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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 020621

2017 MAR 31 AM 11:18

MICHAEL B. BROWNE
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP AND SMALL ESTATE AFFIDAVIT

Comes now Betty I. Chelich, and upon being duly sworn does attest and say:

1. That the affiant is the surviving spouse of John V. Chelich, a.k.a. John Vincent Chelich, deceased.
2. That John V. Chelich and Betty I. Chelich were the co-Trustees of the John V. Chelich and Betty I. Chelich Revocable Living Trust dated January 7, 2004 which owned real property located in Lake County, Indiana, more particularly described as:

See attached list

3. That John V. Chelich died on the 19th day of November, 2016. (See attached Certified Death Certificate for John Vincent Chelich.)
4. That consistent with the terms of the Trust in Article IV paragraph C (2), the Trust authorizes the survivor of Betty I. Chelich or John V. Chelich, the power to appoint the entire Trust to themselves.
5. That Betty I. Chelich, as surviving trustee, did exercise said power of appointment.
6. That there is no inheritance tax due.
7. That this Affidavit is made to induce the Assessor of Lake County, Indiana to remove the name of John V. Chelich from the property records.



I affirm under the penalties for perjury that the foregoing statements are true.

Betty I. Chelich
Betty I. Chelich

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 30 day of March, 2017.

My Commission Expires: 04/10/2022



Shauna M. Lange
Shauna M. Lange, Notary Public
Resident of Lake County

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.

Shauna M. Lange
Shauna M. Lange

This Instrument Prepared by:
Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

FILED

MAR 31 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

M
\$15.00

#13936

022472

THE NORTH HALF (1/2) OF THE NORTHEAST ONE QUARTER (1/4) OF SECTION TWENTY-NINE (29), TOWNSHIP THIRTY-FIVE (35) NORTH, RANGE SEVEN (7) WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA.

Commonly known as: 8504 Randolph St., Crown Point, Indiana 46307
Parcel No.: 45-13-29-200-002.000-030

LOT TWENTY-EIGHT (28), BLOCK THREE (3), SECOND SOUTH SIDE ADDITION, IN THE CITY OF HOBART, AS SHOWN IN PLAT BOOK 4, PAGE 12, IN LAKE COUNTY, INDIANA.

Commonly known as: 316 E. 13th Place, Hobart, IN 46342
Parcel No.: 45-13-05-154-041.00-018

LOTS TWENTY-NINE (29) AND THIRTY-ONE (31) BLOCK THREE (3), SECOND SOUTH SIDE ADDITION, IN THE CITY OF HOBART, AS SHOWN IN PLAT BOOK 4, PAGE 12, IN LAKE COUNTY, INDIANA.

Commonly known as: 300 BL. E. 13th Place, Hobart, IN 46342
Parcel No.: 45-13-05-154-038.000-018

LOT THIRTY (30) BLOCK THREE (3), SECOND SOUTH SIDE ADDITION, IN THE CITY OF HOBART, AS SHOWN IN PLAT BOOK FOUR (4), PAGE TWELVE (12), IN LAKE COUNTY, INDIANA.

Commonly known as: 300 BL. E. 13th Place, Hobart, IN 46342
Parcel No.: 45-13-05-154-039.000-018

LOTS TWENTY-SIX (26) AND TWENTY-SEVEN (27) BLOCK THREE (3), SECOND SOUTH SIDE ADDITION, IN THE CITY OF HOBART, AS SHOWN IN PLAT BOOK 4, PAGE 12, IN LAKE COUNTY, INDIANA.

Commonly known as: 316 E. 13th Place, Hobart, IN 46342
Parcel Nos.: 45-13-05-154-042.000-018
45-13-05-154-043.000-018

LOTS FORTY-FIVE (45), FORTY-SIX (46), AND FORTY-SEVEN (47), BLOCK THREE (3), SECOND SOUTH SIDE ADDITION, IN THE CITY OF HOBART, AS SHOWN IN PLAT BOOK 4, PAGE 12, IN LAKE COUNTY, INDIANA.

Commonly known as: 216 E. 13th Place, Hobart, IN 46342
Parcel Nos.: 45-13-05-154-023.000-018
45-13-05-154-024.000-018
45-13-05-154-022.000-018



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 117845

Local No 003800

EDR No 00000543784

State No 055101

Form fields including: 1. Decedent's Legal Name (JOHN VINCENT CHELICH), 2. Sex (MALE), 3. Time Of Death (13:39), 4. Date Of Death (11/19/2016), 5. Social Security Number, 6a. Age - Yrs (88), 6b. Under 1 Year, 6c. Under 1 Month, 6d. Under 1 Day, 6e. Under 1 Hour, 7. Date of Birth (08/27/1928), 8. Birthplace (GARY, IN), 10. If Death Occurred In A Hospital (Emergency Department Outpatient), 11. Facility Name (ST MARY MEDICAL CENTER INC), 12. City Or Town, State, And Zip Code (HOBART, IN, 46342), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (BETTY CHELICH), 15a. Last Name Before First Marriage (WESLEY), 16. Decedent's Usual Occupation (MILLWRIGHT), 17. Kind Of Business/Industry (STEEL), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (HOBART), 18c. Street And Number (316 EAST 13TH PLACE), 18d. Apt. No., 18e. Zip Code (46342), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (GEORGE CHELICH), 23. Parent's Name (VICTORIA CHELICH), 23a. Parent's Last Name Before First Marriage (MATEJEVICH), 24. Informant's Name (BETTY CHELICH), 24a. Relationship To Decedent (WIFE), 24b. Mailing Address (316 EAST 13TH PLACE, HOBART, IN 46342), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (GRACELAND CEMETERY), 25c. Location - City, Town, And State (VALPARAISO, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342), 27a. Funeral Home License Number (FH83003069), 27b. Signature Of Indiana Funeral Service Licensee (JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE), 27c. License Number (OF Licensee) (FD01006463), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (ACUTE MYOCARDIAL INFARCTION WITH CARDIAC ARREST, CHRONIC ATRIAL FIBRILLATION, ACUTE ON CHRONIC SYSTOLIC HEART FAILURE, DIABETES MELLITUS TYPE 2), 28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I (None), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant), 33. Manner Of Death (Natural), 34. Date Of Injury (None), 35. Time Of Injury (None), 36. Location Of Injury (None), 37. Injury At Work? (No), 38. Location Of Injury - State (None), 38a. City Or Town (None), 38b. Street Number (None), 38c. Apt. No. (None), 38d. Zip Code (None), 39. Describe How Injury Occurred (None), 40. If Transportation Injury, Specify (None), 41. Signature, Of Person Certifying Cause Of Death (MARK OREN CARTER, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (MARK OREN CARTER, 164 BRACKEN PKWY, HOBART, IN 46342), 44. License Number (01036415A), 45. Date Certified (11/23/2016), 46. Additional Funeral Service Provider (None), 47. *AKAs (None), 48. Signature of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (NOV 23 2016)



MAR 17 2017

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