

AFFIDAVIT

On this 11th day of July, 2017 before me personally appeared Joyce E. Craig, to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resided at the address given below affiant's signature:
- 2. Affiant is Richard C. Craig, deceased "owner"
(state interest of affiant in the above premises as "owner", "son of owner", etc.

- 3. Said Richard C. Craig died on 07/07/2016

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

See Attached Exhibit "A"

- 5. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

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

- 7. Affiant's relationship to the deceased was Spouse

2017 044690



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 JUL 19 AM 10:19
MICHAEL B. BOWEN
RECORDER

**FIDELITY NATIONAL
TITLE COMPANY**

92017-1609 ✓

040726

FILED

JUL 17 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Signature: *Joyce E. Craig*

Printed Name: Joyce E. Craig

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FW
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Signature: _____

Printed Name _____

Address: 12417 Kingfisher Road
Crown Point, IN 46307

Subscribed and sworn to before me by the affiant, personally appeared Joyce E. Craig.
This 11th day of July, 2017
(insert date)

Renee J. Wells

Notary Public

Printed Name Renee J. Wells

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

My County of Residence is: *Lake*

In the State of Indiana

My Commission Expires *7/8/25*



This instrument prepared by Joyce E. Craig

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, Joyce E. Craig.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

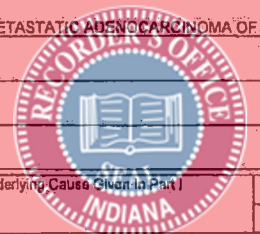
Tracking No. 93349

Local No 002209

EDR No 00000520631

State No 032070

1. Decedent's Legal Name (First, Middle, Last) RICHARD C CRAIG
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 07:00 AM
4. Date Of Death (Month/Day/Year) 07/07/2016
5. Social Security Number
6a. Age - Yrs 82
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 05/18/1934
8. Birthplace (City and State or Foreign Country) DETROIT, MI
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) 12417 KINGFISHER DRIVE
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name JOYCE E CRAIG
15a. (If Wife) Give Maiden Last Name ANGERER
16. Decedent's Usual Occupation SUPERVISOR
17. Kind Of Business/Industry STEEL
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town CROWN POINT
18c. Street And Number 12417 KINGFISHER DRIVE
18d. Apt. No.
18e. Zip Code 46307
18f. Inside City Limits?
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) JOSEPH H CRAIG
23. Mother's Name (First, Middle, Last) MURIEL C CRAIG
23a. Mother's Maiden Last Name CHENE
24. Informant's Name JOYCE CRAIG
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 12417 KINGFISHER DRIVE, CROWN POINT, IN 46307
25a. Method Of Disposition
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?
27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307
27a. Funeral Home License Number. FH10700031
27b. Signature Of Indiana Funeral Service Licensee: KEVIN KNAGA, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD20400005
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.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC ADENOCARCINOMA OF THE COLON
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last
29. Was An Autopsy Performed?
30. Were Autopsy Findings Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work?
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:
41. Signature, Of Person Certifying Cause Of Death: EDUARDO FLETES, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One):
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: EDUARDO FLETES, 297 WEST FRANCISCAN LANE, SUITE 104, IN 46307
44. License Number
45. Date Certified
46. Additional Funeral Service Provider:
47. Fees:
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JUL 12 2016



JUL 12 2016

RAISED SEAL AFFIXED

EXHIBIT A

PARCEL 1:

PART OF LOT NUMBERED 12, HERMIT'S LAKE, AS SHOWN IN PLAT BOOK 30, PAGE 92, IN LAKE COUNTY, INDIANA, COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 12; THENCE NORTHEASTERLY ALONG THE EAST LINE OF KINGFISHER ROAD A DISTANCE OF 40 FEET; THENCE SOUTHEASTERLY IN A STRAIGHT LINE TO THE SOUTHEAST CORNER OF SAID LOT 12 (BEING ALSO THE LOT CORNER COMMON TO LOT 12, 13, 15 AND 16); THENCE NORTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 12, A DISTANCE OF 241.0 FEET TO THE PLACE OF BEGINNING.

PARCEL 2:

PART OF LOT 13, HERMIT LAKE AS SHOWN IN PLAT BOOK 30, PAGE 92, LAKE COUNTY, INDIANA, COMMENCING AT THE NORTHWEST CORNER OF LOT 13 (BEING THE WESTERLY CORNER COMMON TO LOT 12 AND 13); THENCE SOUTHERLY ALONG THE WESTERLY LINE OF LOT 13 (BEING EASTERLY LINE KINGFISHER ROAD), A DISTANCE OF 50 FEET; THENCE SOUTHEASTERLY (ON A LINE WHICH MAKES AN ANGLE OF 90° WITH LAST DESCRIBED LINE) TO THE SOUTHEASTERLY LINE OF LOT 13 (BEING ALSO THE NORTHERLY LINE OF LOT 15); THENCE NORTHEASTERLY ALONG THE SAID SOUTHEASTERLY LINE OF LOT 13 TO THE NORTHEASTERLY CORNER OF SAID LOT (BEING ALSO THE LOT CORNER COMMON TO LOT 12, 13, 15, AND 16); THENCE WESTERLY ALONG THE NORTHERLY LINE OF SAID LOT 13 A DISTANCE OF 241.0 FEET TO THE PLACE OF BEGINNING.

