STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

7019 JUN 21 AM 9: 04

MICHAEL B. BROWN

2019 037354

STATE OF INDIANA

) SS:

COUNTY OF LAKE

AFFIDAVIT

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 Gregory Mark Keller, Affiant

9607 West 135th Place Cedar Lake, IN 46303

of of

041871

| 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 13th day of June, 2019.

My commission expires: 2/13/2026

Signature:_

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." <u>/s/Gary P. Bonk</u>

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

3535-10

| Local No | <u> </u> | <u>/</u> | · | | | | | State No | | | | ****** | | |
|--|---------------------------------------|--|--|---|--|----------------------|---------------|--|---|---------------|-----------------------------------|-------------------------------|--|--|
| WILMA KELLER | | | 1a. Maiden I | 18. Matter Last Name (il Female) 2. Sex | | | | | 3. Time O | 1 Death | 4. Date Of Death (Month/Day/Year) | | | |
| | | | | | | | F | 1 ' | 7:59 A. | M. | OCTOBER 6, 2010 | | | |
| 5. Social Security Number 88. Age Yrs | 6b. Under 1 | | Month 6s Under 1 | Day 6e. | Under 1 Hour | ł | • | | 8. Birthplace (City And State Or Foreign Country) | | | | | |
| 72 | Months | Days | Hours | Minute | es | AU | GUST 2, | 1938 | EVANS | VILLE, | INDIANA | | | |
| 9. Ever in U.S. Armed Forces? 10. If D | seth Occurred in A | Hospital: | | 108.1 | tf Death Occurre | d Somewhere | Other The | n A Hospitat: | Hospina F | acility IT C | locadent's Hom | e Nursing Home/Long- | | |
| | _ | cy Department Outpat | ient 🔲 Dead On Arrival | Tem | Care Facility | Other (Spec | aify) | u. | loopioo i | DOMAY C.J.C | ,cocociito i koti | e Ditterang nonecong- | | |
| 11. Facility Name (If Not Institution, Give Street | • | | | | | | | | | | | | | |
| ST. MARGARET MERCY - SOUT | H CAMPUS | | | | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code | | | | | 13. County C | of Death | | | 14. M | arital Status | At Time Of De | ath | | |
| DYER, INDIANA, 46311 | | | | | LAKE | | | | □ Wi | | arried, But Separated Divorced | | | |
| 15. Surviving Spouse's Name HOMER KELLER | | | 15a, (If Wife)Give I | Malden Lest Na | | | | | nt's Usual Occupation | | | 17. Kind Of Business/Industry | | |
| | | | <u> </u> | | HOME MA | | | | AKER | | | OWN HOME | | |
| 18. Residence – State INDIANA | | 18a. County | | | 8b. City Or Tow | | | | | | | | | |
| | | LAKE | | | CHERERV | ILLE | | | | | | | | |
| 18a. Street And Number 202 BARBARA JANE DRIVE | | | | | | | | 18d. Apl. No. | 1 | 18e. Zip (| | 187. Inside City Limits? | | |
| | | | | | | | | | | 46375 | S Yes □ No | | | |
| 19. Decedent's Education | mmladad | | of Hispanic Origin | | · I | Decedent's Ra | ice | | | | | | | |
| High school graduate or GED co | npietea | No, not Sp | anish/Hispanic/L | | Whi | | | | | | | | | |
| 22. Father's Name (First, Middle, Last) GEORGE HOPPER | | | | | Aother's Namo (1 | First, Middle, I | Lasi) | | | 23a. VIR | Mother's Maide | an Last Namo | | |
| | | | | ł | ORGIA | | | | | Viik | | | | |
| 24. Informant's Name HOMER KELLER | | HUSBAI | onship To Decedent | | | - | | y, Stale, ZIP Code) CHERERVILL | E IND | ANA A | 276 | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | L, 1110 | | | | | |
| 25a. Method Of Disposition. ☐ Burial ☑ Cre | 25b. F | Place Of Disposition (f | 2 Name Of Cemetery, Cres | 5. Place Of matory, Other I | | 25c. Local | tion - City, | own, And State | | | | | | |
| ☐ Donation ☐ Entombment ☐ Removal From ☐ Other (Specify): | State REG | IONAL CRMAT | | | | MUNST | - | • | | | | | | |
| ! | . | ete Address Of Funera | | | ************************************** | | | | | | I | Home Ucense Number: | | |
| | | APEL 11300 VV | .97TH LANE S | I. JOHN, I | NUIANA 4 | 63/3 | | | | | 1990005 | | | |
