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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)
) 2017 000960

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JAN -5 PM 2: 02

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

Comes now Curtis Graves, and being first duly sworn upon his oath, states as follows:

1. That he is one of the children of Willis R. Graves and Helen E. Graves, who were domiciled in Lake County, Indiana.
2. Willis R. Graves died on May 16, 2005 while domiciled in Lake County, Indiana, and Helen E. Graves died on October 4, 2016 while domiciled in Lake County, Indiana.
3. Willis R. Graves and Helen E. Graves were the owners of the following described real estate located in Lake County, Indiana:

PARCEL I: Part of the SE ¼, SW ¼, Section 4, Township 24 North, Range 8 West of 2nd P.M., in Crown Point, Lake County, Indiana, described as:

Beginning at a point on the South line of said Section 4 and 726 feet (44 rods) East of the Southwest corner thereof; thence North 00 degrees 55 minutes 59 seconds West parallel to the West line of said SE ¼, SW ¼ a distance of 200.0 feet; thence North 90 degrees 00 minutes East parallel to the South line of said Section 4 a distance of 60.00 feet; thence South 00 degrees 05 minutes 59 seconds East 200.0 feet to the South line of said Section 4; thence North 90 degrees 00 minutes West 60.0 feet to the point of beginning.

Address of property: 1400 East North Street, Crown Point, IN 46307
Parcel No: 45-16-04-379-004.000-042

PARCEL II: Part of the South ½ of the SE ¼, SW ¼, Section 4, Township 34 North, Range 8 West of the 2nd P.M., described as:

Beginning at a point on the North line of said South ½, SW ¼, SW ¼ and 323.23 feet West of the Northeast corner thereof; thence West 6.77 feet to a point 330 feet (20 rods) West of the East line of said SE ¼, SW ¼; thence South parallel to the East line of said SE ¼, SW ¼, 496.5 feet more or less to a point 166 feet North of the South line of said Section 4; thence East 7.14 feet parallel to the South line of said Section 4; thence North 496.5 feet more or less to the point of beginning.

Address of property: 1410 East North Street, Crown Point, IN 46307
Parcel No: 45-16-04-379-006.000-042

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020137

JOHN E. PETALA
LAKE COUNTY AUDITOR

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17-9643


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4. On February 22, 1999, Willis R. Graves and Helen E. Graves executed a Deed in Trust, deeding the above described real estate to Willis R. Graves and Helen E. Graves, or their successors, as trustees under the provisions of a trust agreement dated the 22nd day of February, 1999, known as the Willis R. Graves and the Helen E. Graves Trust.

5. In said deed, Willis R. Graves and Helen E. Graves reserved to themselves a life estate in the above described real property. On the date of their respective deaths, each of their retained life estates in the above described real estate terminated.

6. Attached hereto as Exhibit "A" and "B" are the respective death certificates for Willis R. Graves and Helen E. Graves.

7. Further your affiant sayeth not.


CURTIS GRAVES

STATE OF INDIANA, COUNTY OF LAKE, SS:

Subscribed and sworn to before me, a Notary Public, this 29th day of December, 2016.

