

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 086612

2017 DEC 21 AM 9:28

2

AFFIDAVIT OF DEATH  
TERMINATING LIFE ESTATE

MICHAEL B. BROWN  
RECORDER

FILED

DEC 19 2017

STATE OF INDIANA, COUNTY OF LAKE ) ss:

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

I, Susanna Hartline, being first duly sworn on oath, depose and state as follows:

1. That I was well and personally acquainted with Wanda Armenth and that the said Wanda Armenth died on or about the 7<sup>th</sup> day of February, 2010, in Union County, State of Illinois, thereby terminating the LIFE ESTATE held by such decedent in the following described real estate:

Document is NOT OFFICIAL!

43726

2. A tract of land in the W. 1/2 of Sections 16, Township 30 North, Range 7 West of the 2<sup>nd</sup> P.M. more particularly described as follows beginning at a point 33 feet South of and 23 feet East of the Northwest corner of said W. 1/2 SE. 1/4 running thence East parallel with the center line of 25<sup>th</sup> Avenue, 125 feet, thence South parallel with the center line of Grand Avenue, 120 feet, thence West 125 Feet, thence North 120 feet to the point of beginning, containing .344 acres more or less, all in East Gary, Lake County, Indiana, said Grand Avenue being now know as Union Street.

3. Title to the above real estate has passed to Susanna Hartline by virtue of Last Will and Testament of Fredrick Armenth.

4. I hereby request that the Auditor enter the information on the transfer books.



*Susanna Hartline*  
Susanna Hartline

SUBSCRIBED AND SWORN TO before me this 20 day of Nov, 2017.



*Lara Crane*

Notary Public in and for the State of IL

My commission expires 10/02/2019

Prepared by: Cynthia Salinas McClure 1470 W US HWY 20 Porter, IN 46304  
Send Tax Statement To: Raleigh Smallwood 4401 E 25<sup>th</sup> Ave Lake Station, In 46405

Return Document To: Cynthia Salinas McClure 1470 W US HWY 20 Porter, IN 46304

↑

25-  
1861

RM

**CERTIFICATION OF VITAL RECORD**

**JACKSON COUNTY CLERK OFFICE  
MURPHYSBORO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2010 0009917

DATE ISSUED 9/29/2010

DECEDENT'S LEGAL NAME WANDA ARMENTH		SEX FEMALE	DATE OF DEATH FEBRUARY 07, 2010	
COUNTY OF DEATH JACKSON	AGE AT LAST BIRTHDAY 92 YEARS	DATE OF BIRTH APRIL 18, 1917		
CITY OR TOWN CARBONDALE	HOSPITAL OR OTHER INSTITUTION NAME MEMORIAL HOSPITAL OF CARBONDALE			
PLACE OF DEATH INPATIENT				
BIRTHPLACE HOBART, IN	SOCIAL SECURITY NUMBER 313-36-8887	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4550 RHINE ROAD	APT. NO.	CITY OR TOWN ALTO PASS	INSIDE CITY LIMITS? NO	
COUNTY UNION	STATE IL	ZIP CODE 62905	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH WELOGORSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VALERIA UNKNOWN
DEFORMANT'S NAME SUE HARTLINE	RELATIONSHIP DAUGHTER	MAILING ADDRESS 4550 RHINE ROAD, ALTO PASS, IL, 62905		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CALUMET PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION FEBRUARY 13, 2010	
FUNERAL HOME RENDLEMAN AND HILEMAN, 301 WEST SPRING STREET, ANNA, IL 62906				
FUNERAL DIRECTOR'S NAME DARRYL RENDLEMAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010845		
LOCAL REGISTRAR'S NAME MIRIAM LINK-MULLISON		DATE FILED WITH LOCAL REGISTRAR FEBRUARY 10, 2010		
CAUSE OF DEATH	PART I. PERITONITIS			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.			
	b. GASTRIC RUPTURE			
	c. PEPTIC ULCER			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		WAS AN AUTOPSY PERFORMED? NO		
FEMALE PREGNANCY STATUS NOT APPLICABLE		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:10 AM
CERTIFIER PHYSICIAN	DATE CERTIFIED FEBRUARY 08, 2010			
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH HANSON, EMILY D, 19 EAST SHAWNEE DRIVE, MURPHYSBORO, ILLINOIS, 62966			PHYSICIAN'S LICENSE NUMBER 036107935	



I, Larry W. Reinhardt, Jackson County Clerk, do hereby certify that this document is a true and correct copy/abstract of the original record which is on file in the office of the County Clerk, Jackson County, Murphysboro, Illinois.

Not valid without the embossed seal of Jackson County.

*Larry W. Reinhardt*  
**LARRY W. REINHARDT**  
COUNTY CLERK



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**