## **AFFIDAVIT**

TAX: I.D. NO. 45-19-27-100-006.000-037 Janet I. Shelhart, being first duly sworn upon oath, deposes and says: That John W. Shelhart, died on the 22nd day of September, 2017 at DeMotte, Jasper county, Indiana. That at the time of his death, she held a Life Estate interest with Janet I. Shelhart in the Tollowing described real estate: THAT PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 27, TOWNSHIP 33 NORTH, RANGE 9 WEST OF THE SECOND PARTICULARLY MORE CORNER THEREOF, THENCE WEST ON **EET:** THENCE NORTH PARALLEL TO 9 OF 200 FEET, THENCE EAST PARALLEL TO THE 217.80 FEET; THENCE SOUTH ON THE EAST LINE **€**J က THEREOF 20 BEET TO THE PLACE OF DEGINNING IN LAKE COUNTY, 5 INDIANA. 90 the Lake County Recorder! COMMONLY KNOWN AS: 18416 AUSTIN STREET, LOWELL, INDIANA 46356 That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of John W. Shelhart. That this Affiant's relationship to the Decedent was Husband. FURTHER, your Affiant saith naught STATE OF INDIANA, COUNTY Subscribed and Sworn to before me, a No My Commission Expires: O Resident of Care Printed 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

ty number in this document, unless required by law.

