9)

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 083680

2015 DEC 16 AM 10: 15

LIFE ESTATE AFFIDANTAEL B. BROWN RECORDER

STATE OF INDIANA))SS COUNTY OF LAKE

On this 4th day of December, 2015, before me personally appeared Carol M. Bucur, to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below the affiant's signature;
- 2. On or about May 2, 2002, Charles C. MacDonald and Bunty B. MacDonald executed a Quit-Claim Deed transferring the real estate described below to Charles C. MacDonald, Trustee of the Charles C. MacDonald Revocable Trust w/t/d 3/3/98. Said Quit-Claim Deed was recorded in the Lake County Recorder's Office on May 8, 2002, as Document No. 2002-043323; the Lake County Recorder!
- 3. Said real estate is more particularly described as follows:

Lot 32, in Ellendale Farm Unit Seven, in the City of Crown Point, as per plat thereof, recorded in Plat Book 91 page 7, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 508 O'Hagan Drive, Crown Point, Indiana 46307. Parcel No. 45-16-07-404-009.000-042

- 4. Said Charles C. MacDonald died on November 7, 2009, leaving a will;
- 5. Affiant's relationship to the deceased was daughter;
- 6. This Life Estate Affidavit is being prepared and recorded to extinguish the life estate of Charles C. MacDonaldan and the conditions of the conditions of

Affiant's Signature	Carol M. Bucus
Name Printed	Carol M. Bucur
Address	703 S. Main Street
A	Crown Point IN 46307

FIDELITY NATIONAL TITLE COMPANY 92015-2345 (1)

DEC 1 1 2015
LAKE COUNTY AUDITOR

16.00 16.00 M.J.

017526

Subscribed and sworn to before me, a Notary Public, this 4th day of December, 2015.

Benjamin T. Ballou, Notary Public

A Resident of Lake County

My Commission Expires: November 21, 2023 NOT

Notary Public, State of Indiana

Notary Public, State of Indiana

Notary Public, State of Indiana

Lake County

My Commission Explies

November 21, 2023 f

the Lake County Recorder!

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.

Benjamin T. Ballou

This Instrument Prepared by:

Benjamin T. Ballou Attorney at Law 8700 Broadway Merrillville Hidiana 46410

270542.1 13,124 (EAL)



