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2015 071999

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 23 AM 10:13

MICHAEL B. BROWN
RECORDER

Return Recorded Instrument to:
Hilbrich Law Firm
2637 45th St.
Highland, IN 46322

PARCEL#45-07-34-231-019.000-006

STATE OF INDIANA
COUNTY OF LAKE

SS:

IN THE MATTER OF THE DEATH OF:

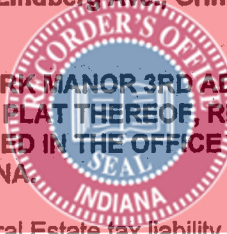
JAMES E. PAUL

Document is NOT OFFICIAL!
AFFIDAVIT OF DEATH
(Termination of Life Estate Interest)

This Document is the property of the Lake County Recorder!

Comes now **CARL J. PAUL**, surviving son of **JAMES E. PAUL**, decedent, who being duly sworn upon oath states as follows:

1. That he resides at: 711 Giddings Ave., Seboygan Falls, WI 53085.
2. That **JAMES E. PAUL** died testate on or about July 24, 2015, and at the time of his death, he was a resident of Lake County, Indiana, as evidenced by a redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A".
3. That during his lifetime, said decedent conveyed his interest in the following described real estate to the **JAMES E. PAUL TRUST** Dated February 14, 2000, subject to a life estate, which property is commonly known as: 706 N. Lindberg Ave., Griffith, IN 46319 and legally described as follows:
LOT 9 IN BLOCK 2, PARK MANOR 3RD ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 30, RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
4. That there was no Federal Estate tax liability by reason of decedent's death.
5. That Affiant makes this Affidavit for the sole purposes of proving the death of said decedent, satisfying the title company and governmental officials, and removing the life estate interest of **JAMES E. PAUL**, deceased.



Carl Paul

CARL J. PAUL Affiant

**FIDELITY NATIONAL
TITLE COMPANY**

92015-2365

FIDELITY - HIGHLAND

92015 2365

FILED

AMOUNT \$ 110-
CASH _____ CHARGE FD
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS / CM

22407

OCT 16 2015

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared CARL J. PAUL, who acknowledged the execution of this instrument this 9 day of Oct., 2015.

[Handwritten Signature]
NOTARY PUBLIC SIGNATURE

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder

STOP

This Instrument Prepared by:
MICHAEL D. DOBOSZ, Attorney (#14539-45)
Hilbrich Cunningham Dobosz Vinovich & Sandoval, LLP
2637-45th St., Highland, IN 46322
PH: (219) 924-2427 FAX: (219) 924-2481

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security Number in this document and exhibits attached hereto, unless required by law.

[Signature]

DAWN STANLEY
Lake County
My Commission Expires
July 29, 2018

STATE OF COLORADO
CERTIFICATION OF VITAL RECORDS

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) James Edward PAUL			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 24, 2015	
4. SOCIAL SECURITY NUMBER 89	5a. AGE (Years) 89	5b. UNDER 1 YEAR Mo: Days	5c. UNDER 1 DAY Mo: Days	6. DATE OF BIRTH Month: Day: Year: October 21 1925	7. BIRTHPLACE (City and State or Foreign Country) Lia Cróise, Wisconsin
3. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Other: <input type="checkbox"/> Assisted Living/Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Residence			
8b. FACILITY NAME (If not institution, give street and number) St. Anthony North Health Campus		8c. CITY, TOWN, OR LOCATION OF DEATH Westminster		8d. COUNTY OF DEATH Adams	
10a. DECEDENT'S USUAL OCCUPATION (Last kind of work he or she did for pay or profit) Plumber			11. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried	12. SPOUSE (If wife, give maiden name) Lucille M. Kubach	
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Westminster	13d. STREET AND NUMBER 704 Lindberg Street		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 46319	14. WAS DECEDENT OF FOREIGN BIRTH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. EDUCATIONAL (Specify only highest grade completed in elementary or secondary (K-12) (13-16 or 17+) 12	
17. FATHER - NAME (First, Middle, Last) Roland Paul		18. MOTHER - NAME (First, Middle, Last) Louise Gilles			
20.3. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial/Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal to another country		20.4. PLACE OF DISPOSITION (Name of cemetery or other place of disposition) Forest Park, Illinois			
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Michael W. Gailus		21b. NAME AND ADDRESS OF FACILITY Olinger Highland Mortuary and Cemetery 10201 Grant Street, Thornton, Colorado 80229			
22a. REGISTRAR'S SIGNATURE Michael W. Gailus		22b. DATE FILED (Month, Day, Year) JUL 30 2015			
23. TIME OF DEATH <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> MN		23. WAS CORONER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. DATE OF DEATH July 24 2015		25. TO BE COMPLETED BY SIGNING PHYSICIAN 25a. To the best of my knowledge, skill and judgment, death occurred on the first date and place, and due to the cause(s) stated. Alexander Gordon			
26a. DATE EXPIRED (Month, Day, Year) 7/27/2015		26b. NAME AND MAILING ADDRESS OF SIGNING PHYSICIAN Alex Gordon MD 2701 Union Blvd. STE 110 Lakewood, CO 80228			
27. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown		28. DID DECEASED EVER SUFFER FROM (a) Diabetes Mellitus (b) Hypertension (c) Heart Disease (d) Stroke (e) Cancer (f) AIDS (g) HIV Infection (h) Other (Specify): <input type="checkbox"/> No <input type="checkbox"/> Yes			
29. DATE OF INJURY (Month, Day, Year) (29a. TIME OF INJURY) (29b. HOURS)		30. PLACE OF INJURY - All farms, home, school, factory, office building, etc. (Specify)			
31. IMMEDIATE CAUSE - enter only one cause per box for (a), (b), and (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) above.		32. LOCATION INJURED (Street and Number or Rural Route Number, City, County, State)			
Part 1. Consider if any which precede in immediate cause leading the underlying cause last (c). (a) Acute Respiratory distress syndrome DUE TO OR AS A CONSEQUENCE OF: (b) Community Acquired Pneumonia DUE TO CRASH CONSEQUENCE OF: (c)		33. INTERVAL BETWEEN CAUSE AND DEATH Days 34. INTERVAL BETWEEN CAUSE AND DEATH Days			
Part 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part 1		35. AUTOPSY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 36. IF YES, were findings consistent with declared cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

JUL 30 2015

DATE ISSUED

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1992, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record, NOT VALID IF PHOTOCOPIED.

Ronald S. Hyman
RONALD S. HYMAN
STATE REGISTRAR



REV. 08/14

I hereby declare that I have redacted all social security numbers from this document. Michael D. Dobosz, Attorney

Exhibit A

