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AFFIDAVIT

TAX: ID. NO. 45-19-27-100-006.000-037

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER

2017 OCT 13 AM 9:00

2017 069326

MICHAEL B. BROWN
RECORDER

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
following 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
PRINCIPAL MERIDIAN, MORE PARTICULARLY AS FOLLOWS:
COMMENCING AT THE SOUTHEAST CORNER THEREOF, THENCE WEST ON
THE SOUTH LINE THEREOF, 217.80 FEET; THENCE NORTH PARALLEL TO
THE EAST LINE THEREOF 200 FEET; THENCE EAST PARALLEL TO THE
SOUTH LINE THEREOF 217.80 FEET; THENCE SOUTH ON THE EAST LINE
THEREOF 200 FEET TO THE PLACE OF BEGINNING IN LAKE COUNTY,
INDIANA.

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.

4. That this Affiant's relationship to the Decedent was Husband.

FURTHER, your Affiant saith naught.



Janet I. Shelhart
JANET I. SHELHART

STATE OF INDIANA, COUNTY OF LAKE) SS:

Subscribed and Sworn to before me, a Notary Public this 5th day of October, 2017

My Commission Expires: 2021 Signature: *Deanna Griggs*
Resident of Lake County Printed: Deanna Griggs, 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
Security number in this document, unless required by law.

Matthew W. Deulley
Signature of Preparer

Deanna Griggs
Printed Name of Preparer

FILED

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CM
DM

OCT 11 2017

027787

COMMUNITY TITLE COMPANY
FILE NO. 1712801

JOHN E. PETALAS
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000080

EDR No 00000599920

State No 046946

1. Decedent's Legal Name (First, Middle, Last) JOHN W SHELHART
12. City Or Town, State, And Zip Code DEMOTTE, IN, 46310
13. County Of Death NEWTON
14. Marital Status At Time Of Death Married
15. Surviving Spouse's Name JANET SHELHART
16. Decedent's Usual Occupation FARMER
17. Kind Of Business/Industry AGRICULTURE
18. Residence - State INDIANA
18a. County JASPER
18b. City Or Town DEMOTTE
18c. Street And Number 525 BEGONIA SOUTHEAST
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) MELVIN SHELHART
23. Parent's Name (First, Middle, Last) MYRTLE SHELHART
23a. Parent's Last Name Before First Marriage ELLIOT
24. Informant's Name JANET SHELHART
24a. Relationship To Decedent SPOUSE
24b. Mailing Address (Street And Number, City, State, Zip Code) 525 BEGONIA SOUTHEAST APT C, DEMOTTE, IN 46310
25a. Method Of Disposition Burial
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) WEST CREEK CEMETERY
25c. Location - City, Town, And State LOWELL, IN
26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356
27a. Funeral Home License Number FH83004277
27b. Signature Of Indiana Funeral Service Licensee: JENNIFER LYNN OSBURN BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD21300013
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. ACUTE RENAL 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. ADVANCED DEMENTIA
C. SEPSIS FROM URINARY TRACT INFECTION DUE TO KIDNEY STONE OBSTRUCTION
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.
29. Was An Autopsy Performed? No
30. Were Autopsy Finding Available To Complete The Cause Of Death? No
31. Did Tobacco Use Contribute To Death? No
32. If Female: Not Pregnant Within Past Year
33. Manner Of Death: Natural
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? 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: Driver/Operator
41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One): Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307
44. License Number 02002441A
45. Date Certified 09/25/2017
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature Of Local Health Officer: GONZALO T FLORIDO, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): SEP 27 2017

