

FILED

Apr 27 2021 VH
JOHN E. PETALAS
LAKE COUNTY AUDITOR

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

COMES NOW, Rachel Singleton, first being duly sworn upon her oath, and states as follows:

1. That I am the Successor Trustee of the Harold D. and Kathryn Trapp Revocable Trust under agreement dated December 21, 2000, (hereinafter referred to as the "Trust"), states the following.

2. That Harold D. Trapp and Kathryn Trapp were a residents of Lake County, Indiana, having resided at the real property commonly known as 568 213th Place, Dyer, Indiana 46311.

3. That Kathryn Trapp died a resident of Lake County, Indiana, on March 4, 2016, and a copy of said death certificate is attached to this Affidavit as Exhibit "A".

4. That Harold D. Trapp died a resident of Lake County, Indiana on June 16, 2020, and a copy of said death certificate is attached to this Affidavit as Exhibit "B".

5. That Harold D. Trapp and Kathryn Trapp retained Life Estate interests to the following described real estate located in Lake County, Indiana, to wit:

Lot No. Seventeen (17), as marked and laid down on the recorded plat of Suburban Gardens 2nd Addition to Dyer in Lake County, Indiana, as the same appears of record in Plat Book 28, page 68, in the Recorder's Office of Lake County, Indiana.

Commonly known as: 568 213th Place, Dyer, Indiana 46311

and hereinafter sometimes called the Real Estate for convenience by a Quit-Claim Deed from Harold D. Trapp and Kathryn F. Trapp, Co-Trustees of the Living Trust of Harold D. and Kathryn F. Trapp, dated May 1, 2003, and recorded on May 15, 2003 as Instrument No. 2003-049462 in the Office of the Recorder of Lake County, Indiana.

21-15454

(1)

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LAKE COUNTY, INDIANA, 021-00000, 1

6. That the purpose of this Affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to remove the Life Estate Interests of Harold D. Trapp and Kathryn F. Trapp due to their deaths.

FURTHER AFFIANT SAYETH NOT.

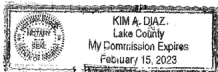
Dated this 26 day of 4, 2021.

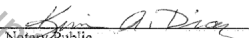

RACHEL SINGLETON

Before me, the undersigned Notary Public in and for said county and State do hereby certify that **Rachel Singleton** personally appeared and executed the above document as her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 26th day of April, 2021.

My Commission Expires 2/15/2023




Notary Public
Resident of Lake County,
Indiana

Kim A Diaz

Printed Name of Notary

This instrument prepared by: Stuart J. Friedman O'Neill McFadden & Willett LLP 833 W. Lincoln Highway Ste. 410W Schererville, Indiana 46375 (219) 322-0450

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.

Name Kim A. Diaz

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LAKE COUNTY, INDIANA, 021-0008-01, 1

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

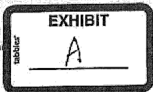
Tracking No. 81604

Local No 000753

EDR No 00000499148

State No 010600

1 Decedent's Legal Name (First, Middle, Last) KATHRYN TRAPP		1a Maiden Name (If female) FROHNAPPE		2 Sex FEMALE		3 Time Of Death 02:57 AM		4 Date Of Death (Month/Day/Year) 03/04/2016	
5 Social Security Number		6a. Age - Yrs		6b. Under 1 Year		6c. Under 1 Month		7. Date of Birth (Month/Day/Year)	
9 Ever in U.S. Armed Forces?		10 If Death Occurred In A Hospital		10a. If Death Occurred Somewhere Other Than A Hospital		10b. If Death Occurred Somewhere Other Than A Hospital		8. Birthplace (City and State and Foreign Country)	
11 Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE		12. City Or Town, State, And Zip Code		13. County Of Death LAKE		14. Marital Status At Time Of Death		15. Birthplace (City and State and Foreign Country)	
16. Decedent's Usual Occupation BUSINESS MANAGER		17. Sex Of Business Industry PUBLIC SCHOOL SYSTEM		18. Decedent's Usual Occupation		17. Sex Of Business Industry		18. Decedent's Usual Occupation	
19a. County LAKE		19b. City Or Town DYER		18a. Apt. No.		18b. Zip Code 46311		18c. Inset City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19c. Street And Number 568 213TH PLACE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Mother's Maiden Last Name PARSONS		23. Mother's Maiden Last Name	
24. Informant's Name HAROLD TRAPP		24a. Relationship To Decedent HUSBAND		25. Mother's Name (First, Middle, Last) ELIZABETH M FROHNAPPE		25a. Mother's Maiden Last Name PARSONS		26. Informant's Address (Street, City, State, Zip Code) 568 213TH PLACE, DYER, IN 46311	
26a. Place Of Disposition KELLY CARROLL CREMATION SERVICES		26b. Place Of Disposition (Name Of Crematory, Cemetery, Other Place) GARY, IN		26c. Location - City, Town, And State		27. License Number (If Licensed)		27a. Funeral Home License Number FH3001504	
28. Cause Of Death (See Instructions And Examples) CHRONIC MYOCARDIAL DYSPLASIA		28a. Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) List		28b. Immediate Cause (Final Disease Or Condition Resulting In Death)		28c. Intermediate Cause (Disease Or Injury That Contributed To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		28d. Approximate Interval - Months To Death MONTHS	
29. Signature Of Indiana Funeral Service Provider RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE		29a. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS INC., 1920 HART STREET, DYER, IN 46311		29b. Name And Complete Address Of Funeral Facility F2D0400030		29c. License Number (If Licensed)		29d. Funeral Home License Number	
30. Part I. Enter The Cause Of Death - Disease, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.		30a. Cause Of Death (See Instructions And Examples)		30b. Approximate Interval - Months To Death		30c. Intermediate Cause (Disease Or Injury That Contributed To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		30d. Approximate Interval - Months To Death	
31. Did Tobacco Use Contribute To Death?		32. If Female		33. If Ever Pregnant		34. If Ever Pregnant		35. If Ever Pregnant	
36. Date Of Injury (Month/Day/Year)		36a. City Or Town LAKE COUNTY HEALTH OFFICER		36b. State IN		36c. Apt. No.		36d. Zip Code	
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State		38a. City Or Town		38b. Apt. No.		38c. Zip Code	
39. Signature Of Person Certifying Cause Of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE		39a. Name, Address And Zip Code Of Person Certifying Cause Of Death LYLE R MUNN 65 E. US HIGHWAY 5, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383		39b. Address: Funeral Service Provider		40. Registrar (Check Only One) <input checked="" type="checkbox"/> County Physical <input type="checkbox"/> County <input type="checkbox"/> Health Officer		41. License Number 01031582A	
42. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		42a. Name, Address And Zip Code Of Person Certifying Cause Of Death		42b. Address: Funeral Service Provider		43. Date Registered (Month/Day/Year) MAR 07 2016		44. Date Certified 03/05/2016	



