

2017 002823

2017 JAN 17 AM 9:55

AFFIDAVIT TO EXTINGUISH LIFE ESTATE RECORDER

45-11-29-326-010-000-035

Daniel Meltzer, of adult age, being first duly sworn, upon deposes and says:

That Daniel Meltzer, is the Husband of Melodie Meltzler, deceased, who died on May 1, 2013 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 Ira D. Meltzer and Melodie Meltzer, Husband and wife recorded April 1, 2011 as Document No. 2011-19193 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 Melodie Meltzler.

And further affiant sayeth not this 9th day of

This Document is the memperty 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 9th day of January, 2017.

WITNESS my hand and Notarial Seal.

My Commission Expires:

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P6960 202 S. Michigan Street, Ste. 300, South Bend, N. 46601

Property Address:

9012 Olcott Avenue, Saint John, IN 46373

SEAL SEAL SOTER COUNTY OF THE PROPERTY OF THE File No.: 16-46015

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 CORE

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFE

JAN 1 2 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

LEGAL DESCRIPTION

Lot 30 in Timberlane Unit 1-A an addition to the Town of St. John as per Plat thereof, recorded November 28, 1973, in Plat Book 44, page 5, in the Office of the Recorder of Lake County, Indiana.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local I	No 00'	1581	EDF	R No 0000	0032151	1 <u>6</u>			0214	53	(Dayl) (March (Dayl)
1 Decedent's Legal Name (First,	Middle, Last))		1a. Maiden Nam	e (If female)		2 Sex	3 Time (of Death	4. Date O	f Death (Month/Day/Year)
MELODIE I MELTZER				MIDDLETON		7 Data at	FEMALE f Birth (Month/Day/Y		40 AM		05/01/2013 r Foreign Country)
Social Security Number 6a.	Age - Yrs	6b. Under 1 Y	/ear 6c Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Month/Day/1	,			i i o cigii country)
O. Free in H.S. Armod Foresco	67	Months th Occurred In A	Days	Hours	Minutes		01/31/1946 There Other Than A I		ARVEY, IL		<u> </u>
9. Ever in U.S. Armed Forces?☐ Yes ☒ No ☐ Unknown			ncy Department Outpatient	☐ Dead on Arrival	Hospice Facility Other (Specify)				lome/Long-term	Care Facili	y
11. Facility Name (If Not Instituti		et and Number)									
9012 OLCOTT AVENU 12 City Or Town, State, And Zip					13 County C	of Death			14. Marital Stat		
ST JOHN IN 46373 LAKE							Married				
ST. JOHN, IN, 46373 15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Name						Т	16. Decedent's Usual Occupation 17 Kind Of Business/Industry				
							DEALTOR			DEAL E	STATE
DAN MELTZER 18. Residence - State			18a County		18b. City Or Tov		REALTOR			KEAL L	STATE
INIDIANIA		١,	AKE		ST. JOHN						
18c Street And Number	AKE		18d. Apt. No.				18e. Zip Code 18f Inside City Limits?				
9012 OLCOTT AVENUE							46373				⊠ Yes □ No
19 Decedent's Education	O.E.		20. Decedent Of Hispar	nìc Origin	21 🖸	ecedent's F	Race		403	010	
HIGH SCHOOL GRAI	DUATE (OR GED	NOT HISBANIC		White	3					
22. Father's Name (First, Middle,	Last)		NOT HISPANIC	•	23. Mother's Name (e, Last)		23a. N	Mother's Man	den Last Name
					VONEDA MIE	יסו בדר	N.		POT	ZINI	
LAWRENCE MIDDLE 24. Informant's Name	TON		24a, Relationship T	o Decedent	VONEDA MID 24b. Mailing Address			te, Zip Cod	BOT	MIN	
