

(3)
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069384

2015 OCT -9 AM 11:44

MICHAEL B. BROWN
RECORDER

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

45-06-01-458-010-000-023

*a/k/a Jerry R. Pine
Jerry B. Pine, of adult age, being first duly sworn, upon deposes and says:

*Jerry R. Pine
That Jerry B. Pine, is the Nephew of Billie Roland Bartram a/k/a Billie R. Bartram, deceased, who died on June 6th 2015 a resident of Lake County, Indiana.

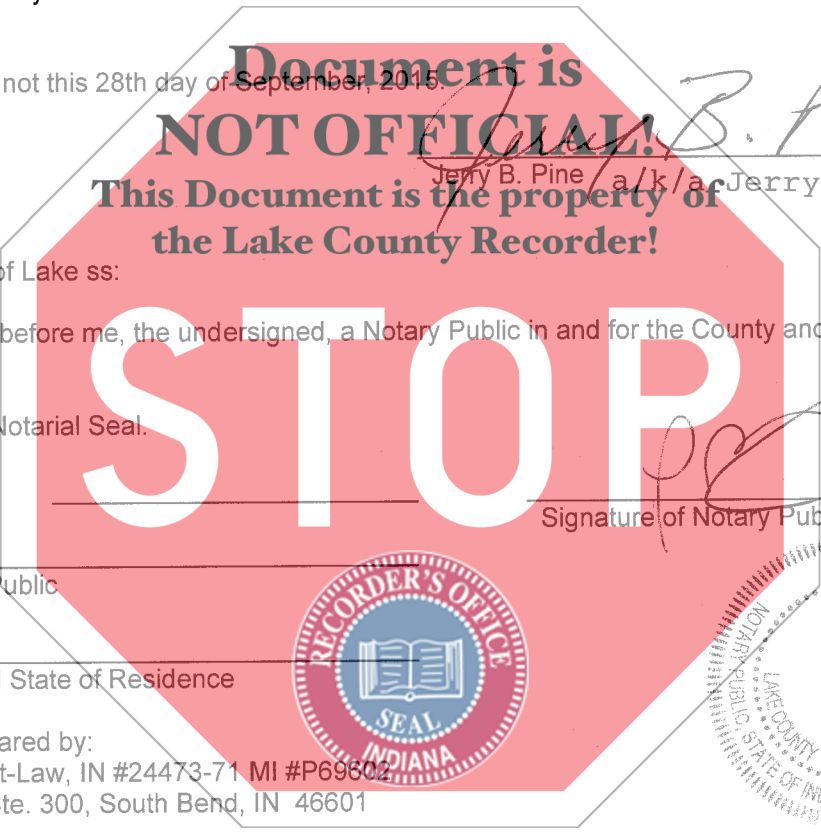
That said decedent acquired a Life Estate Interest to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed recorded 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 Billie Roland Bartram a/k/a Billie R. Bartram.

And further affiant sayeth not this 28th day of September, 2015.



Jerry B. Pine

Jerry B. Pine a/k/a Jerry R. Pine

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 28th day of September, 2015.

WITNESS my hand and Notarial Seal.

My Commission Expires:

Paula E. ...

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:
6431 Van Buren Avenue, Hammond, IN 46324

File No.: 15-34740

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. Debra A. Guy (Type or Print Name)

FILED

OCT 01 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

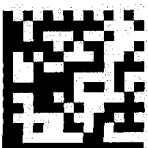
015845

HOLD FOR MERIDIAN TITLE CORP

FILED

OCT 06 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR



2045299-1754

\$15.00
M-E
M-T

04724

LEGAL DESCRIPTION

Lot Numbered 21 in Block 8 in Hyde Park Addition to Hammond, as per plat thereof, recorded in Plat Book 12, Page 3 in the Office of the Recorder of Lake County, Indiana.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

