

2019 029735

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 MAY 20 AM 9:51

AFFIDAVIT

STATE OF IN

MICHAEL B. BROWN
File No.: FNW1901227-DS

COUNTY OF Lake

lu

On this May 10, 2019 before me personally appeared Lee Rex Nedreau aka Lee R. Nedreau to me personally known, who being duly sworn on oath did say that:

3

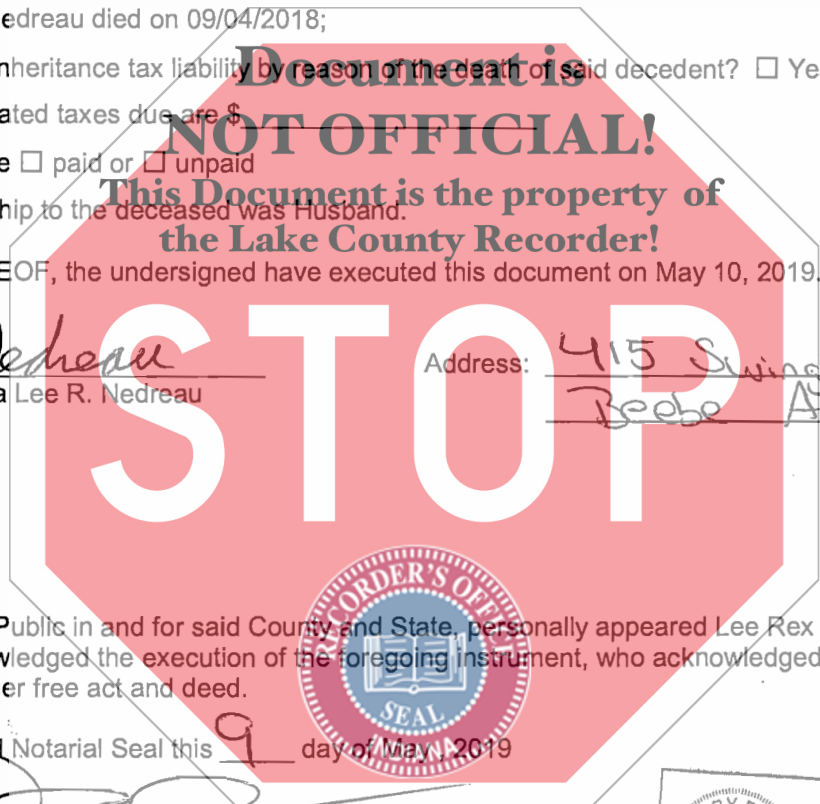
- 1. Affiant resides at the address given below affiant's signature;
- 2. That Sandra S. Nedreau held a life estate interest in the following described land;

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

- 3. Said Sandra S. Nedreau died on 09/04/2018;
- 4. Is there Federal inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$
The taxes due are paid or unpaid

- 5. Affiant's relationship to the deceased was Husband.



IN WITNESS WHEREOF, the undersigned have executed this document on May 10, 2019.

Lee R Nedreau
Lee Rex Nedreau aka Lee R. Nedreau

Address: 415 Swinging Bridge Rd
Bebe AR 72012

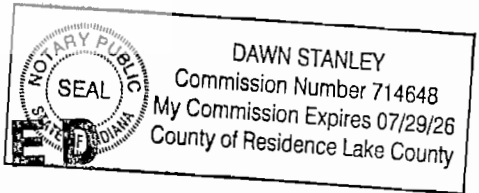
STATE OF IN

COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared Lee Rex Nedreau aka Lee R. Nedreau who acknowledged the execution of the foregoing instrument, who acknowledged the foregoing instrument to be his/her free act and deed.

Witness my hand and Notarial Seal this 9 day of May, 2019

Signature: [Signature]
Printed: Dawn Stanley
Resident of: Lake County
State of: INDIANA
My Commission expires: 7/29/26



FILED

MAY 20 2019

24313

This instrument prepared by Lee Rex Nedreau
and Mail to: 415 Swingingbridge Rd
Bebe AR 72012

JOHN E. PETALAS
LAKE COUNTY AUDITOR

FIDELITY - HIGHLAND

FIDELITY NATIONAL
TITLE COMPANY

25.-

CK#1820703097

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-07-36-201-003.000-001

LOT 3 IN BLOCK 1 IN ELMWOOD PARK 2ND ADDITION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 34 PAGE 83, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 170701

Local No 903050

EDR No 00000663553

State No 044815

1. Decedent's Legal Name (First, Middle, Last) SANDRA S NEDREAU		4a. Maiden Name (If female) RUTTLEDGE		2. Sex FEMALE		3. Time Of Death 11:37 AM		4. Date Of Death (Month/Day/Year) 09/04/2018	
5. Social Security Number		6a. Age - Yrs 68		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) 09/11/1949		8. Birthplace (City and State of Foreign Country) HAMMOND, 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 checked="" type="checkbox"/> Inpatient <input 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN 46321				13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name LEE NEDREAU			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation SALES		17. Kind Of Business/Industry RETAIL JEWELRY	
18a. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18c. Street And Number 4520 RALSTON PLACE		18d. Apt. No.	
18e. Zip Code 46319		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) JOSEPH RUTTLEDGE		23a. Parent's Last Name Before First Marriage BUTHER			
24. Informant's Name LEE NEDREAU		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 4520 RALSTON PLACE, GRIFFITH, IN 46319					
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) MEMORY LANE MEMORIAL PARK		25c. Location - City, Town, And State GROWN POINT, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License Number FH1030021	
27b. Signature Of Indiana Funeral Service Licensee LEONARD GREGORCZYK		27c. License Number (Of Licensee) FD08800305		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 Re-verify. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIAC ARREST					
28. Part II - Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Approximate Interval To Death IMMEDIATE	
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 checked="" 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"/> Unknown <input type="checkbox"/> Pregnant Within The Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)		38a. City Or Town MUNSTER		38b. Street & Number 7905 CALUMET AVE	
39. Describe How Injury Occurred		38c. Apt. No.		38d. Zip Code		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature Of Person Certifying Cause Of Death OLAYEMI CHAMPION ODUSOLA	
42. Name, Address And Zip Code Of Person Certifying Cause Of Death OLAYEMI CHAMPION ODUSOLA, 7905 CALUMET AVE, MUNSTER, IN 46321		43. License Number 01067004A		44. Date Certified 09/12/2018		45. Title LAKE COUNTY HEALTH OFFICER		46. Signature Of Local Health Officer CHANDANA VAVILALA	
47. Additional Funeral Service Provider		48. Signature Of Local Health Officer CHANDANA VAVILALA		49. For Registrar Only - Date Filed (Month/Day/Year) SEP 13 2018		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