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LAKE COUNTY, INDIANA, 0621-00087, 1



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **000604**

EDR No **000000786534**

State No

1. Decedent's legal name (First, Middle, Last) HAROLD O TRAPP		12. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 05:16 AM	4. Date Of Death (Month-Day-Year) 06/16/2020	
5. Social Security Number [REDACTED]		6a. Age - Yrs 54	6b. Under 1 Year Months Months	6c. Under 1 Month Days Days	6d. Under 1 Day Hours Hours	6e. Under 1 Hour Minutes Minutes	7. Date of Birth (Month-Day-Year) 05/14/1926
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in a Hospital <input 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):		8. Birthplace (City and State of Foreign Country) GROVERTOWN, IN	
11. Family Name (If the institution, Give Street and Number) INDIANA MASONIC HOME INC				13. County Of Death JOHNSON		14. Marital Status At Time Of Death <input 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	
12. City Or Town, State, And Zip Code FRANKLIN, IN 46131		15. Last Name Before First Marriage		16. Decedent's Usual Occupation RESEARCH SPECIALIST		17. Kind Of Business/Industry OIL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		19. Decedent's Usual Occupation RESEARCH SPECIALIST	
19a. Street And Number 568 213TH PLACE		19b. Apt. No.		19c. Zip Code 46311		19d. (If in City Limits) <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Decedent's Education HIGH SCHOOL GRADUATE OR GREATER COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parents Name (First, Middle, Last) GEORGE W TRAPP		23. Parents Name (First, Middle, Last) RUTH I TRAPP		23a. Parents Last Name Before First Marriage MUELLER			
24. Informant's Name RACHEL SINGLETON		24a. Relationship To Decedent GRANDDAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 10722 NEWTON AVENUE, CROWN POINT, IN 46307			
25a. Method Of Disposition <input 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, Chapel, or Other Place) KELLY CARROLL CREMATION SERVICES		25c. Location - City, Town, And State GARY, IN		25d. Funeral Home License Number FH63001504	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS INC., 1920 HART STREET, DYER, IN 46311		28. License Number Of Licenses: IF020400030			
29a. Signature Of Indiana Funeral Service Licenses: RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE		29b. Cause Of Death (See Instructions And Examples) Case of Death - (See Instructions And Examples)		29c. License Number Of Licenses: IF020400030		29d. License Number Of Licenses: IF020400030	
<p>Part I. Enter The CHIEF CAUSE(S) - Diseases, Injuries, Or Complications - That Directly Caused This 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.</p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death):</p> <p>A. HYPERTENSIVE CARDIOMYOPATHY YEARS</p> <p>B. _____</p> <p>C. _____</p> <p>D. _____</p>							
<p>Part II. Enter Other Significant Diseases, Conditions, Or Signs Not Resulting In The Underlying Cause Given In Part I</p> <p>30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							
<p>DYSPLASIA</p> <p>31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>32. If Female: <input type="checkbox"/> Not Reported In Past Year <input type="checkbox"/> Reported In Past Year <input type="checkbox"/> Not Reported In Past Year (1994-2014) <input type="checkbox"/> Not Reported In Past Year (1994-2014) <input type="checkbox"/> Reported In Past Year (1994-2014) <input type="checkbox"/> Not Reported In Past Year (1994-2014)</p> <p>33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Cause Not Yet Determined</p>							
34. Date Of Injury (Month-Day-Year)		35. Time Of Injury		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Workplace, etc.)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. Zip Code	
39. Describe How Injury Occurred							
40. Signature Of Person Certifying Cause Of Death: MICHAEL TROY GILPATRICK, BY ELECTRONIC SIGNATURE							
41. Name, Address And Zip Code Of Person Certifying Cause Of Death MICHAEL TROY GILPATRICK, 3266 N. MERIDIAN STREET STE 101, INDIANAPOLIS, IN 46208				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certified Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01042660A	
44. Additional Funeral Service Provider				45. Date Certified 06/18/2020		46. (If Not Registered Only - Date Filed (Month-Day-Year) JUN 18 2020	

