CHARE COURTS LANE COURTS FILED FOR RECORD

2016 059628

2016 AUG 31 AM 10: 57

#### MICHAEL B. BROWN RECORDER

STATE OF Indiana	)	Return to: 1012 Seneca Drive
	)	Crown Point, IN 46307
COUNTY OF Lake	)	

## **AFFIDAVIT OF CERTIFICATION OF TRUST**

Lester L, Luebcke, being sworn upon oath, states and certifies that:

- 1. I am the duly appointed and acting Trustee of The Luebcke Living Trust dated April 4, 2014.
- 2. The Luebcke Living Trust dated April 4, 2014 is in existence and is in full force and effect.
- 3. The one of the original Trustees, Iris June Luebcke died on January 31, 2016.
- 4. There were polaments made to the Trust prior to the death of Iris June Luebcke.

  This Document is the property of
- 5. At the death of this nine Inebuke tyester Co Luebcke and Iris June Luebcke were the owners of the following described real estate:

## SEE ATTACHED LEGAL DESCRIPTION

Commonly known as: 9808 Broadway, Crown Point, IN 46307 Tax ID Numbers: 45-12-33-426-002.000-029, 45-12-33-426-003.000-029 & 45-12-33-426-004.000-029

6. I make this Affidavit of Certification of Trust for the purpose of showing the current status of The Iarebooke Living Trust dated April 4, 2014..that I am the Successor Trustee named in the Trust, that I have been acting as Sole Trustee since January 31, 2016, the date of death Iris June Luebooke and that I have the right to act for and on behalf of the Prust.

FILED

AUG 3 1 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR 16-5696M Northwest Indiana

Northwest Indiana Title Services, Inc.

101 E. 90th Drive Suite C Merrillville, IN 46410

Page 1 of 2

7. The Estate of Iris June Luebcke deceased, was not subject to federal estate tax.

IN WITNESS WHEREOF, I have executed this Affidavit of Certification of Trust on the 29<sup>th</sup> day of June, 2016

Fester J. Lueboke 77

STATE OF New York

COUNTY OF New York

Before me, the undersigned a Notary Public in and for said County and State, personally appeared Lester L. Luebcke, Trustee of The Luebcke Living Trust dated April 4, 2014., and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

Witness my hand and seal this 29 day of June, 20 perty of the Lake County Recorder!

My Commission Expires: 10/29/2016

Kimberly Kay Schultz, Notary Public

Resident of Jasper County, Indiana

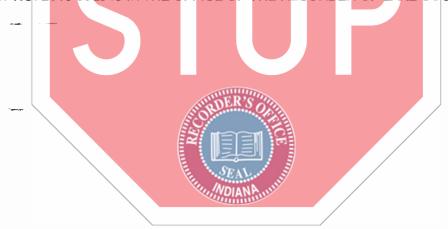
I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law and this document was prepared by Timothy Kuiper 130 N. Main Street, Crown Point, IN SANCE

## **EXHIBIT "A"**

## LEGAL DESCRIPTION

PARCEL I: PART OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 33, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN, LAKE COUNTY, INDIANA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT A POINT IN THE EAST LINE OF THE TRACT ABOVE DESCRIBED, WHICH POINT IS 388 FEET, SOUTH OF THE NORTHEAST CORNER OF SAID TRACT; THENCE WEST 230 FEET; THENCE SOUTH 300 FEET; THENCE EAST 230 FEET TO THE EAST LINE OF THE TRACT ABOVE DESCRIBED; THENCE NORTH 300 FEET TO THE PLACE OF BEGINNING, EXCEPTING THEREFROM THAT PART CONVEYED TO THE STATE OF INDIANA BY WARRANTY DEED RECORDED JUNE 24, 2010 AS DOCUMENT NO 2010 236125, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL II: PART OF THE EAST-HALF OF THE SOUTHEST QUARTER OF SECTION 33, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, LAKE COUNTY, INDIANA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT A POINT IN THE CENTER LINE OF THE PUBLIC HIGHWAY RUNNING ALLOWS THE EAST GRIVITY IN THE REDET WHICH IS 688 FEET SOUTH OF THE NORTH LINE THEREOF, RUNNING THENCE WEST 230 FEET, THENCE SOUTH 200 FEET, THENCE EAST 230 FEET THENCE NORTH 200 FEET TO THE PLACE OF BEGINNING, EXCEPTING THEREFROM THAT PART CONVEYED TO THE STATE OF INDIANA BY WARRANTY DEED RECORDED ON JUNE 15, 2010 AS DOCUMENT NO. 2010 033940 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **78369** 