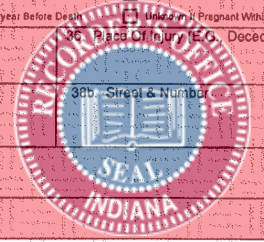
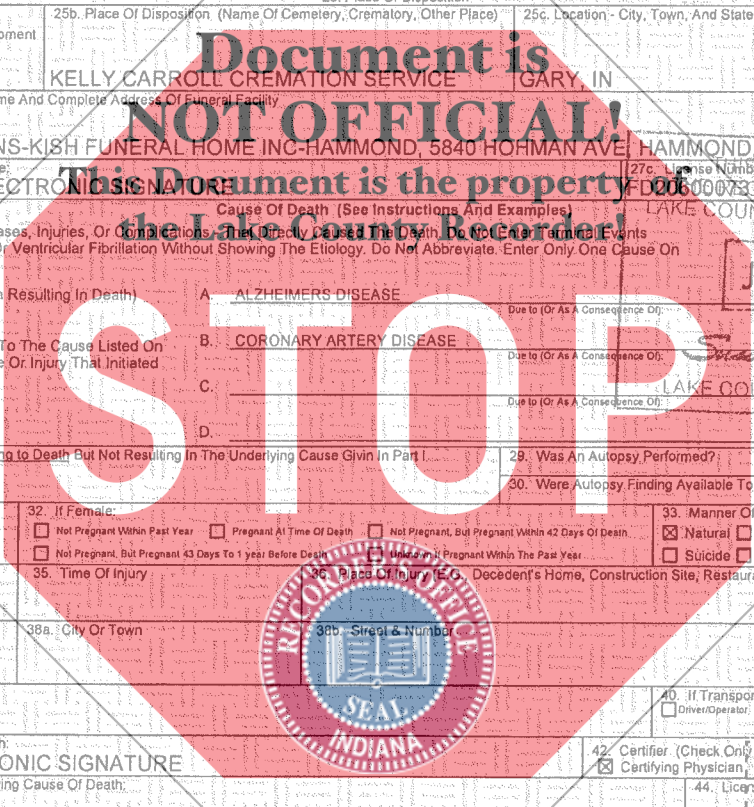
Tracking No. 56219

Local No 001974

EDR No 00000452910

State No 027784

1. Decedent's Legal Name (First, Middle, Last) BILLIE ROLAND BARTRAM				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 01:05 AM		4. Date Of Death (Month/Day/Year) 06/06/2015		
5. Social Security Number [REDACTED]		6a. Age - Yrs 81		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) 08/23/1933				8. Birthplace (City and State or Foreign Country) CLIFFORD, KY								
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"/> 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) SEBO'S NURSING AND REHABILITATION CENTER												
12. City Or Town, State, And Zip Code HOBART, IN, 46342						13. County Of Death LAKE			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 LABORER		17. Kind Of Business/Industry BRICK INDUSTRY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HAMMOND			18c. Street And Number 6542 MADISON AVENUE		18d. Apt. No.	
18e. Zip Code 46324			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) NILE R BARTRAM				23. Mother's Name (First, Middle, Last) ANNIE BARTRAM				23a. Mother's Maiden Last Name SAMMONS				
24. Informant's Name JERRY PINE				24a. Relationship To Decedent NEPHEW				24b. Mailing Address (Street And Number, City, State, Zip Code) 6542 MADISON AVENUE, HAMMOND, IN 46324				
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) KELLY CARROLL CREMATION SERVICE			25c. Location - City, Town, And State GARY, IN			25d. Location - City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOFMAN AVE, HAMMOND, IN 46321						27a. Funeral Home License Number FH83002819			
27b. Signature Of Indiana Funeral Service Licensee APOLINARIO MORENO, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee FD0600078						
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. ALZHEIMERS DISEASE 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. CORONARY ARTERY DISEASE Due to (Or As A Consequence Of) <i>Susan J Best, MD</i>												
C. Due to (Or As A Consequence Of) LAKE COUNTY HEALTH OFFICER												
D. 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 type="checkbox"/> No <input checked="" 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			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)			38. Apt. No.			
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger						
41. Signature, Of Person Certifying Cause Of Death SURENDRA SHAH, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death SURENDRA SHAH, 5825 BROADWAY SUITE A, MERRILLVILLE, IN 46410						44. License Number 01032180A			45. Date Certified 06/09/2015			
46. Additional Funeral Service Provider						47. Age			48. Signature of Local Health Officer SUSAN W. BEST VIA ELECTRONIC SIGNATURE			
49. For Registrar Only - Date Filed (Month/Day/Year) JUN 10 2015						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						



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