

3 B1600490

AFFIDAVIT TO TERMINATE LIFE ESTATE

On this 7/27/16, 2016 before me personally
appeared Cheryl Zeese, who being duly sworn on oath did say that:

2016 049855

1. Affiant resides at the address given below affiant's signature:

2. Affiant is

owner

(state interest of affiant in the above premises as "owner")

3. Said Violet M. Zeese aka Violet Mac 2.03c

died on 11/01/2015

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

LOT ONE (1) IN WALKING GARDENS IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 28 PAGE 47, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

5. Is there Federal or State inheritance tax liability by reason of the death of said

decedent? Yes No

If yes, then estimated taxes due are

\$

The taxes due are paid or unpaid.

6. Where this affidavit relates to a Life Estate Interest only.

7. Affiant's relationship to the deceased was mother

\$16.00

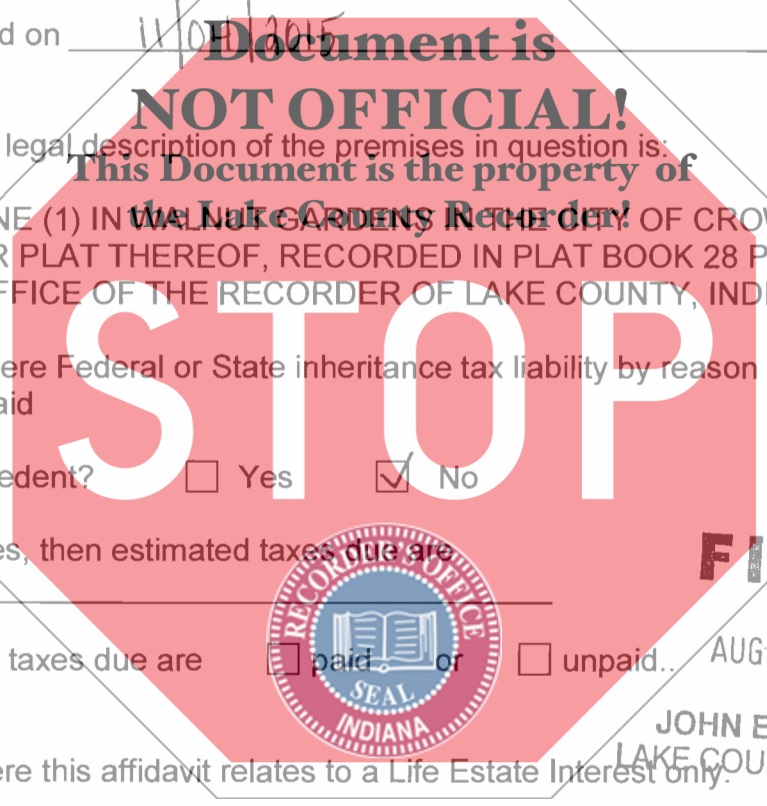
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C# 1820501033

CHICAGO TITLE INSURANCE COMPANY



MICHAEL B. SNOW
RECORDER

2016 AUG -3 AM 10:48

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

AUG 01 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 69802

Local No 003661

EDR No 00000477458

State No

1. Decedent's Legal Name (First, Middle, Last) VIOLET MAE ZEESE				1a. Maiden Name (If female) CRANE		2. Sex FEMALE	3. Time Of Death 11:04 AM	4. Date Of Death (Month/Day/Year) 11/04/2015	
5. Social Security Number [REDACTED]	6a. Age - Yrs 86	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) 10/02/1929		8. Birthplace (City and State or Foreign Country) GARY, 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 checked="" 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) 421 WEST WALNUT STREET									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307				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 CASHIER		17. Kind Of Business/Industry RETAIL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.		18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 421 WEST WALNUT STREET									
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) JAMES CRANE				23. Mother's Name (First, Middle, Last) ELIZABETH CRANE			23a. Mother's Maiden Last Name LANKFORD		
24. Informant's Name ROBERTA WENDRICKX		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 878 RIDGEVILLE ROAD, THE VILLAGES, FL 32162					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307		27a. Funeral Home License Number: FH10700031		27b. Signature Of Indiana Funeral Service Licensee: KEVIN KNAGA, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20400005			
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. STROKE Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. C. D.								Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		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 checked="" type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
36. Location Of Injury - State		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Location Of Injury - State		38a. City Or Town		38b. Apt. No.	
39. Describe How Injury Occurred		38c. Apt. No.		38d. Zip Code		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: VIJAY B DAVE, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only 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: VIJAY B DAVE, 200 EAST 86TH PLACE, MERRILLVILLE, IN 46410						44. License Number 01026051A		45. Date Certified 11/09/2015	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 10 2015			

