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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 086591

2017 DEC 21 AM 9:20

AFFIDAVIT

MICHAEL B. BROWN
RECORDER

TAX: I.D. NO. 45-08-36-251-005.000-018

Michael L. Gee and Laura A. Gee, being first duly sworn upon oath, deposes and says:

1. That Ann C. Gee, died on the 17th day of March, 2017 at Hobart, Lake County, Indiana.
2. That at the time of her death, he held a Life Estate interest in the following described real estate:

LOT 114 IN CRESTWOOD PARK, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Ann C. Gee.
4. That the Affiants' relationship to the Decedent was Son and Daughter.

FURTHER, Affiants saith naught.

Michael L. Gee
MICHAEL L. GEE

Laura A. Gee
LAURA A. GEE

NATALIE FABIAN
Lake County
My Commission Expires
October 5, 2022

STATE OF INDIANA, COUNTY OF Polk) SS:

Subscribed and Sworn to before me, a Notary Public this 14 day of December, 2017

My Commission Expires Oct 5 2022 Signature Natalie Fabian
Resident of Clark County Printed Natalie Fabian, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney at Law, Identification 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.

Natalie Fabian
Printed Name of Preparer

Natalie Fabian
Signature of Preparer

25-
cm
am

FILED

DEC 20 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

006644

Community Title Company
File No. 172080



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

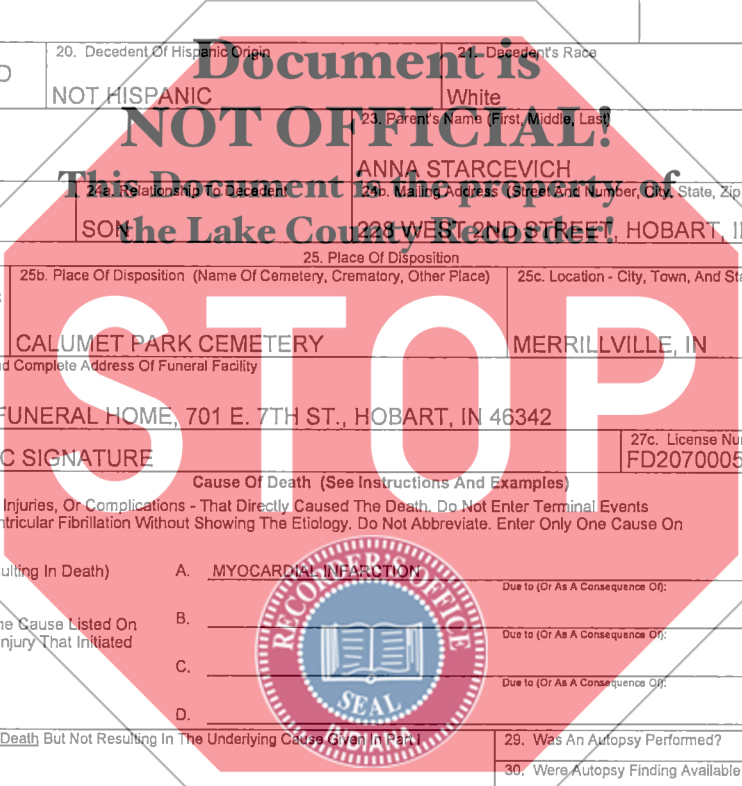
Tracking No. 118070

Local No 000992

EDR No 00000567331

State No 014009

Form with fields for decedent information (ANN C GEE, STARCEVICH), date of death (03/17/2017), cause of death (MYOCARDIAL INFARCTION), and certifying officer (MILTON STANLEY GASPARIS).



THIS IS A TRUE COPY OF THE RECORD OF THIS DEATH AS FILED IN THE OFFICE OF THE RECORDER OF DEATHS, LAKE COUNTY HEALTH DEPARTMENT

MAR 21 2017

RAISED SEAL AFFIXED