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STATE OF INDIANA  
AFFIDAVIT LAKE COUNTY  
FILED FOR RECORD

2016 086780

TAX# 45-21-09-400007-000-010 **2017-020753**

2017 MAR 31 PM 1:46

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

*[Signature]*  
MICHAEL B. BROWN  
RECORDER

Karen L. Warner, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Ronald <sup>R.</sup> Warner, a/k/a Ronald Ross Warner, <sup>Sr.</sup> died leaving a will on June 28, 2015 at Lebanon, Smith County, Tennessee.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

SEE ATTACHED EXHIBIT "A"

That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.  
 That all funeral expenses in connection with the death of said decedent have been paid for by the estate.  
 That all of the assets of said decedent which would be included for Federal Estate tax purposes including joint bank accounts and life insurance on decedent's life were not sufficient to meet the tax liability for payment of Federal Estate Tax.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2017 MAR 28 PM 2:55  
MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2016 DEC 21 AM 9:44  
MICHAEL B. BROWN  
RECORDER

FURTHER, Affiant saith naught,

*Karen L. Warner*  
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Subscribed and sworn to before me, a Notary Public this 4 day of Dec 2017  
 My Commission Expires: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_  
 Notary Public

*[Signature]*  
 ELIZABETH R. KINZIE  
 Lake County  
 My Commission Expires  
 May 9, 2017

*Re-record to add Sr. #*  
*Re-record to correct middle initial*

This instrument prepared by Matthew W. Doulevy, Attorney-at-Law, Attorney ID No. 27813-45.  
 No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

**FILED**  
 DEC 21 2016  
 JOHN E. PETALAS  
 LAKE COUNTY AUDITOR

DULY ENTERED FOR TAXATION SUBJECT  
 FINAL ACCEPTANCE FOR TRANSFER  
 MAR 31 2017  
 JOHN E. PETALAS  
 LAKE COUNTY AUDITOR

011389

17505

FILE NO. 158969

**FILED**  
 MAR 28 2017  
 JOHN E. PETALAS  
 LAKE COUNTY AUDITOR

1728

2 REF

\$20  
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 NON  
 COMF

EXHIBIT "A"  
LEGAL DESCRIPTION

THE FOLLOWING REAL ESTATE IN LAKE COUNTY IN THE STATE OF INDIANA, TO WIT: PART OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 9, TOWNSHIP 33 NORTH, RANGE 7 WEST OF THE SECOND PRINCIPAL MERIDIAN IN LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID QUARTER SECTION, THENCE SOUTH ON THE EAST LINE OF SAID QUARTER SECTION, A DISTANCE OF 200 FEET; THENCE WEST PARALLEL WITH THE NORTH LINE OF SAID QUARTER SECTION, A DISTANCE OF 200 FEET; THENCE NORTH 20 FEET; THENCE EAST 200 FEET TO THE PLACE OF BEGINNING.



STATE OF TENNESSEE  
Office of Vital Records

THREE YEAR REQUIREMENT IN DEATH  
CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (From Social Security Card)  
Ronald Ross Warner

2. TYPE OF DEATH  
Accident

3. AGE AT DEATH  
65

4. UNDER 1 YEAR  
No

5. UNDER 1 YEAR  
No

6. DATE OF DEATH (Month, Day, Year)  
April 14, 2015

7. BIRTHPLACE (Full name of the city, county, and state)  
Gary, Indiana

8. PLACE OF DEATH (Name of the city, county, and state)  
Lebanon, Tennessee

9. MARRIAGE STATUS  
Married

10. DECEASED'S USUAL OCCUPATION  
Retired

11. SOCIAL SECURITY NUMBER  
202-16-3115

12. RESIDENCE STATE OR FOREIGN COUNTRY  
Tennessee

13. CITY OR TOWN  
Lebanon

14. STREET AND NUMBER  
Paradise Hill Lane

15. DECEASED'S EDUCATION (Check the highest degree or diploma received in school or university at the time of death.)  
High school graduate or GED certificate

