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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 041639

2017 JUL -7 AM 10:21

MICHAEL B. BROWN
RECORDER

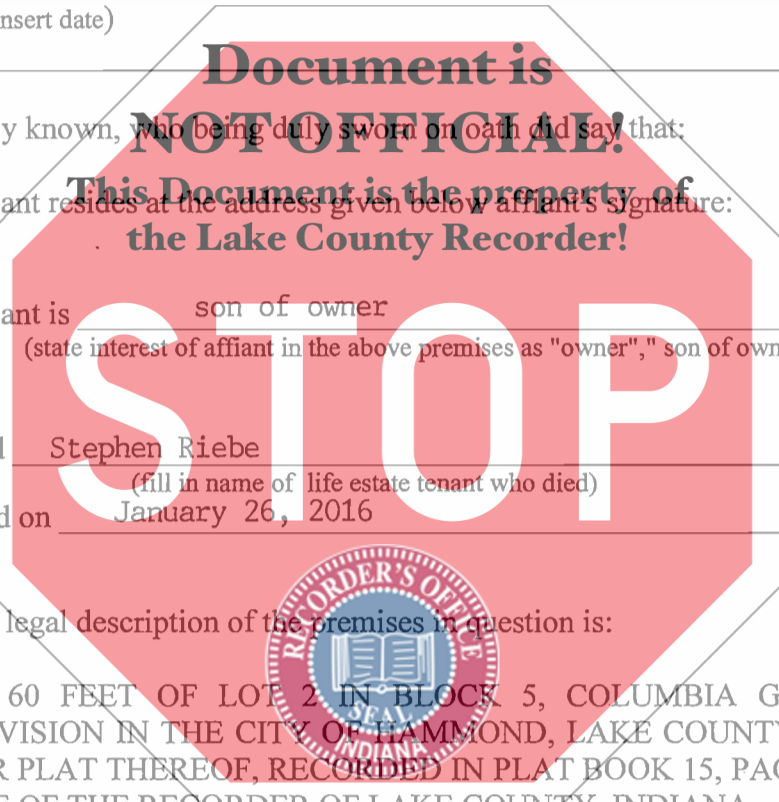
AFFIDAVIT TO TERMINATE LIFE ESTATE

BT1700345

On this June 30, 2017 before me personally appeared Robert W. Riebe
(insert date)

to me personally known, who being duly sworn on oath did say that:

CHICAGO TITLE INSURANCE COMPANY



1. Affiant resides at the address given below affiant's signature:

2. Affiant is son of owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said Stephen Riebe
(fill in name of life estate tenant who died)
died on January 26, 2016

4. The legal description of the premises in question is:

WEST 60 FEET OF LOT 2 IN BLOCK 5, COLUMBIA GARDENS, A
SUBDIVISION IN THE CITY OF HAMMOND, LAKE COUNTY, INDIANA,
AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 15, PAGE 2, IN THE
OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 1036 Spruce Street, Hammond, Indiana 46324
Parcel No. 45-07-07-178-007.000-023

5. Is there Federal or State inheritance tax liability by reason of the death of said

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decedent? Yes No

JUL 6 2017

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

JOHN E. PETALAS
LAKE COUNTY AUDITOR

CHICAGO TITLE INSURANCE COMPANY

25- RM

①

040586

CCH# 1820503335

6. Where this affidavit relates to a Life Estate Interest only:

Affiant's relationship to the deceased was son

Signature: Robert W. Riebe

Printed Name Robert W. Riebe

Address: 77 Elk Ave New Rochelle NY 10804

This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me by the affiant, Robert W. Riebe,

This June 30, 2017
(insert date)

Traci R Hurst
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____



My Commission Expires _____

This instrument prepared by Robert W. Riebe

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.
Traci Hurst