

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 037356

2019 JUN 21 AM 9:04

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

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I, Gregory Mark Keller, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the Successor Trustee of the Homer and Wilma Keller Living Trust dated March 30, 1999.
3. Trustor Wilma J. Keller (aka Wilma Keller) died on October 6, 2010. See attached Death Certificate for Wilma J. Keller (aka Wilma Keller).
4. The legal description of the premises in question is:

THE EASTERLY 28.0 FEET OF THE WESTERLY 83.50 FEET BY PARALLEL LINES OF LOT 9 IN DEERPATH TOWNHOMES TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 65, PAGE 48, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 202 Barbara Jean Drive, Schererville, IN 46375

Key No.: 45-11-15-379-004.000-036

5. There are no Federal tax liability or State Inheritance taxes due by reason of the death of said decedent.
6. This affidavit relates to a Life Estate Interest.

FILED

JUN 21 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

041871

Gregory M Keller

Gregory Mark Keller, Affiant
9607 West 135th Place
Cedar Lake, IN 46303

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Gregory Mark Keller, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 12th day of June, 2019.

My commission expires: 2/13/2026

Signature: *Lesa A. Potacki*

Lesa A. Potacki

Resident of: Lake 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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375;
(219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3535-10

State No.

Form with fields for decedent's name (WILMA KELLER), date of death (OCTOBER 6, 2010), birth date (AUGUST 2, 1938), and cause of death (Cardiac Dysrhythmia, Pulmonary Embolism).