

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 070494

2015 OCT 16 AM 10:42

**AFFIDAVIT TO TERMINATE LIFE ESTATE  
OF MARGARET J. SANDERS**

①

BT 1500657

Juliann Murphy, being first duly sworn, states:

1. That she is an adult female, having personal knowledge about the matters herein contained by reason of being the niece of **Margaret J. Sanders** and an heir of her estate.
2. That **Margaret J. Sanders** died on the 8<sup>th</sup> day of January, 2015, as evidenced by the certified copy of her Death Certificate which is attached hereto as Exhibit A, made a part hereof and incorporated herein by reference.

3. That prior to her death, **Margaret J. Sanders** retained a life estate in and to the real property commonly known as 48 Detroit Street, Hammond, Indiana 46320, which real estate is more particularly described as follows, to wit:

**One-half (1/2) interest in the following described real estate: All of Lots 8 and 9 and the West 4.5 feet of Lot 7, in Block 9, as marked and laid down on the recorded plat of Homewood Addition to Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 2, page 29, in the Recorder's Office of Lake County, Indiana.**

Parcel #45-06-01-155-013.000-023

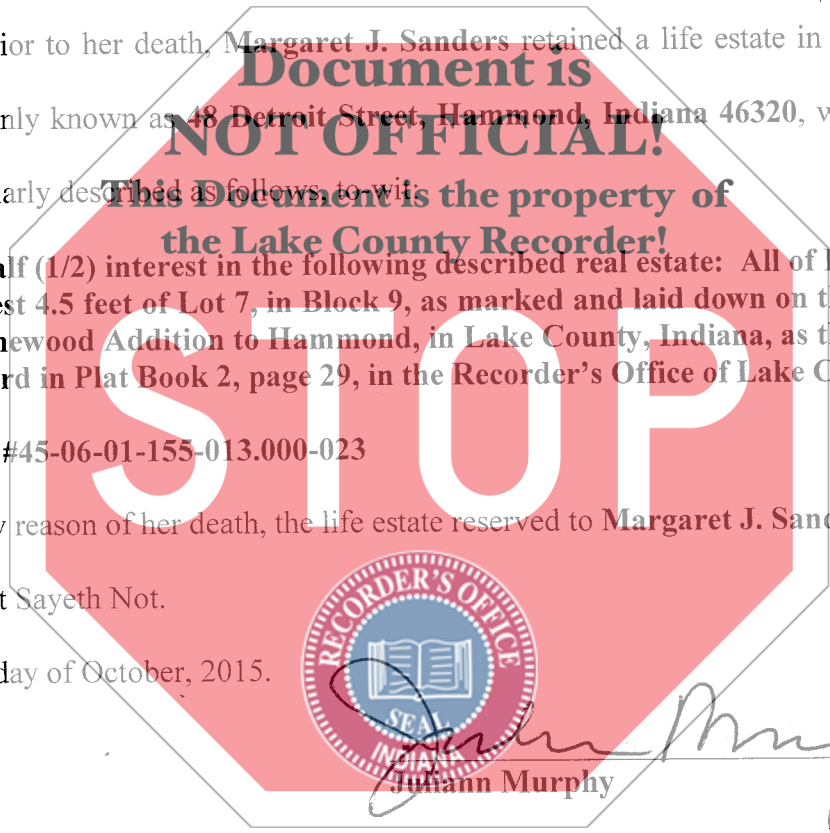
4. That by reason of her death, the life estate reserved to **Margaret J. Sanders** is terminated.

Further Affiant Sayeth Not.

Dated this 9<sup>th</sup> day of October, 2015.



*Juliann Murphy*  
Juliann Murphy



CHICAGO TITLE INSURANCE COMPANY

**FILED**

OCT 14 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

22347

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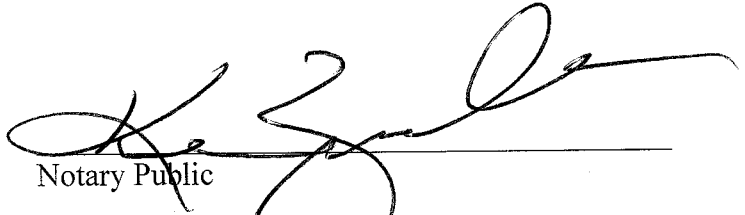
AFFIDAVIT TO TERMINATE LIFE ESTATE OF MARGARET J. SANDERS

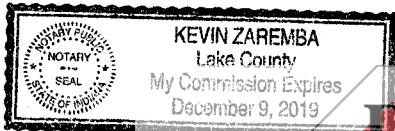
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public, in and for said County and State, personally appeared **Juliann Murphy** and executed the foregoing Affidavit to Terminate Life Estate of Margaret J. Sanders as her voluntary act and deed.

Dated this 9<sup>th</sup> day of October, 2015.

