

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 037355

2019 JUN 21 AM 9:04

STATE OF INDIANA

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) SS:

MICHAEL B. BROWN
RECORDER

COUNTY OF LAKE

)

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 Homer L. Keller (aka Homer Lavaughn Keller) died on May 16, 2019. See attached Death Certificate for Homer L. Keller (aka Homer Lavaughn 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

041872

Gregory Mark Keller

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

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ck. 9521
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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, IN



"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

Tracking No. 195727

Local No 901785

EDR No 00000710568

State No 024258

1. Decedent's Legal Name (First, Middle, Last) HOMER LAVAUGHN KELLER				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 05:20 AM	4. Date Of Death (Month/Day/Year) 05/16/2019		
5. Social Security Number [REDACTED]	6a. Age - Yrs 85	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) 04/02/1934		8. Birthplace (City and State or Foreign Country) KNOXVILLE, TN		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	9. Ever in U.S. Armed Forces?			10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department 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) FRANCISCAN HEALTH - DYER										
12. City Or Town, State, And Zip Code DYER, IN, 46311				13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <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 SHEET METAL WORKER		17. Kind Of Business/Industry VIDIMOS		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE				18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 202 BARBARA JEAN DRIVE		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) ISAAC JACOB KELLER			23. Parent's Name (First, Middle, Last) MARY KELLER			23a. Parent's Last Name Before First Marriage CRAVENS				
24. Informant's Name GREGORY MARK KELLER		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 9607 WEST 135TH PLACE, CEDAR LAKE, IN 46303						
25. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):										
25a. Method Of Disposition		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ELMWOOD CHAPEL CREMATORY			25c. Location - City, Town, And State CEDAR LAKE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373						27a. Funeral Home License Number: FH19900052			
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09200077				
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. <u>SEPSIS</u> Due to (Or As A Consequence Of): 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 B. <u>CIRRHOSIS</u> Due to (Or As A Consequence Of): C. <u>ACUTE KIDNEY INJURY</u> Due to (Or As A Consequence Of): D. <u>CARDIOMYOPATHY</u>										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 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
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) THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	38. Location Of Injury - State	38a. City Or Town	38b. Street & Apt. No.
38. Location Of Injury - State		38a. City Or Town		38b. Street & Apt. No.	38c. Apt. No.	38d. Zip Code	39. Describe How Injury Occurred			
41. Signature, Of Person Certifying Cause Of Death: STUART MARSHALL KLEIN, BY ELECTRONIC SIGNATURE						42. Certified (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01031791A	45. Date Certified 05/17/2019	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: STUART MARSHALL KLEIN, 9696 GORDON DR., HIGHLAND, IN 46322						47. *Asks:		48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		
46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICER						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 20 2019				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE										
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										