

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 MAR -4 AM 9:42

MICHAEL B. BROWN
RECORDER

2019 013005

4
CTNW1900615 [S]

STATE OF INDIANA) IN RE: M. SHANNONN CREPEAU,
) SS: DECEASED
COUNTY OF LAKE)

AFFIDAVIT OF REGARDING TERMINATION OF LIFE ESTATE

Comes now JANE M. JORDAN and ANDREW J. CREPEAU, being duly sworn upon their oaths, and state as follows:

That M. SHANNON CREPEAU executed THE M. SHANNON CREPEAU LIVING TRUST, on March 22, 2007. Under the terms of said Trust Agreement M. SHANNON CREPEAU was the named as the Beneficiary and the Trustee of said trust.

That THE M. SHANNON CREPEAU LIVING TRUST is the owner of the following described real estate located in Lake County, Indiana, more particularly described as follows:

See the attached Exhibit A.

Property Address: 14304 Elkhart Place, Crown Point, Indiana

That there is a life estates reserved to M. SHANNON CREPEAU in said real estate. That M. SHANNON CREPEAU died on April 21, 2017, at St. Anthony Medical Center Of Crown Point, Crown Point, Indiana, at which time her life estate in said real estate terminated.

That JANE M. JORDAN and ANDREW J. CREPEAU are the acting Co-Successor Death Trustees of said trust, and under the provisions of said trust he has the power to convey its real estate.

That the gross value of the estate of the decedent, was not subject to Federal Estate Taxes. That the decedent's estate was not subject to Indiana inheritance Taxes.

Jane M Jordan
JANE M. JORDAN

3/1/2019
DATE

Andrew J Crepeau
ANDREW J. CREPEAU

3-1-19
DATE

FILED

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

000834

1820800798

42500

AM

CHICAGO TITLE INSURANCE COMPANY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State personally appeared JANE M. JORDAN, who acknowledged the execution of the foregoing Affidavit Regarding Termination Of Life Estate, and acknowledged her execution of it as her voluntary act and deed for the uses and purposes stated in it.

WITNESS my hand and Notarial Seal, this 1 day of March, 2019.

MY COMMISSION EXPIRES:

Notary Public:

Resident County:



Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State personally appeared ANDREW J. CREPEAU, who acknowledged the execution of the foregoing Affidavit Regarding Termination Of Life Estate, and acknowledged his execution of it as his voluntary act and deed for the uses and purposes stated in it.

WITNESS my hand and Notarial Seal, this 1 day of March, 2019.

MY COMMISSION EXPIRES:

Notary Public:

Resident County:



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.

Alicia Gloyeske

This Instrument Prepared By:

Alicia Gloyeske, Attorney At Law, 2401 Beech Street, Suite E
Valparaiso, IN 46383, Phone: (219) 464-9224

EXHIBIT A

LOTS 61, 61, AND 63 OF THE TOWN OF LEROY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 1, PAGE 5 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel #45-17-31-131-011.000-44

Parcel #45-17-31-131-012.000-44

Parcel #45-17-31-131-013.000-44





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

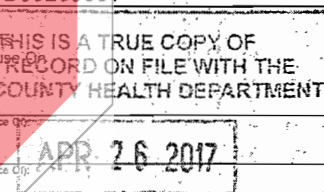
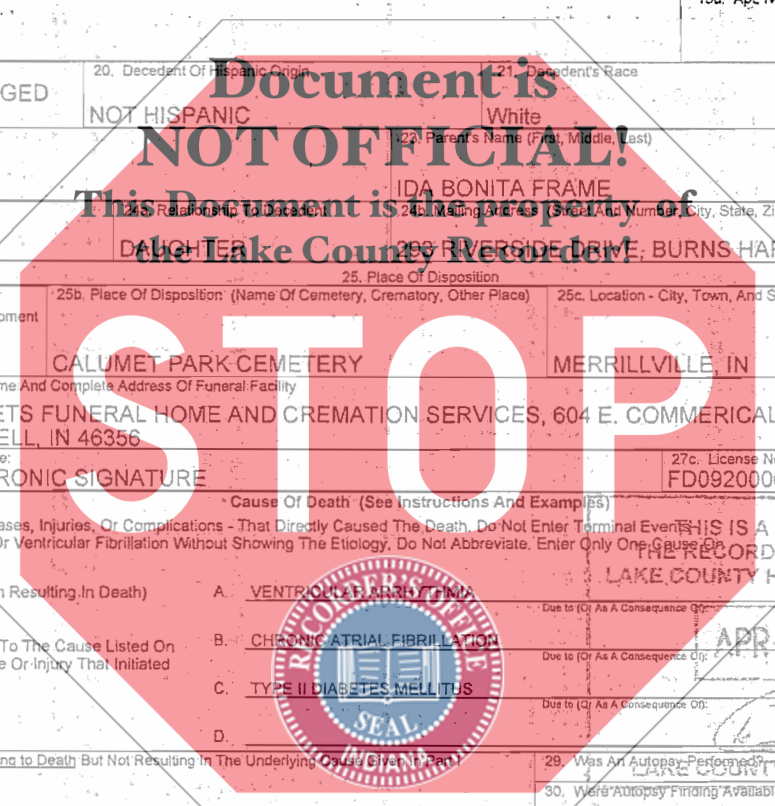
Tracking No. 122066

Local No 001468

EDR No 000000573682

State No 020447

1. Decedent's Legal Name (First, Middle, Last) MILDRED SHANNON CREPEAU				1a. Maiden Name (If female) FRAME		2. Sex FEMALE	3. Time Of Death 07:24 AM	4. Date Of Death (Month/Day/Year) 04/21/2017							
5. Social Security Number		6a. Age - Yrs 86	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 03/10/1931		8. Birthplace (City and State or Foreign Country) DEMOTTE, IN						
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)										
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT															
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown							
15. Surviving Spouse's Name				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry DOMESTIC							
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town CROWN POINT			18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
18c. Street And Number 14304 ELKHART PLACE			19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White								
22. Parent's Name (First, Middle, Last) HARRY EDWARD FRAME				23. Parent's Name (First, Middle, Last) IDA BONITA FRAME			23a. Parent's Last Name Before First Marriage UHTER								
24. Informant's Name JANE JORDAN				24a. Relationship To Decedent DAUGHTER											
24b. Relationship To Informant DAUGHTER				24c. Address (Street, Apt. Number, City, State, Zip Code) 299 RIVERSIDE DRIVE, BURNS HARBOR, IN 46304											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition: (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY								25c. Location - City, Town, And State MERRILLVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: MOLLY E. TUCKER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09200061									
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. VENTRICULAR ARRHYTHMIA Due to (Or As A Consequence Of) B. CHRONIC ATRIAL FIBRILLATION Due to (Or As A Consequence Of) C. TYPE II DIABETES MELLITUS Due to (Or As A Consequence Of) D. 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								28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given On Part I.		29. Was An Autopsy Performed? NO		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		APPROXIMATE INTERVAL: Onset To Death HALF HOUR 2 YEARS 10 YEARS	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined									
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)									
41. Signature, Of Person Certifying Cause Of Death: ELIZABETH PRZENICZNY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ELIZABETH PRZENICZNY, 5265 COMMERCE DRIVE SUITE D, CROWN POINT, IN 46307						44. License Number 01033089A		45. Date Certified 04/23/2017							
46. Additional Funeral Service Provider:						47. *Alias:									
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 24 2017									



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