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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 067762

2015 OCT 21 PM 1:33

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

The undersigned, being duly sworn, depose and says as follow:

1. That he is an adult competent to make this Affidavit;

2. That he is the designated Successor Trustee under a certain Trust Agreement establishing the K. JOAN KIECHLE TRUST dated September 30, 2010, by K. Joan Kiechle, Trustor; further that he has executed an Acceptance of Office and Certification of Successor Trustee Status dated August 21, 2013, a copy of which is attached as Exhibit "A" hereto.

3. That the real estate held in said Trust by virtue of the said Trust Agreement and the Warranty Deed conveying the property into the Trust is legally described as follows:

Parcel 1: Lot No. Six (6) and Seven (7) in Block Thirty-Five (35) Dalecarlia, as the same appears of record in Plat Book 24, page 1, in the Office of the Recorder of Lake County, Indiana.

Parcel 2: The East Half of Lot Eight (8), Block Thirty-Five (35), Dalecarlia, Blocks Thirty-Three (33) to Thirty-Eight (38) inclusive, as shown in Plat Book 24, page 1, in Lake County, Indiana

Commonly known as: 5103 White Oak Terrace, Lowell, Indiana 46356
Property No. 45-19-12-228-005.000-007

4. That the said K. Joan Kiechle died on August 15, 2013;

5. That as a result of death of K. Joan Kiechle, the life estate reserved in the Trustee's Deed recorded October 7, 2010, as Document Number 2010 058360, is hereby relinquished;

6. That in addition to relinquishing the life estate of K. Joan Kiechle as stated above, that as a result of the death of Doris L. Brumbaugh who passed away on February 10, 2005, and as a result of the death of Roy Brumbaugh, Jr. who passed away on October 20, 2009, the reserved life estate of both Doris L. Brumbaugh and Roy Brumbaugh, Jr., not previously relinquished, are hereby relinquished.

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7. That pursuant to the said Trust Agreement, Successor Trustee, Doris Brumbaugh, has the power to convey the said real estate;

FILED

SEP 30 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

21958

Community Title Company
File No. 158575

8. That the purpose of this Affidavit is to perfect the rights of the Successor Trustee, to alienate and convey the said real estate.

FURTHER YOUR AFFIANTS SAYETH NOT.

Dated 21 day of September, 2015.

P. DREW BRUMBAUGH, Not Individually
but as Successor Trustee

Subscribed and sworn to before me, a Notary Public in and for the above County and State this 21 day of September, 2015.

Notary Public -
Residing in Los Angeles County

My Commission Expires:

July 20, 2019

TINA K. HUANG
Commission # 2116031
Notary Public - California
Los Angeles County
My Comm. Expires Jul 20, 2019

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. David M. Austgen. This document prepared by: David M. Austgen, Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, Indiana 46307.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3619-09 State No.

1. Decedent's Legal Name (First, Middle, Last)	1b. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Roy Brumbaugh Jr.		Male	10:30 PM	October 20, 2009

5. Social Security Number	6a. Age – Yrs	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)	8. Birthplace (City And State Or Foreign Country)
[redacted]	92					April 18, 1917	Roan, Indiana

9. Ever In U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department/Outpatient ☐ Dead On Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): 5103 White Oak Terrace

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Lowell	Lake	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
N/A		Owner	Lumber Yard

18. Residence – State	18a. County	18b. City Or Town	18d. Apt. No	18e. Zip Code	18f. Inside City Limits?
Indiana	Lake	Lowell		46356	☐ Yes ☒ No

18c. Street And Number: 5103 White Oak Terrace

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
Some College, no degree	No	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23b. Mother's Maiden Last Name
Roy Brumbaugh Sr.	Eva Brumbaugh	Stump

24. Informant's Name	24b. Relationship To Decedent	24c. Mailing Address (Street And Number, City, State, Zip Code)
Joan Kiechle	Daughter	5103 White Oak Terrace, Lowell, IN 46356

25. Place Of Disposition:

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location – City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	Heritage Crematory	Portage, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	Sheets Funeral Home & Cremation Services 604 E. Commercial Ave., Lowell, IN 46356	FH83004277

27b. Signature Of Indiana Funeral Service Licensee: Ken Sheets

27c. License Number (Of Licensee): FD08900045

Cause Of Death (See Instructions And Examples)

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.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death)
A. [illegible] Edema
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
B. [illegible] Failure
Due To (Or As A Consequence Of)
C. [illegible]
Due To (Or As A Consequence Of)
D. [illegible]

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? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year	☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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, Wooded Area)	37. Injury At Work?
			☐ Yes ☐ No

38. Location Of Injury – State	38a. City Or Town	38b. Street & Number	38d. Apt. No	38c. Zip Code

39. Describe How Injury Occurred

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature Of Person Certifying Cause Of Death: Bernardo A Lucena

42. Certifier (Check Only One): ☐ Certifying Physician ☐ Coroner ☒ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Bernardo S. Lucena MD 12800 Mississippi Pkwy, Crown Point, IN 46307

44. License Number: 01053024A

45. Date Certified: 10/21/09

46. Additional Funeral Service Provider:

47. *Also:

48. Signature Of Local Health Officer: Susan J Best D.O.

49. Date Signed (Month/Day/Year): October 22 2009

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

State Form 10110 (R7/9-07) ATTENTION STATE: The Social Security # is being requested by this State agency in order to perform its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THIS RECORD IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-12

Community Title Company
File No. 158573

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

Local No. 126-05

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Doris L. Brumbaugh
2. SEX: Female
3a. TIME OF DEATH: 06:30 AM
3b. DATE OF DEATH (Month, Day, Yr.): February 10, 2005
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): March 10, 1916
7. BIRTHPLACE (City and State or Foreign Country): Seymour IN
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Anthonys Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Roy Brumbaugh
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lowell
13d. STREET AND NUMBER: 5103 White Oak Terrace
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS? ☒ No ☐ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Wright Payne
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mildred Newman

INFORMANT

20a. INFORMANT'S NAME (Type/Print): K. Joan Kiechle
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 625 S. Lakeview Dr., Lowell, IN 46356
20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Feb 14, 2005 Heritage Crematory
21c. LOCATION—City or Town, State: Portage IN
22a. EMBALMER'S NAME: N/A
22b. EMBALMER'S LICENSE NO.: N/A
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (or Licensure): FD09200061
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356

CAUSE OF DEATH

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Acute Pulmonary Edema
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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 DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] M.D.
29c. MEDICAL LICENSE NO.: 33[illegible]
29d. DATE SIGNED (Month, Day, Year): 2/11/05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26): Bernardo S. Lucena MD 1121 South Indiana, Crown Point, In 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.
SEP 05 2013
DATE FILED (Month, Day, Year): February 15, 20[illegible]

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.

Community Title Company File No. 158575