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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 057216

2016 AUG 23 PM 2: 25

MICHAEL B. BROWN  
RECORDER

**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 Norman Jack Westforth, deceased, who died on January 24, 2007 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 Norman Jack 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

*[Signature]*  
Signature of Notary Public

*Palmer E. NGREKS*  
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

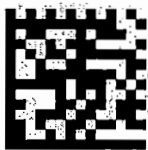
**HOLD FOR MERIDIAN TITLE CORP**

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

AUG 19 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25339



2090219-1754

*1 ref \$1600*  
*JAS*  
*MT*

**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.



ATTENTION ESTATE: The Social Security # is requested by this state agency in order to assume its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ....

Local No. 213-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT INK

DECEDENT

MENTS

FORMANT

POSITION

USE OF

CERTIFIER

ALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>NORMAN JACK WESTFORTH</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>5:04 P M</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>January 24, 2007</b>	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) <b>81</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1955</b>		6. DATE OF BIRTH (Mo, Day, Yr) <b>December 2, 1925</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Danville, Illinois</b>		8. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) <b>St. Anthony Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Crown Point</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Dorothy Gill</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Owner/Operator</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Sporting Goods</b>	
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Crown Point</b>		
13d. STREET AND NUMBER <b>1650 Fir Ave</b>		13e. ZIP CODE <b>46307</b>			
13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) _____			
18. FATHER'S NAME (First, Middle, Last) <b>Earl Westforth</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Stella Marie Reeder</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Dorothy E. Westforth</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1650 Fir Ave Crown Point, IN. 46307</b>		20c. Relationship <b>Wife</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (City or Town, State, Zip Code, Cemetery, Crematory, or other place) <b>January 30, 2007 Community Cremation Service</b>		21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>	
22a. EMBALMER'S NAME <b>Alexis Thanos</b>		22b. EMBALMER'S LICENSE NO. <b>FDO8600505</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thanos</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO8600505</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, IN. 46410</b>	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiopulmonary arrest</b> DUE TO (OR AS A CONSEQUENCE OF): <b>Pneumonia</b> CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last <b>End stage COPD</b>		27. DATE AND TIME OF DEATH <b>NOV 08 2017</b>		28. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>years</b>	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		29. WAS DECEDENT PREGNANT OR 60 DAYS POSTPARTUM? (Yes or no)		29a. WAS AN AUTOPSY PERFORMED? (Yes or no)	
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		29c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>K. Teodori D.O.</i>			
29c. MEDICAL LICENSE NO. <b>02002441</b>		29d. DATE SIGNED (Month, Day, Year) <b>1/29/07</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) <b>Kristine Teodori, D.O., 2050 N. Main Street, Crown Point, IN 46307</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Steven W. Butcher D.O.</i>				32. DATE FILED (Month, Day, Year) <b>January 29, 2007</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			