Local No OC	0339	EDI	R No 0000	004929	00	5	State N	0			
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)			2. Sex				4. Date Of Death (Month/Day/Year)	
IRIS JUNE LUEBCKE			AYLESWOR	TH 6e. Under 1 Hour	7 Detc	FEMALE of Birth (Month/Day)				01/31/2016	
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month			7. Date					or Foreign Country)	
9. Ever in U.S. Armed Forces? 10. If De	Months eth Occurred in A Hos	Days pital:	Hours	Minutes 10a. If Death Occu	red Some	06/06/1931 where Other Than A		IEBRON, I	N		
	tient	epartment Outpatient	Dead on Arrival	☐ Other (Specify)		ecedent's Home	Nursing	Home/Long-term	n Care Fac	ility	
11. Facility Name (If Not Institution, Give Str ST ANTHONY HOSPICE-CR	OWN POINT								,		
12. City Or Town, State, And Zip Code				13. County C	of Death			14. Marital Sta			
CROWN POINT, IN, 46307		1.75		LAKE						But Separated Divorced er Married Unknown	
15. Surviving Spouse's Name		158.	(If Wife)Give Maide	n Last Name	.	16. Decedent's Us	ual Occupa	tion	17. Kind	Of Business/Industry	
LESTER LOUIS LUEBCKE  18. Residence - State	1 199	County		18b. City Or Tow		<u>HOMEMAKE</u>	R		OWN	HOME	
		*					·				
INDIANA 18c. Street And Number	LAKE			CROWN PC	HNI	18d. /	Apt. No.	18e, Zip (	Code	18f. Inside City Limits?	
1012 SENECA DRIVE								465	07	⊠ Yes 🗆 No	
19. Decedent's Education		Decedent Of Hispan	ic Origin	21. D	ecedent's	Race	<del>-</del> :	463	007	·	
HIGH SCHOOL GRADUATE		T HISPANIC		White							
22. Father's Name (First, Middle, Last)	4			23. Mother's Name (F	irst, Middl	e, Last)		23a, M	lother's Ma	lden Last Name	
CHARLES I. AYLESWORTH				LOLA F. AYLE				MEE	KER		
24. Informant's Name		24a. Relationship To		24b, Mailing Address							
LESTER L LUEBCKE	· · · · · · · · · · · · · · · · · · ·	HUSBAND		1012 SENECA e Of Disposition	DRIV	E, CROWN F	POINT,	IN 46307			
25a. Method Of Disposition  Burlel Cremation Donation E		os Of Disposition (Nar		matory, Other Place)	25c. Lo	sation - City, Town, /	And State	<del></del>			
Removal From State			Door	meni	10						
Other (Specify):  26, Was Coroner Contacted?  27.	Name And Complete			tervent	CRO	WN POINT, II	N		27a. Fur	eral Home License Number:	
☐ Yes ☒ No		FELINEOUS	PUCCO	FERANCISC	A	TODAY D	MIAIT II	M 46207	CHOSO	01261	
27b. Signature Of Indiana Funeral Service Lic	RUZIN & LITTLI		ERVICE, OI	EFRANCISC	MN DI		se Number	(Of Licensee):	FH830	01201	
THOMAS G. PRUZIN, BY ELI	. /	Cau		Instructions And E	(amples)		19893			Approximate	
28. Part I. Enter The <u>Chain Of Events</u> - I Such As Cardiac Arrest, Respiratory Arre A Line, Add Additinal Lines If Necessary	Diseases Injuries, Or st, Or Ventricular Fib	Complications The rillation Without Sho	at Directly Caused wing The Etiology.	ne Death, Do Not E Do Not Abbreviate, I	nter Terri	inal Events One Cause On				Interval: Onset To Death	
Immediate Cause (Final Disease Or Con-		ath) A. C	ARDIAC DISEASE			A Consequence Off;	1		: .	· ·	
On the state of th		8			Due to (Or As	A Consequence Oi):					
Sequentially List Conditions, If Any, Lead Line A. Enter The Underlying Cause (Dis The Events Resulting In Death) Last	ease Or Injury That I	nitiated			Due to (Or As	A Consequence Off;					
The Events Resulting in Death) Last		C			ue to (Or As	A Consequence Of):	4 - 1	· ·	<del>- :</del>	-; '	
		D.,									
Part II. Enter Other Significant Conditions Control	ibuting to Death But No	ot Resulting In The Un	iderlying Cause Givin			An Autopsy Performe Autopsy Finding Ava		Yes	⊠ No	ith?	
31. Did Tobacoo Use Contribute To Death?	32. If Female		A			33. N	lanner Of D	eath:	<del>``</del> ;- <del>``</del>	Li Tes Li No	
Yes Probably No Unknown		t Within Past Year Pro t, But Programt 43 Days To 1		Not Pragnent, But Prognan Unit rown if Pragnant With			/	omicide Adou		Pending Investigation	
34. Date Of Injury (Month/Day/Year)	35. Time Of			of injury (E.G., Deco						Injury At Work?	
38. Location Of Injury - State	38a, City Qr 1	Coura	500 86	et & Number				38c, Apt. No.	38	Yes No	
Do. Economics right, Clare	333. 313 4.						/				
39. Describe How Injury Occurred			E .	SEAL	7	46. If	Transportal	ion Injury, Speci	fy:	ner (Specify)	
41. Signature, Of Person Certifying Cause Of	Death:	*	Van de la constitución de la con	WOIANA	,	42 Certifier (Ch	eck Only Or	NO	VAL	ID UNLESS	
KATHRYN HENKLE MULLIGA 43. Name, Address And Zip Code Of Person C			TURE			Certifying Ph		Coroner		Heath Officer Date Certified	
			TE 102 DVE	IN 46244							
KATHRYN HENKLE MULLIGA 46. Additional Funeral Service Provider:	NIAMETE, F	SIREEL, SUL	IE 102, DYEN	, IN 40311			105234 47. Akas	21	11	02/02/2016	
48. Signature of Local Health Officer:						9. For Registrar O	nly - Date	Filed (Month/Da	y/Year):		
SUSAN W. BEST, VIA ELECT	ONIC SIGNAT		TO CERTICA	OF DEATH (FAITH				FEB 02 20	E-ministration is all		
		AMENUMENT	TO CERTIFICATE	OF DEATH (ENTR	UKUK	GINAL)		min non-ti	e de la participa de la partic		
							ğ		N TON		

itate Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and the ALSE Des EARLY AFFIXED