STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 OCT -6 AM 10: 11

MICHAEL B. BROWN
RECORDER

2017 068099

CHICAGO TITLE INSURANCE COMPANY

BT1700591

FILED

OCT 5 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AFFIDAVIT TERMINATING LIFE ESTATE INTEREST

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

_Susan Perry, being first duly sworn upon her oath, deposes and says:

1. That the life estate tenant, Marianne Hodor, died leaving a Will on June 3, 2017, a resident of Lake County, Indiana.
2. That said decedent acquired a life estate interest by a quitclaim deed recorded as Document No. 2005-044607 on June 1, 2005, to the following described real estate, commonly known as 8114 Monroe Avenue, Munster, Indiana 46321.
   Lot No. 52 in Ridgeland Park, Second Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 32, page 39, in the Office of the Recorder of Lake County, Indiana.
   45-06-24-226-012.000-027
3. That the life estate interest of Marianne Hodor terminated upon death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further Affiant sayeth not.

Susan Perry
Susan Perry

Subscribed and sworn to before me, a Notary Public, the 24TH day of

_August, 2017.

Diana D. Nickler
Notary Public

My commission Expires: 8/27/22

County of Residence: Hendricks

DIANA DEE NICKLER
Hendricks County
My Commission Expires
August 27, 2022

This Instrument prepared by _Stuart J. Friedman, Attorney, 322 Indianapolis Blvd, Suite 201, Schererville, Indiana 46375 (219) 864 5051

042229 $25.00

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. Olivia Murray

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. _____

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