2017 011253

STATE OF INDIANAFIRM, UNDER THE PENALTIES FOR LAKE COUNTY ERJURY, THAT I HAVE TAKEN REASON-FILED FOR RECORDED CARE TO REDACT EACH SOCIAL FILED FOR RECORDED BY LAW."

UNLESS REQUIRED BY LAW."

2017 FEB 23 AM GREPARED BY: APPLIED TO THE PENALTIES FOR PROPERTY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

2017 FEB 23 AM GREPARED BY: APPLIED TO THE PENALTIES FOR PROPERTY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

MICHAEL B. BROWN RECORDER

**AFFIDAVIT** 

CERTIFIED as true and exac copy of this original documen. y of this ong..... Community Title Co.

TAX: I.D. NO. 45-19-24-351-006.000-008

RITA C. HOUSE, being first duly sworn upon oath, deposes and says:

- That DENNIE L. HOUSE, died on the 25th day of November, 2009 at Crown Point County, Indiana.
- That at the time of her death, she held a Life Estate interest with RITA C. HOUSE in the 2. following described real estate:

LOT NO. 4, IN KOCSIS ADDITION, IN THE TOWN OF LOWELL, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 47, PAGE 68, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KN WELL, INDIANA 46356

- as a result of the death of 3. That no Federal DENNIE L. HO

4. That this Affiant's relationship to the Decedent was HUSBAND.  the Lake County Recorder!
the Lake County Recorder!
FURTHER, your Affiant saith naught.
Jelle Africase
RITA C. HOUSE
STATE OF
COUNTY OF Lake SS:
Before me, the undersigned, a Notary Public in and for said county and state this day of
Scen per , 2016, personally appeared RITA C. HOUSE, and acknowledged the execution of the
foregoing Affidavit. In witness whereof, I have hereun suscepted my name and affixed my official seal.
5/4/17 60/10
My Commission Expires. Signature
Resident of Lull County Printed Printed , Notary Public
This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45.
No legal opinion give por rendered. All information used in preparation
of document was supplied by title company.
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.

1 4 4 1 1 1 1 1 Lunger

FILED

FEB 21 2017

John e. Petalas KĒ COUNTY AUDIT

000892

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	cal No		$\mathcal{V}_{\Psi}$ . $\mathcal{U}_{\bullet}$ . $\mathcal{U}_{\bullet}$			1a. Maiden Last N	ame Ill Fem	nale)		2. Sex		e Of Death	4. Dale	Of Death (Month/Day/Year)		
codent's Legal Namo (Fir		Läst) OUSE				N/A				Male	4:1	0 PM	Nove	ember 25, 2009		
NNIE L.	6a. Age -		6b. Under 1 Year	6c.	Under 1 Month	Gd. Under 1 Day	6e, Und	er 1 Hour	7. Date	of Birth (Month			ce (City And State	Or Foreign Country)		
11644AAAA	64		Months	Day	s	Hours	Minutes			h 8, 194		Gary,	Indiana			
or in U.S. Armed Forces	s? 1	_	h Occurred in A Hos				1	Doath Occurred S				Com F	ifa [7] Other #	Faceited		
s 🗱 No Unknown 🗆			nt D Emergency () id Number)	epartmer	n Outpatient	Dead On Arrival	Hos	spice Facility L	Decedent's F	OUIS   NIKZ	ng Home/Long	Frem Care F	acility Dother (S	<b>Бреску</b> )		
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own Point, Ir	ndiana	463	07					Lake					☑ Manied ☐ Married, But Separated ☐ Divotced ☐ Widowed ☐ Nover Married ☐ Unknown			
Surviving Spouse's Name	10				15a. (II Wile)G	ive Maiden Last Nan	ne	16. Decedent's Usual Occupation					17, Kind Of BusinessAndustry			
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Residence - State		_						owell								
Street And Number	ndiana	<del>1</del>		_ake				-044011		i	Bd. Apl. No.	1	8e. Zip Cnde	18t. Inside City Umi		
242 Harrison													46356	\$ Yes □ No		
Decedent's Education				20, 0	ecedent Of Hisp	anic Origin			ecedent's Ra	ce						
	ears col			No			23 10	Wh		ast)			23a. Mother's	Maiden Lest Nome		
Father's Numo (First, M													Garrett			
Informant's Name	3			7	24a. Relationship	To Decedent		elma Ho		Number, City, S	State, Zip Code	)	Carrett			
lita C. Hous	se			1	Vife		124	42 Harri	son, L	owell,	Indiana	4635	6			
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