

2016 057215

2016 AUG 23 PM 2: 24

MICHAEL B. BROWN  
RECORDER

3

**AFFIDAVIT TO EXTINGUISH LIFE ESTATE**

*45-16-09-253-034-000-042*

Ruth A. Westforth Hardel, of adult age, being first duly sworn, upon deposes and says:

That Ruth A. Westforth Hardel, is the Daughter of Dorothy E. Westforth, deceased, who died on June 11, 2016 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 Norman Jack Westforth recorded September 18, 2003 as Document No. 2003 098263 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 Dorothy E. Westforth.

And further affiant sayeth not this 15th day of August, 2016.

**Document is NOT OFFICIAL**

*Ruth A. Westforth Hardel*  
Ruth A. Westforth Hardel

**This Document is the property of the Lake County Recorder!**

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 15th day of August, 2016.

WITNESS my hand and Notarial Seal.

My Commission Expires: *6-7-2018*

*Fell*  
Signature of Notary Public

*Palmer E Myers*  
Printed Name of Notary Public

*LAKE, INDIANA*  
Notary Public County and State of Residence



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:  
1650 Fir Avenue, Crown Point, IN 46307

File No.: 16-29540

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**

*1 ref \$16,100 JB MT*

**FILED**

AUG 19 2016

25338

JOHN E. PETALAS  
LAKE COUNTY AUDITOR



2090219-1754



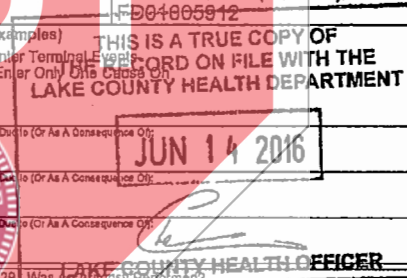
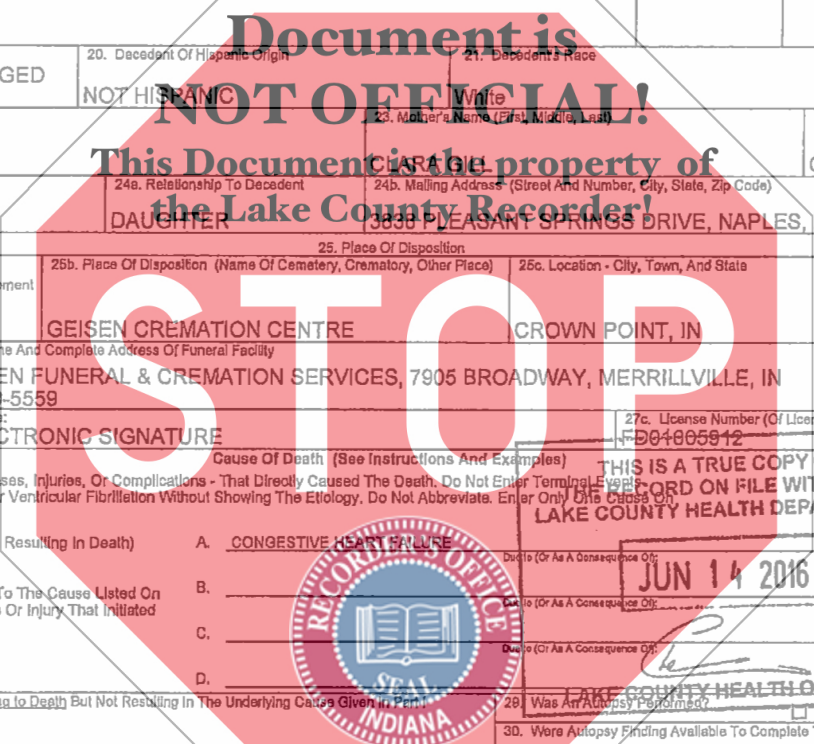
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001890

EDR No 000000516501

State No 027642

1. Decedent's Legal Name (First, Middle, Last) DOROTHY E WESTFORTH
1a. Maiden Name (if female) GILL
2. Sex FEMALE
3. Time Of Death 02:30 PM
4. Date Of Death (Month/Day/Year) 06/11/2016
5. Social Security Number
6a. Age - Yrs 89
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 10/19/1926
8. Birthplace (City and State or Foreign Country) GARY, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred in A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) 1650 FIR AVENUE
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation HOME MAKER
17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town CROWN POINT
18c. Street And Number 1650 FIR AVENUE
18d. Apt. No.
18e. Zip Code 46307
18f. Inside City Limits?
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race
22. Father's Name (First, Middle, Last) SYLVESTER N GILL
23. Mother's Name (First, Middle, Last)
23a. Mother's Maiden Last Name GLENECKE
24. Informant's Name RUTH HARDEL
24a. Relationship To Decedent DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code) 3838 PLEASANT SPRINGS DRIVE, NAPLES, FL 34119
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE
25c. Location - City, Town, And State CROWN POINT, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL & CREMATION SERVICES, 7905 BROADWAY, MERRILLVILLE, IN 46410-5559
27a. Funeral Home License Number: FB40800005
27b. Signature Of Indiana Funeral Service Licensee: RONALD J. MESARCH, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD04005912
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events On This Cause Of Death Line. Add Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CONGESTIVE HEART FAILURE
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
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?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
FAILURE TO THRIVE
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
41. Signature, Of Person Certifying Cause Of Death: ERIN MARIE VICARI, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ERIN MARIE VICARI, 2050 N. MAIN STREET, SUITE F, CROWN POINT, IN 46307
44. License Number 01061783A
45. Date Certified 06/13/2016
46. Additional Funeral Service Provider:
47. \*Akas:
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JUN 14 2016
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



**LEGAL DESCRIPTION**

The East Half of Lot Numbered 143 in Prairie View, Unit 3 to the City of Crown Point, as per plat thereof, recorded in Plat Book 88, page 59 in the Office of the Recorder of Lake County, Indiana.