DAN MELTZER			HUSBAND		9012 OLCOT	TAVEN	JUE ST JOH	IN. IN 4	6373		
					ce Of Disposition	_		•			
25a. Method Of Disposition Burial Cremation Do	nation 🔲 Er		b. Place Of Disposition (Na	ame Of Cemetery, Cre	ematory, Other Place)	25c. Lo	cation - City, Town, A	And State			
Removal From State					1400 0 404	4	/				
Other (Specify): 26 Was Coroner Contacted?	27.		KYLINE MEMÓRI mplete Address Øf Funeral		men	MON	EE, IL			27a. Fun	eral Home License Number
Yes No			LER FUNERALG	ARDENS, INC	S-SAINT JOH	N, <mark>8</mark> 580	WICKERAV	ENUE,	SAINT	E11400	00000
27b. Signature Of Indiana Funer	al Service Lic	DHN, IN 46 censee:					27c. Licer	nse Number	(Of Licensee):	FH102	00006
LAWRENCE EUGEN	E MILLE	R, BY ELE	EXTRONIC SIGN	ATURE COLORCA	Instructions And	eror	erty of	26015			Annovinato
28. Part I Enter The Chain (Of Events - I	Diseases, Injuri	ies, Or Complications - T				•		7.110.10		Approximate Interval: Unset
28. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Europe, Do Not Above viate Enter Only One Cause On A Line. Add Additinal Lines If Necessary.								ECOPY'OF" FILE WITH THE			
Immediate Cause (Final Dise	ease Or Con	dition Resulting	g In Death) A.	COLON CANCER		Due to (Or As	A Consequence Of)	LAK	ECOUNT	Y HEAL	TH DEPARTMENT
Constitution Constitution	16 A 1	dia - To The O	B							··	
Sequentially List Conditions, Line A. Enter The Underlyin	g Cause (Di:	sease Or Injury	That Initiated			Due to (Or As	A Consequence Of)		_ M/	Y 0.7	2013
The Events Resulting In Dea	itn) Last		C .		_	Due to (Or As	A Consequence Of)	A 712			
			D						<u> </u>	~~~~Z	But no
Part II. Enter Other Significant Co	onditions Conf	tributing to Death	h But Not Resulting In The	Underlying Cause Giv	in In Part I		An Autopsy Perform	1000		VT B W	LATH OFFICER
31 Did Tobacoo Use Contribute	To Dooth?	32 lf	Female.			30 Were	Autopsy Finding Av	Manner Of	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	quae Oi Dea	Yes No
Yes Probably No			ot Pregnant, Within Past Year Dot Pregnant, But Pregnant 43 Days To	Pregnant At Time Of Death	Not Pregnant But Pregn	nant Within 42 D		Natural 🔲	lomi cide 🚨		Pending investigation
34 Date Of Injury (Month/Day/Y			of Pregnant, But Pregnant 43 Days To Time Of Injury	o 1 year Before Death	De Of Injury (E.G., Oec	thin The Past Y	me. Construction Site		Could Not Be De		Injury At Work?
	,		,.,,							,	Yes No
38 Location Of Injury - State		38a.	City Or Town	386 S	treet & Number	1			38c Apt N	lo 38	d. Zip Code
39. Describe How Injury Occurre	ed			E 1	SEAL	7	40. I	If Transport	ation Injury. Spe	ecify:	ther (Soecify)
41 Signature Of Dames Codifi	ina Causa Of	(Death:		(Alle	WDIANA						
41. Signature, Of Person Certify KATHRYN HENKLE	MULLIGA	AN, BY EL		IATURE	· Community		42. Certifier (C Certifying F	hysician	Coroner		Heath Officer
43 Name, Address And Zip Cod	le Of Person (Certifying Cause	e Of Death:					44. Licens	e Nu mber	45	Date Certified
KATHRYN HENKLE MULLIGAN , 919 MAIN STREET, SUITE 102, DYER, IN 46311								010523			05/03/2013
46. Additional Funeral Service P								47 *Akas	i;		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE							49. For Registrar Only - Date Filed (Month/Day/Year): MAY 06 2013				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal