16005468+

AFFIDAVIT TO TERMINATE LIFE ESTATE

	On this $\frac{8/15/14}{15/14}$, 2016 before me personally
	appeared <u>Sara A. Mussel</u> , who being duly sworn on oath did say that:
	1. Affiant resides at the address given below affiant's signature:
COMPAN	2. Affiant is Owner (state interest of affiant in the above premises as "owner"
יחובאסט ווונב וועטטאאטרב נטאודאט	(state interest of affiant in the above premises as "owners" 3. Said Richard G. Massei and Nichard Gerald Mussei died on 5
200	4. The legal description of the premises in question is: This Document is the property of
	AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 28 PAGE 47, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
	 Is there Federal or State inheritance tax liability by réason of the death of said decedent? ☐ Yes ☑ No
	If yes, then estimated taxes thus are \$
	6. Where this affidavit relates to a Life Estate Interest only.
	7. Affiant's relationship to the deceased was Wift AUG 17 2016
	JOHN E. PETALAS M ~ 25285 LAKE COUNTY AUDITOR
	\$18.00 CF# 18202010161

Signature: Sun A Massin
Printed Name Sura D. Mussci
Address: 1117 Thul Drive Scherewill, IN 46375
Scherewell, IN 46375
County of Lake } }ss
State of Indiana }
Subscribed and sworn to before me by the affiant: This This This Dogniser dates the property of KAREN CRAIG Notary Public - Seal State of Indiana Lake County
the Lake County Recorder! My Commission Expires Nov 4, 2022
Printed Name Notary Public
My County of Residence is:
In the State of
My Commission Expires
This instrument prepared by Sacra Mr. 5567
WOIANA MARINE

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 87157

	<u> 0014</u> 4	6		EDR No OC			_	_ State				
Decedent's Legal Name (First, Min	ddle, Last)			1a. Maide	en Name (If female)	2. Se	х 3.	Time Of	Death	4. Date	Of Death (Month/Day/Y
RICHARD GERALD MA 5. Social Security Number 6a. Ag		nder 1 Year	Go Under 1	Month 6d. Under 1	Day 6e. Unde	r 1 Hours 7 0		ALE onth/Day/Year)	10:20		L and State	05/03/2016 or Foreign Country)
	-		 			7. D	·					or Foreign Country)
	76 Month 10. If Death Occur		Days soital:	Hours	Minutes 10a, if De	eath Occurred Se	09/07/			<u>CAGO</u>	IL	
Yes 🛛 No 🔲 Unknown	☑ Inpatient ☐ 6	Emergency E		patient Dead on A	Hospi	e Facility	Decedent's H			ne/Long-ten	m Care Fac	ility
1. Facility Name (If Not Institution, IT MARGARET MERCY 2. City Or Town, State, And Zip Coo	/ HEALTHC		NTERS-E	OYER		County Of Deal	th		144	Marital Sta	atus At Time	Of Death
E. Sity St. 101111, State, Find Esp Co.					10.	County Of Scal			Ø	Married [Married, E	But Separated Divo
YER, IN, 46311 Surviving Spouse's Name				15a. (If Wife)Give		<u>KE</u>	16 Dece	dent's Usual Oc		Widowed		er Married Unknow
, , , , , , , , , , , , , , , , , , ,				(,			1				ł	TECTURAL
ARA MASSEI Residence - State		T 18a	County	YEKICH_	18b C	ty Or Town	SALES				ALUMI	NUM
		1	_		1		_					
IDIANA ic. Street And Number		LAK	E		SCHE	RERVILLE		18d, Apt No	<u>. </u>	18e. Zip	Code	18f. Inside City Limi
133 THIEL DRIVE										46	375	☑ Yes ☐ No
Decedent's Education			. Decedent Of	Hispanic Origin		21. Deceder	nt's Race			40.	<u> </u>	
GH SCHOOL GRADU/ OMPLETED	ATE OR GE		OT HISPA	NIC		White						
Father's Name (First, Middle, Last))				23. Mother	Name (First, M	iddle, Last)			23a. N	Nother's Mai	den Last Name
JGENE MASSEI					IRENE	MASSEI				PAOI	LICCHI	
Informant's Name			24a. Relation	ship To Decedent		Address (Street	at And Number,	City, State, Zip	Code)	,		
RA MASSEI			WIFE			IIEL DRIVI	E, SCHER	ERVILLE,	<u>IN 46</u>	375		
. Method Of Disposition		25b. Plac	ce Of Dispositio	on (Name Of Cemeter	Place Of Dispositry, Crematory, Other		Location - City	, Town, And Sta	ate			
Burial Cremation Donation	n 🛛 Entombmen	t		Door	11400	nt is						
Removal From State		CHAD	EL LAWN	MEMORIAL	GARDENS	الله الله	HERERY	O E IN				
Other (Specity):		ULIAL				100		LLE. III				
	1	nd Complete	Address Of Fu	neral Facility		<u> </u>	-				27a, Fund	eral Home License Num
Was Coroner Contacted?	FAGEN-	nd Complete	Address Of Fu			JOHN 86	-		JE, SA	INT		
Was Coroner Contacted? Yes ⊠ No D. Signature Of Indiana Funeral Ser	FAGEN-I JOHN, IN vice Licensee:	MILLER 46373	FUNERAL	GARDENS,	nc!saint		o wicke	R AVENU	mber (Of I	_icensee):	FH102	
Other (Specify): Was Coroner Contacted? Yes No D. Signature Of Indiana Funeral Ser	FAGEN-I JOHN, IN vice Licensee:	MILLER 46373	FUNERAL	GARDENS,	nc!saint		o wicke	R AVENU	mber (Of I	_icensee):	FH102	Approximate
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and the AISED SEAL OF IXED

EXHIBIT "A"

LOT 75 IN EAGLE RIDGE ESTATES UNIT 2, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 81, PAGE 63, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Tax ID No: 45-11-17-453 -006.000-036

1.25 To 1.25 T