gnature of Preparer

OCT 1 1 2017

COMMUNITY, TITLE COMPANY

JOHN E. PETALAS LAKE COUNTY AUDITOR

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00008	0	EDR No 0000	0059992	20	State No 046946				
Decedent's Legal Name (First, Middle, Last)		1a. Maiden Nam	e (If female)	7-5 E	2. Sex	3. Time Of I	Death 4. C	ate Of Death (Month/Day/Year)	
JOHN MICHELLIADT	,				MALE	08:00	MA	09/22/2017	
JOHN W SHELHART.  5. Social Security Number   6a. Age - Yrs   6b. U	nder 1 Year   6c. Under 1	Month 6d. Under 1 Day	6e, Under 1 Hour	7. Date of l	Birth (Month/Day/Ye			tate or Foreign Country)	
J. Consul Security Harrist									
82 Month		Hours	Minutes		9/11/1935		PER COUN	TY, IN	
9. Ever in U.S. Armed Forces? 10. If Death Occur	rred In A Hospital:	- V	10a. If Death Occur  Hospice Facility				ne/Long-term Care	Facility	
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐.	Emergency Department Out	patient Dead on Arrival	Other (Specify)	L 0000	mentatione B	( NOISING FIOR	manag-with out	, 144.0	
11. Facility Name (If Not Institution, Give Street and N	·		G com (cromy)		•			<del></del>	
APERION CARE OF DEMOTTE		• •							
12. City Or Town, State, And Zip Code			13. County C	f Death		14.	Marital Status At		
DEMOTTE IN 48949			NEWTON			Married [		☐ Married, But Separated ☐ Divorcec  ■ Never Married ☐ Unknown	
DEMOTTE, IN, 46310 15. Surviving Spouse's Name		15a. Last Name Before F	NEWTON		6. Decedent's Usua		-	Kind Of Business/Industry	
15. Surviving Spouse's Name	:	Jua. Last Name Belone 1	ast was trage	' '	o. Decedenta Gad	as Company	"	Tare of businesser leaving	
JANET SHELHART		KODY		F	ARMER		AGI	RICULTURE	
18. Residence - State	18a. County	1117	18b. City Or You						
		•	55110777						
INDIANA 18c, Street And Number	JASPER		DEMOTTE		18d, A	nt No	18e. Zip Code	18f. Inside City Limits?	
18C. Street And Number		See a see			100. 7	pt. 140.	100. Zp 0000	1	
525 BEGONIA SOUTHEAST	/	4.				C	46310	⊠ Yes □ No.	
19. Decedent's Education	20. Decedent Of	Hispanie Origin	21.0	ecedents Ra	208				
274 4271 0DADE NO BIBLOSIA	NATHON	Zocum	CHU IS						
9TH 12TH GRADE; NO DIPLOMA 22. Parent's Name (First, Middle, Last)	NOT HISPA	INIC.	White	irst, Middle,	d ped		23a Parent's	Last Name Before First Marriage	
22. Fatoria Harrie (Filos, Induse, Laber)		<b>4 M(0)</b>					:	<u></u>	
MELVIN SHELHART			MYRTLE SHE	LHART			ELLIOT		
24, Informant's Name	24a, Reletion	estra To Accedent 15	24b. Mailing Address	(Street And	Number City, Stat	e, Zip Code)			
JANET SHELHART	SPOUSI				HEAST APT	\	OTTE, IN 46	310	
DANCE SHELITAN	the L	ake Count	X Kecoi	der!	SAN CONTRACTOR	O LIN	371L, 114 40		
25a. Method Of Disposition	25b. Place Of Disposit	ion (Name Of Cemetery, Cri	ematory, Other Place)	25c. Loca	ation - City, Town, A	nd State	:		
Burial Cremation Donation Entorition	ent								
Removal From State	WEST CHEEK	DEMETERY		I COLATE	LL IN			,	
Other (Specify): 26. Was Coroner Contacted? 27. Name	WEST CREEK And Complete Address Of F			TECAME	EL, W		1 278	. Funeral Home License Number	
العالية المالية	S FUNERAL HOM	ALCOHOLOGY STATE OF THE STATE O	ON SÉRVICES	604 F	COMMERIC	AI AVE		a de como de casa de la como de la	
LOWEI	L IN 46356						FH	83004277	
27b. Signature Of Indiana Funeral Service Licensee: JENNIFER LYNN OSBURN BY E	ECTRONIC SICK	ATHOL	*,	Table 1	FD2130	se Number (C	/ Licensee):		
JENNIFER LINN OSBORN BILL	LECT NONIC SIGN	Cause Of Death (Sec	Instructions And	Examples)	11 02 100	700:13	<del></del>	Approximate	
28. Part I. Enter The Chain Of Events - Disease	s, Injunes, Or Complication	ons - That Directly Caused	The Death, Do Not	Enter Termi	nal Events			Interval: Onset	
Such As Cardiac Arrest, Respiratory Arrest, Or 1 A Line, Add Additional Lines If Necessary.	Ventricular Fibrillation With	out Showing The Etiology	. Do Not Abbreviate.	Enter Only	One Cause On			To Death	
Immediate Cause (Final Disease Or Condition F	lestilling in Death)	A. ACUTE REMALIFA	DERE		and the second			•	
ministration of the property o		TODER'	Som	Due to (Or As A	A Consequence Of;		······································	<del></del>	
Sequentially List Conditions. If Any, Leading To	The Cause Listed On	B. ADVANCED DEME	NEW						
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease)	Or Injury That Initiated		TOE .	**	A Consequence Or):				
The Events Resulting in Death) Last	\ <u> </u>	C. SERSIS FROM UR	INARY TRACT INFE		E TO KIDNEY ST	ONE OBSTE	RUCTION	<del></del>	
	2.0								
Part II. Enter Other Significant Conditions Contributing	In Death But Not Resulting	D. Unicrosing Cause (C)	so in Part I	1:29 Mas A	In Autopsy Perform	erf7			
		ALL INDIAN	14 .1112	11.5	Autopsy Finding Av			No	
31. Did Tobacco Use Contribute To Death?	32. If Female:	CONTURAL TOTAL	Him	1000	terminal and programme	Viammer Of De	···	Yes No	
	Not Pregnant Within Pout Ye	er Pregnant At Time Of Death	Not Pregnant, But Preg	nent Witnin 42 Da				ent  Pending Investigation	
Yes Probably No Unknown	Not Pregnant. But Pregnant	G Days To 1 year Seleva Death	Unknown if Pragnant W	trin The Past Ye	•	uicide 🔲 Co	uld Not Be Determ	ned	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Pla	ce Of Injury (E.G., Dec	edent's Hom	e, Construction Site	, Restaurant,	Wooded Area)	37. Injury At Work?	
1 2	e e e e e e e e e e e e e e e e e e e							Yes No	
38. Location Of Injury - State	38a. City Or Town	38b, S	treet & Number	·················			38c. Apt. No.	38d. Zip Code	
					•				
39. Describe How Injury Occurred	<del></del>			<del> </del>	40. 1	f Transportati	on Injury, Specify:	1	
du io					□ ⊶	Ner/Operator	on Injury, Specify; Passenger Pedestria	n Cother (Specify)	
41. Signature, Of Person Certifying Cause Of Death:					42 Certifier (C	heck Only On	e)	· · · · · · · · · · · · · · · · · · ·	
KRISTINE MARIE TEODORI, BY I 43. Nomo, Address And Zip Code Of Person Certifyir		NATURE			Certifying P	hysician 44. License	☐ Coroner	Health Officer  45. Date Certified	
	· · · · · · · · · · · · · · · · · · ·				. !		Number	45. Date Certified	
KRISTINE MARIE TEODORI , 499 S. COURT ST., CROWN POINT, IN 46307						0200244	1A	09/25/2017	
48. Additional Funeral Service Provider.	• • • •					47, "Akas;			
						Only - Date Filed (Month/Day/Year):			
GONZALO T FLORIDO, VIA ELECTRONIC SIGNATURE						SEP 27 2017			
	AME	NOMENT TO CERTIFICA	TE OF DEATH (EN	RY OR OR	RIGINAL)				
	;								
	•								