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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 044962

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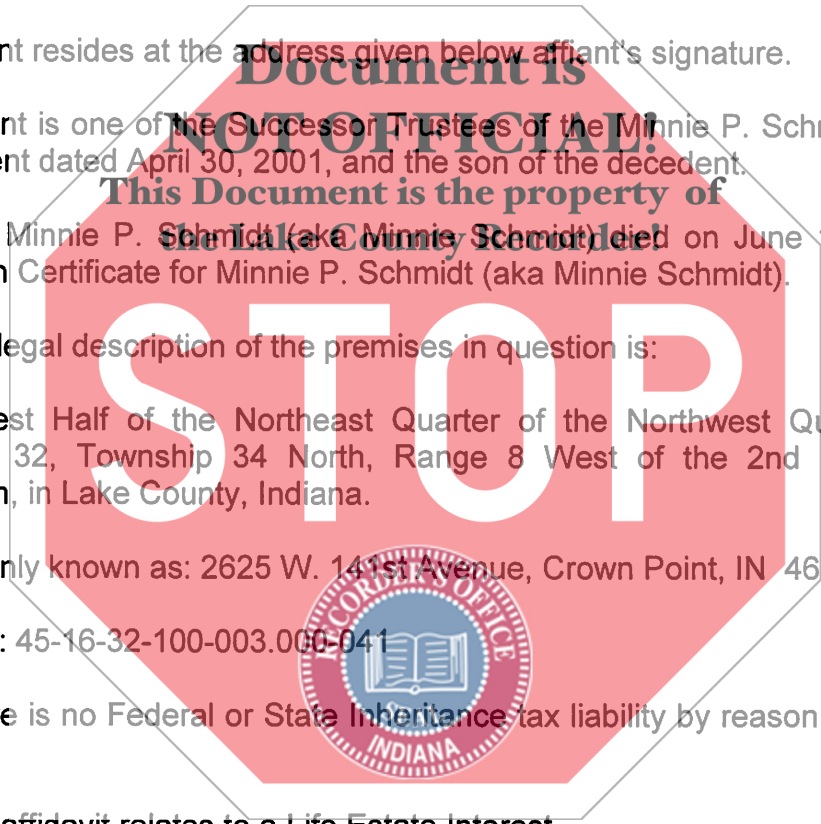
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

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 West Half of the Northeast Quarter of the Northwest Quarter of Section 32, Township 34 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana.  
  
Commonly known as: 2625 W. 141st Avenue, Crown Point, IN 46307  
  
Key No.: 45-16-32-100-003.000-041
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*  
Donald P. Schmidt Affiant

15605 Barman Street  
Lewis, IN 46356

**FILED**

JUL 20 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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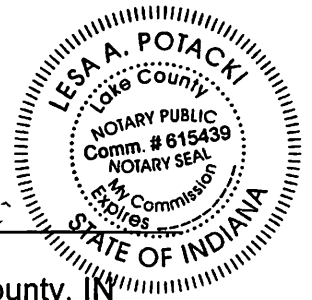
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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

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 13<sup>th</sup> 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) <b>MINNIE SCHMIDT</b>				1a. Maiden Name (If female) <b>GRAMENZ</b>		2. Sex <b>FEMALE</b>		3. Time Of Death <b>02:15 PM</b>		4. Date Of Death (Month/Day/Year) <b>06/18/2017</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>88</b>		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) <b>02/16/1929</b>		8. Birthplace (City and State or Foreign Country) <b>MERRILLVILLE, IN</b>									
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) <b>ST ANTHONY HOSPICE-CROWN POINT</b>											
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input 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 <b>COOK</b>		17. Kind Of Business/Industry <b>COUNTRY CLUB</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>CROWN POINT</b>			18d. Apt. No.		18e. Zip Code <b>46307</b>
18c. Street And Number <b>2625 WEST 141ST AVENUE</b>			18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>			
22. Parent's Name (First, Middle, Last) <b>JOHN PROTT</b>						23. Parent's Name (First, Middle, Last) <b>ALICE PROTT</b>			23a. Parent's Last Name Before First Marriage <b>MOUNCE</b>		
24. Informant's Name <b>DONNY SCHMIDT</b>				24a. Relationship To Decedent <b>SON</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5305 BARMAN STREET, LOWELL, IN 46356</b>			
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) <b>MAPLEWOOD MEMORIAL CEMETERY</b>				25c. Location - City, Town, And State <b>CROWN POINT, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GEISEN FUNERAL, CREMATION &amp; RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number: <b>FH10700031</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE</b>								27c. License Number (Of Licensee): <b>FD09000013</b>			
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. <b>END STAGE CONGESTIVE HEART FAILURE</b> Due to (Or As A Consequence Of) _____ B. _____ Due to (Or As A Consequence Of) _____ C. _____ Due to (Or As A Consequence Of) _____ D. _____  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											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (If Any)										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 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 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) <b>LAKE COUNTY HEALTH DEPARTMENT</b>				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number <b>JUN 20 2017</b>		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			
41. Signature Of Person Certifying Cause Of Death: <b>KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>02002441A</b>		45. Date Certified <b>06/20/2017</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307</b>						46. Additional Funeral Service Provider:		47. *Akas			
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>JUN 20 2017</b>					



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