| 27b. Signature Of Indiana Funoret Stayloo Licensee: 27c. Licensee Number (Of Licensee) FD09200077 | | | | | | | | | | | | | | |
| Cause Of Death (See Instructions And Examples) | | | | | | | | | | | | | | |
| 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 Affect, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Eticlogy. Do Not Abbreviate. Enter Only One Causel do (LHTH' 5) Hit induce is A Inductant Chairman Author Cardiac Affect (CERTIFICATE OF DEATH ON FILET COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF DEATH ON FILET CARDIA COPY OF THE CERTIFICATE OF THE CARDIA COPY OF THE CARDIA COPY OF THE CERTIFICATE OF THE CARDIA COPY O | | | | | | | | | | | | | | |
| Immediate Cause (Final Disease Or Con | dition Resulting | In Death | A | rur a | <u> </u> | DYSY Due To (Or A | 197 | MANIANS | TY HEAT | TH DEPA | RTMENT | | | |
| Sequentially List Conditions, If Any, Leading To The Cause Listed On B. Pulmonary Embarracy | | | | | | | | | | | | | | |
| Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Lest C | | | | | Dust To (Dr As A Consequence Of): | | | | | | | , | | |
| | | | _ | | | Due To (Or A | s A Conseque | nc 01): | | | | | | |
| Part II . Enter Other Stanificant Conditions Contr | buting To Death B | ut Not Resulting In Th | D. e Underlying Cause Give | en in Part I | | 29. Was A | n Autopsy i | regomiea? | □Yes | ⊠ No | | | | |
| | | | | | | 30. Were / | Autopsy Fin | sings Available To | Complete | The Cause | Of Death? | Yes No | | |
| \$1. Did Tobacco Use Contribute To Death? | 32 If F | emale: | | | | l | | 33-Manner Off | Death: | | 4 -2 | | | |
| ☐ Yes ☐ Probably ☐ No ☑ Unknown | Not I | Prognant Within Past Year Prognant, But Prognant 43 | Pregnant At Time Of De Days To 1 Year Before Dead | eath O Not Prog | gnant, But Prognant III Prognant Within | Within 42 Days | Of Death | ⊠ Natural □ Hor | | | onding investigation | xn | | |
| 34. Date Of Injury (Month/Day/Year) | | me Of Injury | | | | | Construction | ☐ Suicide ☐ Co on Site, Restaurant, | Wooded | Area) | 37. 1 | njury At Work? | | |
| | | | | | | | | • | | | 1 | Yes No | | |
| 38. Location Of Injury - State | 38a, C | ity Or Town | 3 | 18b. Street & N | lumber | | | | 35 | c. Apt. No. | 388. Z | p Code | | |
| | | | | | | | | • | | | | | | |
| 39 Describe How Injury Occurred | · · · · · · · · · · · · · · · · · · · | | | , | | | | 40. If Tran | sportat | ion Injur | y, Specify: | | | |
| ☐ DifterfOperator ☐ Pessenger ☐ Pedustrian ☐ Other (Speedly) | | | | | | | | | | | | | | |
| 41. Signatura, Of Person Certifier (Check Only Ona) A. Certifier (Check Only Ona) Cortifier (Check Only Ona) Cortifier (Check Only Ona) | | | | | | | | | | | | | | |
| / / / / | ath: | | | - SWY BUV I read United in read United | | | | | | | | | | |
| Sun | ud | | | | | | <u> A</u> Cat | ymg i nyooddi 🗀 | Coroller [| _i reasi(| лист | | | |
| 43. Name, Address And Zip Jode Of Person | ud | se Of Death: | | | | | <u> </u> | 44. Licen | | | 45. Date | Certified | | |
| 1 . · | on Certifying Cau | | Juza (0 | , T)\ | J 463 | 3/2 | <u> </u> | 44. Licen | iso Numbo | | 45. Date | Certified (07/10 | | |
| 43. Name, Address And Zip rode Of Person 43. Name, Address And Zip rode Of Person 43. Additional Funeral Service Provider: | on Certifying Cau | | duča fo | , Dr | V 463 | 3/z | | 44. Licen | 150 Number | or . | 45. Date | Certified / 07 // 0 | | |
| 4320 Fiv 81 Suits 48. Additional Funeral Service Provider: | on Certifying Cau | , EAST C | ολιιζα 60 | | J 463 | | | 44. Licen Old 47. *Aka: | 150 Number | or . | 45. Date | Certified (0.7/1/0 | | |
| 4320 Fiv 81 Suits 48. Additional Funeral Service Provider: | on Certifying Cau | , EAST C | duča fo | | | | | 44. Licen Old 47. *Aka: | 150 Number | or . | 45. Date | Certified (0.7/10) | | |