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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 FEB 18 AM 10:29

MICHAEL B. BROWN
RECORDER

2016 017241

2015 009204

STATE OF INDIANA
COUNTY OF LAKE

)
) SS:
)

AFFIDAVIT

I, Holly A. Stephens, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the Successor Trustee of the Robert and Barbara M. Hoffstedt Living Trust dated March 5, 2008, and the daughter of the decedent.
3. Said Barbara M. Hoffstedt died on December 10, 2014. See attached Death Certificate for Barbara M. Hoffstedt (aka Barbara Hoffstedt).

4. The legal description of the premises in question is:

Lot 2, in Aspen Trail, an Addition to Lake County, as per plat thereon recorded in Plat Book 89 page 61, in the Office of the Recorder of Lake County, Indiana, excepting therefrom that part bounded and described as follows:

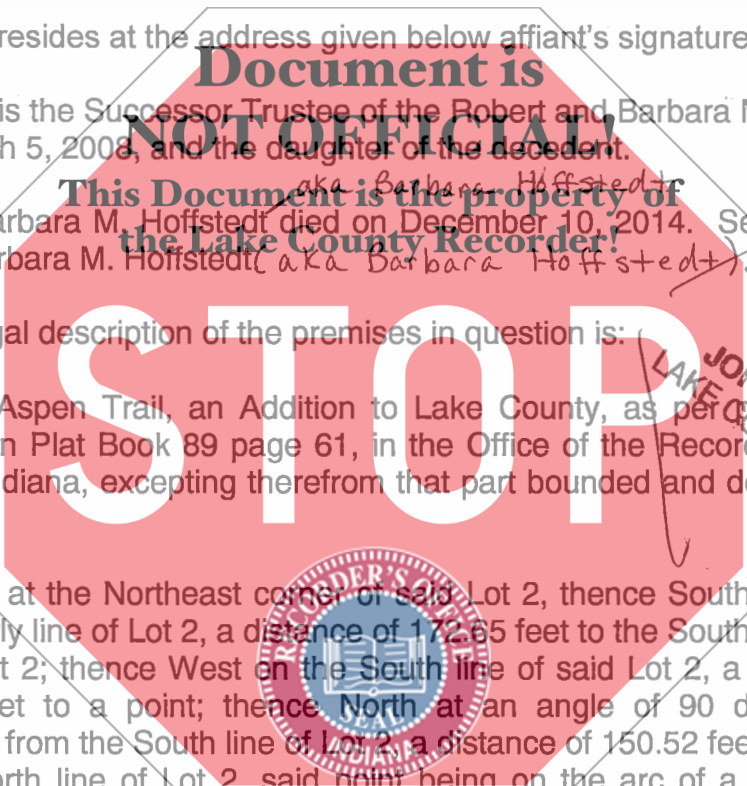
Beginning at the Northeast corner of said Lot 2, thence Southeasterly on the Easterly line of Lot 2, a distance of 172.65 feet to the Southeast corner of said Lot 2; thence West on the South line of said Lot 2, a distance of 161.44 feet to a point; thence North at an angle of 90 degrees, as measured from the South line of Lot 2, a distance of 150.52 feet, to a point on the North line of Lot 2, said point being on the arc of a curved line convex to the South; thence Easterly on the North line of Lot 2, on the arc of a curved line having a radius of 70.00 feet, an arc length of 74.66 feet and a chord length of 71.17 feet to the point of beginning."Commonly known as Unit 3 of Lot 2, 8094 Patterson Court, Dyer, Indiana 46311

Grantee Address/Commonly known as: 8904 Patterson Court
Dyer, IN 46311

Tax Key Number: 45-11-20-178-005.000-032

5. There is no Federal or State Inheritance tax liability by reason of the death of said decedent.

* Refiled to correct decedent's name.



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JOHN E. PETALAS
LAKE COUNTY AUDITOR

001686

- 6. This affidavit relates to a Life Estate Interest.
- 7. Affiant's relationship to the deceased was her daughter.

Holly A. Stephens, Affiant
Holly A. Stephens, Affiant
16373 Ashbrooke Dr.
Goshen, IN 46526

STATE OF INDIANA
COUNTY OF LAKE

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Holly A. Stephens, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 13th day of February, 2015.

My commission expires: 2/13/2018



Signature: Lesa A. Potacki
Lesa A. Potacki, Notary Public
Resident of: Lake County, IN

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 38044

Local No 003980

EDR No 00000419686

State No 056304

1. Decedent's Legal Name (First, Middle, Last) BARBARA M HOFFSTEDT		1a. Maiden Name (If female) KASSEN		2. Sex FEMALE	3. Time Of Death 04:20 PM	4. Date Of Death (Month/Day/Year) 12/10/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 72	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) 01/27/1942	
8. 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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) ST. MARGARET MERCY HEALTHCARE CENTERS-DYER							
12. City Or Town, State, And Zip Code DYER, IN, 46311				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 SALES		17. Kind Of Business/Industry TAPE MANUFACTURING	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER			
18c. Street And Number 8094 PATTERSON COURT				18d. Apt. No.		18e. Zip Code 46311	
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) WALTER KASSEN		22b. Mother's Name (First, Middle, Last) ALBINA KASSEN		23a. Mother's Maiden Last Name BELSKIS			
24. Informant's Name HOLLY ANN STEPHENS		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 16373 ASHBROOKE DRIVE, GOSHEN, IN 46526			
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) SMITS FUNERAL HOME CREMATORY, DYER, IN		25c. Location - City, Town, And State			
28. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311				27a. Funeral Home License Number FH11000037	
27b. Signature Of Indiana Funeral Service Licensee: TIMOTHY G SMITS, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee: FD20600101				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. CARDIOPULMONARY ARREST Due to (Or As A Consequence Of): B. ACUTE MYOCARDIAL INFARCTION Due to (Or As A Consequence Of): C. MULTI-ORGAN SYSTEM FAILURE Due to (Or As A Consequence Of): D. Approximate Interval: Onset To Death DAYS DAYS YEARS	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given On Line A. CHEST PAIN		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Findings 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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		34. Date Of Injury (Month/Day/Year)	
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) LAKE COUNTY HEALTH DEPARTMENT		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38a. Location Of Injury - State		38a. City Or Town		38b. Street And Number		38c. Apt. No.	
38d. Zip Code		39. Describe How Injury Occurred		40. Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		NOT VALID UNLESS	
41. Signature Of Person Certifying Cause Of Death: STEPHANIE D. MARSHALL, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 02001947A		45. Date Certified 12/15/2014	
43. Name, Address, And Zip Code Of Person Certifying Cause Of Death: STEPHANIE D. MARSHALL, 24 JOILET ST ST 401, DYER, IN 46311		46. Additional Funeral Service Provider		47. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) DEC 15 2014	



DEC 15 2014

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