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 505	07							Stat	e No	····	************		
harles C. MacDonald N/A				ne (If Femal	e;		2. Sex	3. Time C	of Death	4. Date Of Death (Month/Day/Year)			
Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month			N/A 6d. Under 1 Day 5e. Under 1 Hour 7. Dai				Male Birth (Month/Day/	4:20		Nov.7,2009			
95 Months	D		lours	Minutes Aug			10,191	4	Pittsburgh, PA				
	•	ent Outpatient 🔲 Dead	On Arrival				ner Than A Hospita me Alursing Ho		m Casa English	C Other (Secre			
11. Facility Name (If Not Institution, Give Street And Number		CHI Oribates	OTAIIVA	□ riospic	eracility [] Di	acedent's Hot	ine Leanursing no	me/Long-1 er	m Care Facility	Otner (Specia	Ϋ́I		
St. Anthony Nursing Home	e			1 13	. County Of De	ath		1.1	4 Marital Statu	s At Time Of Dea	th		
Crown Point, IN 46307				Lake				1	Married ☐ Married, But Separated ☐ Divorced Midowed ☐ Never Married ☐ Unknown				
15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Na Bunty MacDonald Bain				16. Decedent's Usual Occupation Exec. Engineer					17. Kind Of Business/Industry International Harvester				
18. Residence – State Indiana	18a. Cou Lal				own Po	int						-	
18c. Street And Number 508 O'Hagan Drive	'	/	Joci	um	ent	15	18d, Ap	t. No.	18e. Zip 4630	Ode 07	18f. inside X☐ Yes □	City Limits?	
19. Decedent's Education		Decedent Of Hispanic Or	igin) (<u>)</u>	21. Dece	dent's Race	L						
17+ 22. Father's Name (First, Middle, Last)	No	This Do	cumei	nt is	thwhi er's Name (First	Ee po	erty o	f	23a.	Mother's Maide	n Läst Name		
Ray Me Donald 24. Informant's Name		the L	ake C				ler!	ip Code)	C	artwrig	ght		
Bunty MacDonald		Wife		508	O¹ Hag		ive, Cı		Point,	IN 46	307		
25a. Method Of Disposition.	25b. Place Of Dis	sposition (Name Of Cem		oce Of Dis		6c. Location	- City, Town, And	State					
Removal From State Other (Specify):		idiana Cre	emation	Ser	₹.	Crow	m Point	IN					
□ Yes □ Tarto Burns		L Home, 10	0101 Br	oadw	ay, Cr	own I	coint,	IN 46	307		00244 <u>.</u>		
7b. Signature Of Indiana Funeral Service Licensee:	ess		ALL L	ODER	SOU		27c. Licens	se Number (C	of Licensee):				
78 Part I. Enter The Chain Of Events—Diseases,	Injuries Oc.Co		f Death (Sea					7/			A		
Ouch As Cardiac Arrest, Respiratory Arrest, Or Ven A Line. Add Additional Lines If Necessary.	tricular Fibrilla	tion Without Showin	g The Etiology.	. Do Not	Abbreviate.	nter Only	One Cause On			,		oximate val: Onset eath	
Immediate Cause (Final Disease Or Condition Res	ulting In Death	A	Whil		875	ta.	1 00	<u>a</u>	Fu	Lu		WIC	
Sequentially List Conditions, If Any, Leading To The	e Cause Listed	1 On 8.	Inal	. O.J.		Ful	AS	Des_	un F	Luid	<u> 2</u>	-3wKs	
Line A. Enter The Underlying Cause (Disease Or In The Events Resulting In Death) Last	njury That Initi:	ated	R		ilim.	ode la jurasa	Consequence Cff:	250	has	i	M	ian the	
		D.	Ne	er O	-72 d	Cyo To (Or As)	Consequence 00: [als	الكحق	Disa	سهو	Venv	
Part II. Enter Other Significant Conditions Contributing To De	eath But Not Resu	ilting in The Underlying	Cause Given in P	art I		30. Were Au	Autopsy Performe	Į.	Yes X	lo se Of Death?	Yes	l No	
	32 If Female:	hin Past Year Pregnant	At Time Of Death	1 Mot Because	1 But Omen	hin 42 Da - C	1 .	fanner Of De					
		t Pregnant 43 Days To 1 Yea	r Before Death	Unknown If P	regnant Within The	Past Year		icide 🔲 Could	Not Be Determined				
54. Date Of injury (working day) real)	oo. Tane Of mjur	·.	36. Pla	re or injut)	, LJ., Decede	iii s riome, C	onsudellan Site. H	cstaurant, W	rooued Area)	37.	injury At Wor		
38. Location Of Injury - State	38a. City Or Tow	n	38b. S	treet & Num	ber				38c. Apt.	No. 38d.	Zip Code		
39 Describe Haw Injury Occurred							40	. If Transpor	tation Injury Sp	ecify: 100 Mills WIT Pedestrian 100	H THE		
41. Signature: 01 Person Certifying Cause Of Ceath:	K.		7/	1		- :	42. Certifier (Chec	k Only One)	19-30	'\{`} !hi-Officer			
43. Name Address And Zip Vode Of Person Certifyin Dr. Joseph Kacmar, 123	g Cause Of De	eath:	′	<u>. </u>	, ,,,,,,,,		X Samina hi	44. Licens	e Number	45. Oa	ite Certified	70	
Dr. Joseph Kacmar, 123 46. Additional Funeral Service Provider:		uc., CIOW		- , IN	40307			47. *Akas:	270	00 6	1 7 1	09	
48. Signature of Local Health Officer:	<u></u>						49. For Registrar	Only - Date		ay/Year):	un sunored		
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