIAM WAGNER SR</b>		23. Mother's Name (First, Middle, Last) <b>ELIZABETH WAGNER</b>		23a. Mother's Maiden Last Name <b>WAGONER</b>			
24. Informant's Name <b>BONNIE LEE</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1502 COUNTRY CLUB DRIVE, WARSAW, IN 46580</b>			
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) <b>HOOSIER CREMATORY</b>		25c. Location - City, Town, And State <b>AKRON (EULTON CO), IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Provider <b>MCHATTON SADDLER FUNERAL CHAPEL, 2290 PROVIDENT COURT, WARSAW, IN 46580</b>				27a. Funeral Home License Number <b>FH19300006</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>DAVID M. TINSLEY, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD08800428</b>					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications That Led To Death. 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. <b>DEMENTIA OF VASCULAR TYPE</b> <span style="float: right;">YEARS</span>		Due to (Or As A Consequence Of):		B. <b>CHRONIC KIDNEY DISEASE, STAGE III</b> <span style="float: right;">YEARS</span>		Due to (Or As A Consequence Of):	
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 C. <b>HYPERTENSION</b> <span style="float: right;">YEARS</span>		Due to (Or As A Consequence Of):		D. <b>CORONARY ARTERY DISEASE WITH HISTORY OF BYPASS AND ATRIAL FIBRILLATION</b> <span style="float: right;">YEARS</span>		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.		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 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, Worked 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: <b>MICHAEL WILLIAMS, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01030286A</b>		45. Date Certified: <b>04/06/2015</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>MICHAEL WILLIAMS, 1205 PROVIDENT DRIVE, WARSAW, IN 46580</b>		46. Additional Funeral Service Provider:		47. *Alcas:			
48. Signature Of Local Health Officer: <b>WILLIAM L. REMINGTON JR., VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 06 2015</b>					



VOID IF ALTERED OR ERASED

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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for non-disclosure. ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

WARNING:

STATE OF INDIANA