16. DECEASED'S RACE (Check one or more boxes to indicate race of the decedent. Check all that apply.)  
White

17. DECEASED'S SEX (Check one box)  
Male

18. DECEASED'S HAIR (Check one box)  
Brown

19. DECEASED'S EYES (Check one box)  
Blue

20. DECEASED'S BUILD (Check one box)  
Average

21. DECEASED'S COMPLEXION (Check one box)  
Fair

22. DECEASED'S SCARS OR TATTOOS (Check one box)  
None

23. DECEASED'S RELIGION (Check one box)  
None

24. SIGNATURE OF REGISTRAR  
Cora Roberts, JR.

25. DATE OF SIGNATURE  
July 13, 2015

26. PHYSICIAN'S SIGNATURE  
Lela August

27. MEDICAL EXAMINER'S SIGNATURE  
Lela August

28. SIGNATURE OF DECEASED'S NEAREST RELATIVE  
Lela August

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100. SIGNATURE OF DECEASED'S NEAREST RELATIVE  
Lela August

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Tennessee Code Annotated 56-6-101 - Reg. 1203-01-01 by Act 2007-001

R. Benton McDonough, JR. STATE REGISTRAR  
John J. Drayman, M.D., M.P.H., FACCEM COMMISSIONER

Date Issued JUL 14 2015



CERTIFICATION OF VITAL RECORD



**OFFICE OF THE LAKE COUNTY RECORDER**

LAKE COUNTY GOVERNMENT CENTER  
2293 NORTH MAIN STREET  
CROWN POINT, INDIANA 46307

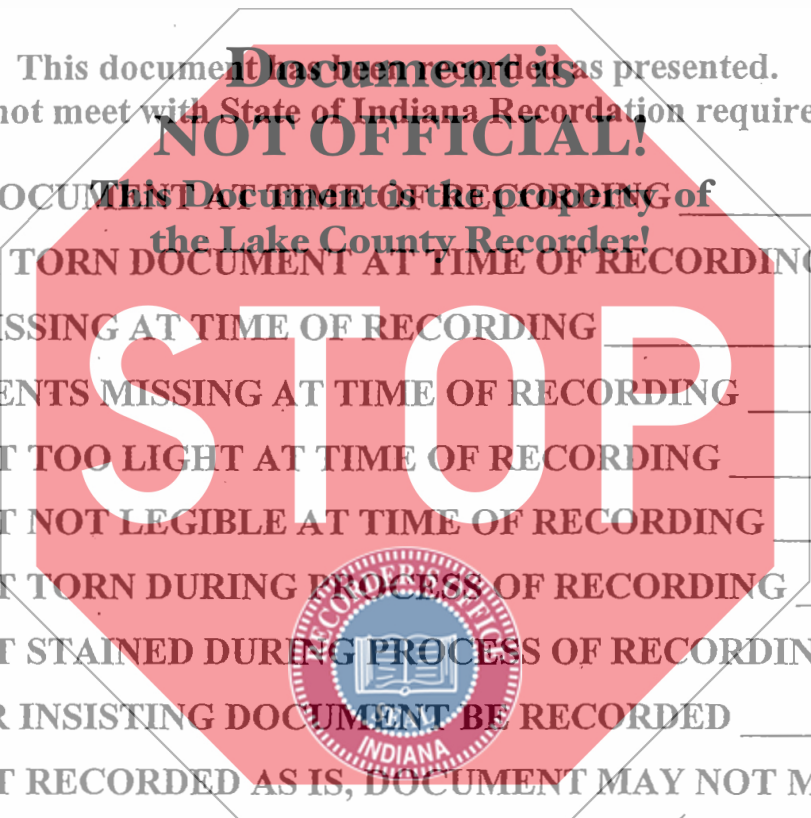
**MICHAEL B. BROWN**  
Recorder

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PHONE (219) 755-3730  
FAX (219) 755-3257

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CUSTOMER INITIALS: MB DATE: 3, 31, 17

EMPLOYEE INITIALS: CA DATE: 3, 31, 17