My Commission Expires:  
County of Residence:

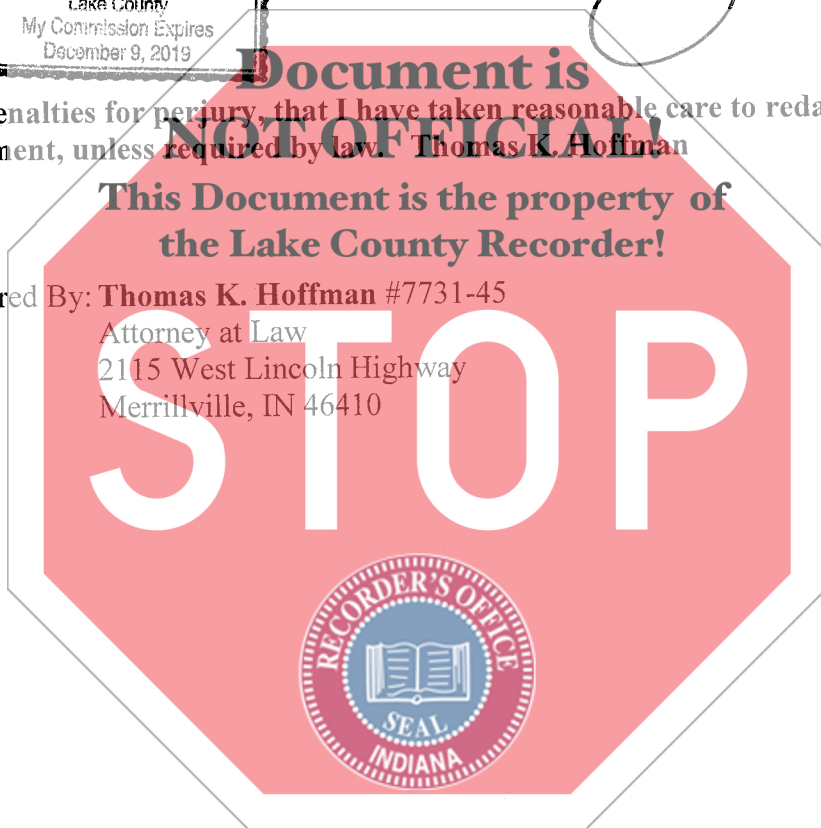
  
Notary Public



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. **Thomas K. Hoffman**

**This Document is the property of the Lake County Recorder!**

This Instrument Prepared By: **Thomas K. Hoffman #7731-45**  
Attorney at Law  
2115 West Lincoln Highway  
Merrillville, IN 46410



INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 686

FUNERAL HOME No. 288

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A \_\_\_\_\_  
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RAISED SEAL AFFIXED

1. DECEASED—NAME: **ESTHER SANDOR** (FIRST, LAST, MIDDLE)  
 2. SEX: **FEMALE**  
 3. DATE OF DEATH (MONTH, DAY, YEAR): **9-27-84**

4. RACE: **White**  
 5a. AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS): **85**  
 5b. UNDER 1 YEAR: **5b**  
 5c. UNDER 1 DAY: **5c**  
 6. DATE OF BIRTH (MONTH, DAY, YEAR): **6 Oct. 1, 1898**  
 7. COUNTY OF DEATH: **Lake**

7a. CITY, TOWN OR LOCATION OF DEATH: **Hammond**  
 7b. HOSPITAL OR OTHER INSTITUTION (Name, if not in either, give street and number): **St. Margaret Hospital**  
 7c. IF HOSP. OR INST. (Indicate DOA, Or Later, for apartment (Specify))  
 7d. **Inpatient**

8. STATE OF BIRTH (State or USA (name country))  
 9. **Hungary**  
 10. **USA**

11. MARITAL STATUS: **Widowed**  
 12. SURVIVING SPOUSE (Name, age, and maiden name)  
 13. **Housewife**  
 14. USUAL OCCUPATION (Give kind of work done during most of year (Specify))  
 15. **Hammond**

16. RESIDENCE—STATE: **Indiana**  
 17. COUNTY: **Lake**  
 18. CITY, TOWN OR LOCATION: **Hammond**

19. STREET AND NUMBER: **48 Detroit Street**  
 20. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.  
 21. **NO**

22. FATHER—NAME (First, Middle, Last): **Louis Sabo**  
 23. MOTHER—MAIDEN NAME (First, Middle, Last): **Esther Sabo**

24. INFORMATION—NAME (First, Middle, Last): **Michael Sanders - Son**  
 25. RELATIONSHIP: **Son**  
 26. ADDRESS: **4630 Lake Drive, Cassopolis, Michigan 49031**

27. BURIAL CREATION, REMOVAL, OTHER: **Burial**  
 28. FUNERAL HOME—NAME AND ADDRESS: **Oak Hill Cemetery, Hammond, Indiana 46320**

29. DATE (MONTH, DAY, YEAR): **October 1, 1984**  
 30. HOUR OF DEATH: **11:50 p.m.**

31. NAME OF ATTENDING PHYSICIAN (First, Middle, Last): **R. R. Panares, M.D.**  
 32. MAILING ADDRESS—PHYSICIAN: **5500 Hohman, Hammond, IN 46320**

33. HEALTH OFFICER'S NAME: **Shirley E. Gorman**  
 34. DATE RECEIVED BY LOCAL HEALTH OFFICER: **OCT 1 1984**

35. IMMEDIATE CAUSE: **CARDIAC ARREST**  
 36. ONE TO OR AS A CONSEQUENCE OF: **ACUTE MYOCARDIAL INFARCTION**  
 37. DUE TO OR AS A CONSEQUENCE OF: \_\_\_\_\_

38. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause of death:  
 39. \_\_\_\_\_

40. AUDITOR'S SIGNATURE: **Shirley E. Gorman**  
 41. DATE: **SEP 24 2015**  
 42. LOCAL HEALTH OFFICER: **Shirley E. Gorman**

