

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 069384

2015 OCT -9 AM 11: 44

MICHAEL B. BROWN

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 C115

NOT OFFICIAL

This Document is the property of Jerry R. Pine

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 28th day of September, 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:

6431 Van Buren Avenue, Hammond, IN 46324

File No.: 15-34740

SANA WANTER

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)

ess required by ion.

OCT 01 2015

LAKE COUNTY AUDITOR

015845

HOLD FOR MEDIUMN THE PILED

OCT 0 6 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR

\$15.00 M.7 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.



BILLIE ROLAND BARTRAM Social Security Number 6a, Age - Yrs	6b. Under 1 Year 6c. Under 1 N	Month 6d. Under 1 Day	6e. Under 1 Hour 7	MALE , Date of Birth (Month/Day/Year)	01:05 AM 8. Birthplace (City as	06/06/2015 nd State or Foreign Country)
	Months Days	Hours	Minutes	08/23/1933	CLIFFORD, F	Sylvanian de la contraction de
P. Ever in U.S. Armed Forces? , 10. If Death ☐ Yes ☑ No ☐ Unknown ☐ Inpatien	n Occurred In A Hospital: nt	atient Dead on Arriv	☐ Hospice Facility	d Somewhere Other Than A Hosp Decedent's Home No		are Facility
1. Facility Name (If Not Institution, Give Street EBO'S NURSING AND REHAL						
2. City Or Town, State, And Zip Code			13. County Of D	Death	☐ Married ☐ M	s At Time Of Death Married, But Separated Divor
OBART, IN, 46342 5. Surviving Spouse's Name		15a. (If Wife)Give Mai	LAKE den Last Name	16. Decedent's Usual O	the life of the court of the companies	Never Married Unknow 17. Kind Of Business/Industry
8. Residence - State	18a County		18b. City Or Town	LABORER	В	RICK INDUSTRY
NDIANA	LAKE		HAMMOND			
8c. Street And Number 542 MADISON AVENUE				18d Apt N		⊠ Yes □ No.
9. Decedent's Education IIGH SCHOOL GRADUATE OF	20. Decedent Of H	lispanic Origin	21. Dece	edent's Race	4632	A manufacture of security decreases the security of the securi
OMPLETED 2. Faither's Name (First, Middle, Last)	NOT HISPAN	NIG	White 23. Mother's Name (Firs	t, Middle, Last)	23a. Mot	her's Maiden Last Name
ILE R BARTRAM	American de la constanta de la		ANNIE BARTRA		SAMM	ONS
4. Informant's Name 24a. Rejationship To Deceder ERRY PINE NEPHEW			24b. Mailing Address (Street And Number, City, State, Zip Code) 6542 MADISON AVENUE, HAMMOND, IN 46324			
5a. Method Of Disposition	25b. Place Of Disposition	25. P 1 (Name Of Cemetery, C	lace Of Disposition rematory, Other Place)	25c. Location - City, Town, And S	tate	A CONTRACTOR OF THE STATE OF TH
Burial ⊠ Cremation □ Donation □ Ento Removal From State		Docu	menti			
Other (Specify) 6. Was Coroner Confacted?	KELLY CARROL Name And Complete Address Of Fun	L CREMATION teral Facility	I SERVICE	GARY, IN	Control Contro	27a. Funeral Home License Numb
☐ Yes ⊠ No		to the contractor of the contract of the				气压不合数 医毛轮肾 化胶胶化 医黄色 机放射 经预算
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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 AUSED SEAL ALEFTIXED