## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

**AFFIDAVIT** 

2019 037397

2019 JUN 21 AM 9:53

STATE OF Indiana

File No. (CTNW1902886-KEA

**COUNTY OF Lake** 

Ctnw 1902886 M

On this June 19, 2019 before me personally appeared Linda Hogan to me personally known, who being duly sworn on oath did say that:

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

251 Clark S. Lowell, 10. 46356

For APN/Parcel ID(s): 45-19-23-332-011.000-008 and 45-19-23-332-008.000-008

THE SOUTH 55 FEET OF LOT A-1, IN HALSTED'S SECOND ADDITION TO THE TOWN OF LOWELL, AS PER PLAT THEREOF, RECORDED IN MISCELLANEOUS RECORD A, PAGE 516 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- 3. Said Patricia Kathleen Callahan AKA Patricia K. Callahan died on September 12th, 2018;
- 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 p

IN WITNESS WHEREOF, the undersigned have executed this document on June 19, 2019.

Linda Hogan

Successor Trustee

503 DRIFTWOOD DR

State of Indiana

County of Lake

Before me, a Notary Public in and for said County and State, personally appeared Linda Hogan, Successor Trustee of the Patricia K. Callahan Revocable Living Trust dated October 15, 2004, who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 19th day of June, 2019

Signature: Printed: Katherine E. Adams

Resident of: Lake County State of: INDIANA

My Commission expires: December 5, 2024

My Commission Expires Dec 5, 2024

KATHERINE E ADAMS

Notary Public - Seal Lake County - State of Indiana

Commission Number 693947

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LAKE COUNTY AUDITOR

## AFFIDAVIT (continued)

This instrument prepared by: Linda Hogan

t 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\_\_\_\_\_

Affidavit (Life Tenant) IND1229.doc / Updated: 05.23.17

## (Ti

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 171080

4 December Level Manage	<u>aí No 900</u>	JU		EDR NO U	NOOOOL	)66496:	3	St	tate No	U43 I	40		
1. Decedent's Legal Name	(First, Middle, Last	}		1a. Ma	iden Name (If fe	emale)	. !	2. Sex	3. Time C	Death	4. Date C	) Death (Month/Day/Yea	
PATRICIA KATHL				CALLA				FEMALE		7 AM		09/12/2018	
5. Social Security Number	6a. Age - Yrs	6b. Under 1	Year 8c. Under 1	Month 6d. Under	r 1 Day 6e.	Under 1 Hour 7	7. Date of	Birth (Month/Day/Y	'ear) 8. E	irthplace (Ci	ty and State of	or Foreign Country)	
	89	Months	Days	Hours	Mint	utes	1	1/12/1928	CE	EDAR LA	KE, IN		
9. Ever in U.S. Armed Force	es? 10. If Dea	th Occurred In A	A Hospital:	_		, If Death Occurred Hospice Facility		nere Other Than A leadent's Home			m Cara Facili		
☑ Yes ☐ No ☐ Unkr			ency Department Out	tpatient Dead		Other (Specify)		edenis Home; . M	g racesing m	pure/could-rev	ın Cara Çacı		
11. Facility Name (If Not In CEDAR CREEK H	<b>EALTHCAR</b>				. :						******	H SHEED	
12. City Or Town, State, An	id Zip Code					13. County Of D	Death				atus At Time	Of Death  ut Separated Divorce	
LOWELL, IN, 4635				45a Last Hama	D-fo-Fi-th-	LAKE		· · ·		Widowed	Neve	r Married Unknown	
15. Surviving Spouse's Nam	ne			15a. Last Name	Before First Ma	image		16. Decedent's Usu	al Occupation	n	17. Kind	Of Business/Industry	
18. Residence - State			18a, County		1	8b. City Or Town	Т	EACHER			EDUCA	TION	
						·				11.			
18c. Street And Number			_AKE		[10	OWELL	٠	18d. A	pt. No.	18e, Zip	Code	18f. Inside City Limits	
251 CLARK STRE	ET .						:,		,	16		⊠ Yes □ No	
19. Decedent's Education			20. Decedent O	of Hispanic Origin		21. Dec	edent's R	BC9 .		. 40	356	11 11 11 11 11 11 11 11 11 11 11 11 11	
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22. Parent's Name (First, Mi					23. P	Parent's Name (Firs	st, Middle,	Last)		23a. F	Parent's Last	Name Before First Mania	
JOHN L CALLAHA	N.				AGI	NES CALLA	HAN			MCI	NELIS	to the state.	
				onship To Decedent	24b.	24b. Mailing Address (Street And Number, City, State, Zip Code							
PATRICIA K CALL	AHAN		SELF				REET	LOWELL, II	N 46356	1			
25a. Method Of Disposition			ib. Place Of Disposi	tion (Name Of Cem	25. Place Of C retery, Cremator	y, Other Place)	25c. Loc	ation - City, Town, A	and State			11 12 11 12 11 1	
⊠ Burial	Donation 🔲 E	nemdmoto				: 1					1 5 5. 14		
Other (Specify):			OLY NAME (				CEDA	R LAKE, IN		1	13	44 44 4	
26. Was Coroner Contacted	17   27.	Name And Co	mplete Address Of F	Funeral Facility			: 1	•	•	. 1	27a. Fun	eral Home License Numb	
☐ Yes ☒ No			INERAL HON	ME INC, 1290	01 WICKE	R AVENUE,	, CEDA			(O411		02461	
27b, Signature Of Indiana f	PUENT BY	ensee: 'ELECTR'	ONIC SIGNA	THRE		:		FD2160	ISE NUMBER	(Of Licensee)		. 1 1	
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