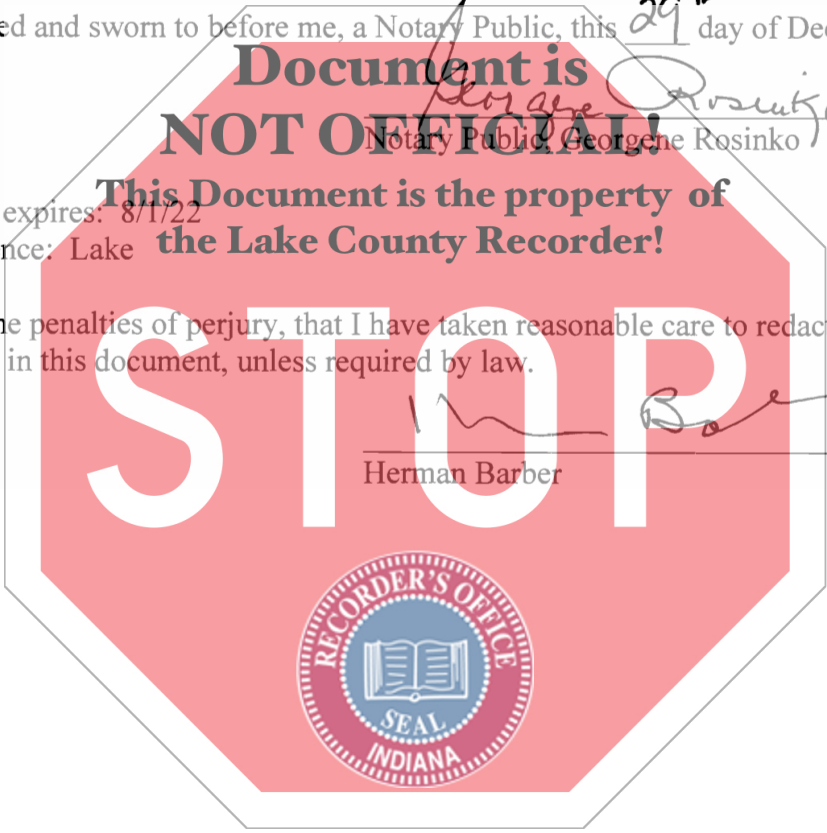
Document is NOT OFFICIAL!
Georgene Rosinko
Notary Public, Georgene Rosinko

My commission expires: 8/1/22
County of residence: Lake

This Document is the property of the Lake County Recorder!

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.


Herman Barber





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 108408

Local No 001693

EDR No 00000449290

State No 023817

Form fields including: 1. Decedent's Legal Name (WILLIS R GRAVES), 2. Sex (MALE), 3. Time Of Death (01:08 PM), 4. Date Of Death (05/16/2015), 5. Social Security Number, 6a. Age - Yrs (93), 7. Date of Birth (10/07/1921), 8. Birthplace (CROWN POINT, IN), 11. Facility Name (ST ANTHONY MEDICAL CENTER OF CROWN POINT), 12. City Or Town, State, And Zip Code (CROWN POINT, IN, 46307), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (HELEN GRAVES), 16. Decedent's Usual Occupation (BRIDGE INSPECTOR), 17. Kind Of Business/Industry (STEEL), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (CROWN POINT), 18c. Street And Number (1400 EAST NORTH STREET), 18d. Apt. No., 18e. Zip Code (46307), 18f. Inside City Limits? (Yes), 19. Decedent's Education (9TH - 12TH GRADE; NO DIPLOMA), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (HERMAN GRAVES), 23. Parent's Name (AMANDA GRAVES), 23a. Parent's Last Name Before First Marriage (HACK), 24. Informant's Name (HELEN GRAVES), 24a. Relationship To Decedent (WIFE), 24b. Mailing Address (1400 EAST NORTH STREET, CROWN POINT, IN 46307), 25. Place Of Disposition (CALUMET PARK CEMETERY, MERRILLVILLE, IN), 26. Was Coroner Contacted? (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 (MICHELLE KATSAROS, BY ELECTRONIC SIGNATURE), 27c. License Number (FD29700007), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (RESPIRATORY FAILURE, ATRIAL FIBRILLATION), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Findings Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Injury At Work? (No), 34. Date Of Injury (Month/Day/Year), 35. Time Of Injury, 36. Place Of Injury (E.C., Decedent's Home, Construction Site, Restaurant, Wooded Area), 37. Injury At Work? (No), 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: (Driver/Operator), 41. Signature. Of Person Certifying Cause Of Death (WILLIAM J PIERCE, BY ELECTRONIC SIGNATURE), 42. Certifier (Check One): (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (WILLIAM J PIERCE, 210 E 90TH DRIVE, MERRILLVILLE, IN 46410), 44. License Number (01025016A), 45. Date Certified (05/18/2015), 46. Additional Funeral Service Provider, 47. *Alias, 48. Signature of Local Health Officer (SUSAN W. BEST, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (MAY 18 2015)

