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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 044961

2017 JUL 20 AM 9:58

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

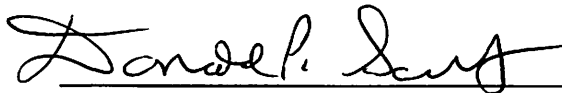
I, Donald P. Schmidt, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is one of the Successor Trustees of the Minnie P. Schmidt Revocable Trust Agreement dated April 30, 2001, and the son of the decedent.
3. Said Minnie P. Schmidt (aka Minnie Schmidt) died on June 18, 2017. See attached Death Certificate for Minnie P. Schmidt (aka Minnie Schmidt).
4. The legal description of the premises in question is:

The East 35 acres of the southwest Quarter (SW 1/4) of the Southeast Quarter (SE 1/4) of Section 29, Township 34, North, Range 8 West of the 2nd Principal Meridian.

Commonly known as: 2626 W. 141st Avenue, Crown Point, IN 46307

Key No.: 45-16-29-400-004.000-041
5. There is no Federal or State Inheritance tax liability by reason of the death of said decedent.
6. This affidavit relates to a Life Estate Interest.
7. Affiant's relationship to the deceased was her son.



Donald P. Schmidt Affiant
15605 Barman Street
Lowell, IN 46356

FILED

JUL 20 2017

025649 JOHN E. PETALAS
LAKE COUNTY AUDITOR

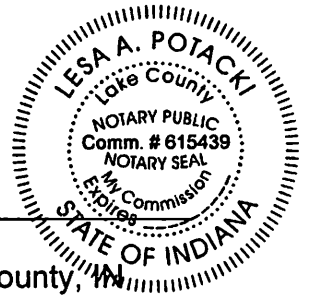
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Donald P. Schmidt, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 13th day of July, 2017.

My commission expires: 2/13/2018



Signature: *Lesa A. Potacki*
Lesa A. Potacki
Resident of: Lake County, IN

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 127026

Local No 002130

EDR No 000000583782

State No 030435

1. Decedent's Legal Name (First, Middle, Last) MINNIE SCHMIDT				1a. Maiden Name (If female) GRAMENZ		2. Sex FEMALE		3. Time Of Death 02:15 PM		4. Date Of Death (Month/Day/Year) 06/18/2017		
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		
7. Date of Birth (Month/Day/Year) 02/16/1929		8. Birthplace (City and State or Foreign Country) MERRILLVILLE, IN										
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY HOSPICE-CROWN POINT												
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307						13. County Of Death LAKE			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				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation COOK		17. Kind Of Business/Industry COUNTRY CLUB		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18d. Apt. No.		18e. Zip Code 46307	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18c. Street And Number 2625 WEST 141ST AVENUE			19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) JOHN PROTT				23. Parent's Name (First, Middle, Last) ALICE PROTT				23a. Parent's Last Name Before First Marriage MOUNCE				
24. Informant's Name DONNY SCHMIDT		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 499 S. COURT ST., CROWN POINT, IN 46307		25. Place Of Disposition MAPLEWOOD MEMORIAL CEMETERY, CROWN POINT, IN						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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)										
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 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: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD09000013										
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. END STAGE CONGESTIVE HEART FAILURE 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 B. C. D.										Approximate Interval: Onset To Death		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Event) (Part I)										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
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 checked="" 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		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								
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (Specify Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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				44. License Number 02002441A		45. Date Certified 06/20/2017		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307				46. Additional Funeral Service Provider:		47. *Akas*						
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) JUN 20 2017						



JUN 20 2017

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