

2017 JUL 17 AM 9:44

MICHAEL B. BROWN
RECORDER

2017 043545

AFFIDAVIT

TAX: I.D. NO. 45-19-23-456-003.000-008

SCOTT R. BEIER, being first duly sworn upon oath, deposes and says:

1. That CARL E. BEIER, died on the 5th day of March, 2015 at DeMotte, Newton County, .
2. That at the time of his death, he held a Life Estate interest with Margery E. Beier in the following described real estate Indiana

PART OF LOT NO. 1, DESCRIBED AS: COMMENCING AT A POINT ON THE NORTH LINE OF SAID LOT 1, WHICH IS 39 1/2 FEET WEST OF THE NORTHEAST CORNER OF SAID LOT; THENCE SOUTH TO THE SOUTH LINE OF SAID LOT; THENCE WEST 19 FEET; THENCE NORTH TO THE NORTH LINE OF SAID LOT; THENCE EAST 19 FEET TO THE PLACE OF BEGINNING, AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF CLARK'S ADDITION TO LOWELL, IN THE TOWN OF LOWELL, AS SHOWN IN MISCELLANEOUS RECORD "A", PAGE 413.

COMMONLY KNOWN AS: 402 E. Commercial Ave, Lowell, IN 46356

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Carl e. Beier.
4. That this Affiant's relationship to the Decedent was Father.

FURTHER, your Affiant saith naught.

Scott R. Beier
SCOTT R. BEIER

STATE OF INDIANA)
COUNTY OF LAKE) SS:



Subscribed and Sworn to before me, a Notary Public, this 10 day of July, 2017.

My Commission Expires: 2021
Resident of Lake County

Signature: *DeAnna L. Griggs*
Printed: DeAnna L. Griggs, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 27813-45.
No legal opinion given or 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.

Matthew W. Deulley
Signature of Preparer

DeAnna L. Griggs
Printed Name of Preparer

FILED

JUL 18 2017

003962

\$ 25.50

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Am
JB

Community Title Company
File No. 1712028



CERTIFICATE OF DEATH

Local No 000022

EDR No 00000436379

State No 011540

1. Decedent's Legal Name (First, Middle, Last) CARLE BEIER				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 07:30 PM		4. Date Of Death (Month/Day/Year) 03/05/2015			
5. Social Security Number [REDACTED]		6a. Age - Yrs 88		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
6f. Under 1 Year Months		6g. Under 1 Month Days		6h. Under 1 Day Hours		6i. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) 08/13/1926		8. Birthplace (City and State or Foreign Country) SCHNEIDER, IN			
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street and Number) APERION CARE OF DEMOTTE													
12. City Or Town, State, And Zip Code DEMOTTE, IN, 46310						13. County Of Death NEWTON			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name MARGERY BEIER				15a. (If Wife) Give Maiden Last Name ASHTON				16. Decedent's Usual Occupation CONTRACTOR		17. Kind Of Business/Industry CONSTRUCTION			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LOWELL			18c. Street And Number 307 EASTLAND CIRCLE		18d. Apt. No.	18e. Zip Code 46356	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
22. Father's Name (First, Middle, Last) ORVILLE BEIER				23. Mother's Name (First, Middle, Last) VESPER BEIER				23a. Mother's Maiden Last Name MANSFIELD					
24. Informant's Name SCOTT BEIER				24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 120 NORTH LIBERTY STREET, LOWELL, IN 46356					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE				25c. Location - City, Town, And State CROWN POINT, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356						27a. Funeral Home License Number: FH83004277					
27b. Signature Of Indiana Funeral Service Licensee: JENNIFER LYNN OSBURN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21300013							
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 Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death													
Immediate Cause (Final Disease Or Condition Resulting In Death)													
A. SEPSIS SYNDROME SECONDARY TO CELLULITIS ONE WEEK													
B. CELLULITIS LEGS ONE WEEK													
C. _____													
D. _____													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year							
33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No													
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State				38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred								40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307						44. License Number 02002441A		45. Date Certified 03/07/2015					
46. Additional Funeral Service Provider:						47. *Akas:							
48. Signature of Local Health Officer: GONZALO T FLORIDO, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 10 2015							

