

①
3

FILED FOR RECORD

2016 035388

2016 JUN -8 PM 1:01

MICHAEL W. BROWN
AFFIDAVIT TO EXTINGUISH LIFE ESTATE RECORDER

45-05-32-251-002-000-004

Lynn Bochart, of adult age, being first duly sworn, upon deposes and says:

That Lynn Bochart, is the Daughter of Betty B. Schneider a/k/a Betty Jane Schneider a/k/a Betty Bohn, deceased, who died on December 2, 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 from Betty B. Schneider recorded April 23, 2015 as Document No. 2015-024413 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 Betty B. Schneider a/k/a Betty Jane Schneider a/k/a Betty Bohn.

And further affiant sayeth not this 31st day of May, 2016.



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 31st day of May, 2016.

WITNESS my hand and Notarial Seal.

My Commission Expires: 10-2-2017

Signature of Notary Public

Printed Name of Notary Public
Paula Barrick

Notary Public County and State of Residence
Lake IN

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:
7205 Locust Avenue, Gary, IN 46403

File No.: 16-13354

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

HOLD FOR MERIDIAN TITLE CORP

16-
MT
am



2072526-1754

FILED

23153

JUN 03 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

LEGAL DESCRIPTION

The Easterly 20.25 feet of Lot Numbered 12 and the Westerly 3.5 feet of Lot Numbered 11, Block 8, as per plat thereof in Norcott's Addition to Indiana City in the City of Gary, as shown in Plat Book 1 page 14 in the Office of the Recorder of Lake County, Indiana.





CERTIFICATE OF DEATH

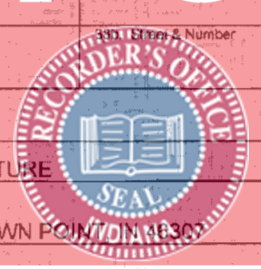
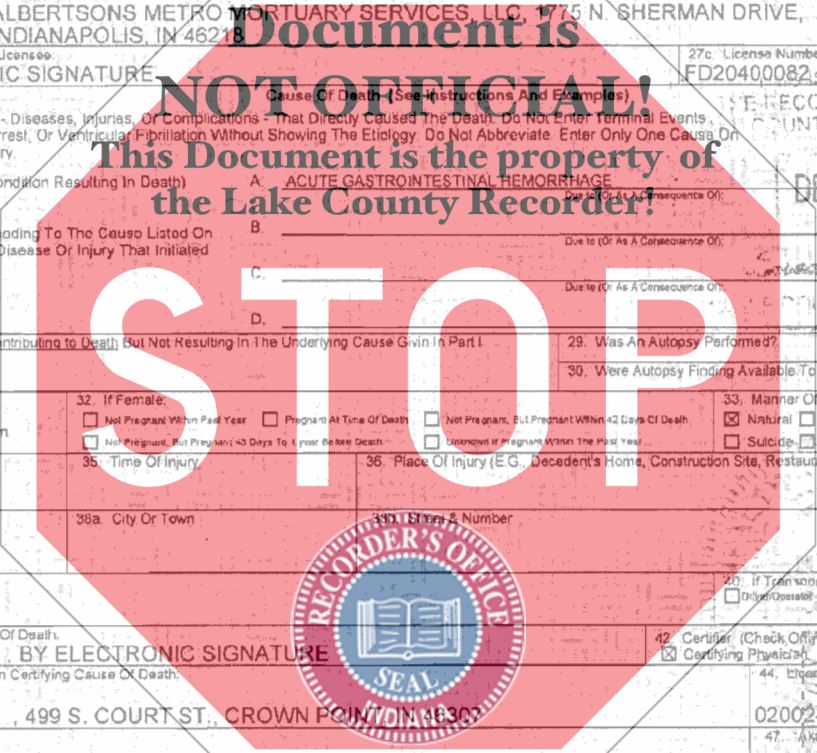
Tracking No. 72391

Local No 003959

EDR No 00000482304

State No 056717

1. Decedent's Legal Name (First, Middle, Last) BETTY JANE SCHNEIDER				1a. Maiden Name (if female) BOHN		2. Sex FEMALE		3. Time Of Death 08:50 AM		4. Date Of Death (Month/Day/Year) 12/02/2015	
5. Social Security Number [REDACTED]		6a. Age - Yrs 90		6b. Under 1 Year Months: Days: Hours: Minutes:		7. Date of Birth (Month/Day/Year) 10/03/1925		8. Birthplace (City and State or Foreign Country) LAPORTE, IN			
9. 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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) 18275 BURR											
12. City Or Town, State, And Zip Code LOWELL, IN, 46356						13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 APPRAISER		17. Kind Of Business/Industry REAL ESTATE	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LOWELL		18c. Street And Number 18275 BURR STREET		18d. Apt. No.		18e. Zip Code 46356	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) RUSSEL O. BOHN				23. Mother's Name (First, Middle, Last) HELEN BOHN				23a. Mother's Maiden Last Name SANFORD			
24. Informant's Name LYNN BOCHART		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 4861 WEST 173RD AVENUE, LOWELL, IN 46356							
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) ANATOMICAL EDUCATION PROGRAM				25c. Location - City, Town, And State INDIANAPOLIS, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ALBERTSONS METRO MORTUARY SERVICES, LLC, 1775 N. SHERMAN DRIVE, INDIANAPOLIS, IN 46218						27a. Funeral Home License Number FH11200030			
27b. Signature Of Indiana Funeral Service Licensee PAUL FOX, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD20400082					
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. ACUTE GASTROINTESTINAL HEMORRHAGE											
28. Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I. NONE											
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 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)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred											
41. Signature, Of Person Certifying Cause Of Death KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE						42. Certifier (Check One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307						44. License Number 02002441A		45. Date Certified 12/04/2015			
46. Additional Funeral Service Provider:						47. Address:		48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE			
49. For Registrar Only						Date Filed (Month/Day/Year) DEC 04 2015					



APPROPRIATE RECORD ON FILE WITH THE COUNTY HEALTH DEPARTMENT

DEC 08 2015 2 DAYS

Susan W. Best, M.D.
COUNTY HEALTH OFFICER

NOT VALID UNLESS

RAISED SEAL AFFIXED