

FILED

Sep 14 2021 cR
JOHN E. PETALAS
LAKE COUNTY AUDITOR



2335431-1754-0

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

Property Address: 9708A West 130th Place, Cedar Lake, IN 46303
Property County: Lake

Richard W. Schroeder, of adult age, being first duly sworn, upon deposes and says:

That **Richard W. Schroeder**, is the Husband of **Lorraine A. Schroeder aka Lorraine Ann Schroeder**, deceased, who died on July 15, 2020 a resident of Lake County, Indiana.

That said decedent acquired a Life Estate Interest to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Richard and Lorraine Schroeder recorded January 30, 2015 as Document No. 2015 006188 in the Office of the Recorder of Lake County, Indiana.

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 Interest of Enter Name.

Further, Affiant sayeth not.


Richard W. Schroeder

MTC File No.: 21-32041 (ALE)

Page 1 of 3

HOLD FOR MERIDIAN TITLE CORP.

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Richard W. Schroeder** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 8th day of September, 2021.

1-21-22

My Commission Expires:

050421

Commission No.

Porter IN

Notary Public County and State of Residence

Annette Martinez

Signature of Notary Public

Annette Martinez

Printed Name of Notary

This instrument was prepared by:
Andrew R. Drake, Attorney-at-Law
11711 N. Pennsylvania St., Suite 110, Carmel, IN 46032



**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 Annette Martinez

LEGAL DESCRIPTION

Part of Lot 282 in Monastery Woods, Phase 2, a Subdivision in the Town of Cedar Lake, Indiana, as per record plat thereof appearing in Plat Book 100, Page 72, in the Office of the Recorder of Lake County, Indiana, which part of said Lot 282 is more particularly described as follows: beginning at the Northwest corner of said Lot 282; thence South 89 degrees 21 minutes 43 seconds East, along the North line of said Lot, 64.81 feet; thence South 00 degrees 39 minutes 09 seconds West, 120.00 feet to a point on the South line of said Lot 282; thence North 89 degrees 21 minutes 43 seconds West, along said South line, 63.74 feet to the Southwest corner of said Lot 282, thence North 00 degrees 08 minutes 34 seconds East, along the West line of said Lot, 120.00 feet to the point of beginning, Containing 7,713 square feet, more or less.

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 821-276-09, 1



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **241719**

Local No **002978**

EDR No **00000792431**

State No **038525**

1. Decedent's Legal Name (First, Middle, Last) LORRAINE ANN SCHROEDER				1a. Maiden Name (if female) VANDERWEIDE		2. Sex FEMALE		3. Time Of Death 06:50 PM		4. Date Of Death (Month/Day/Year) 07/15/2020			
5. Social Security Number 77		6a. Under 1 Year Months 77		6b. Under 1 Month Days 77		6c. Under 1 Hour Hours 77		6d. Under 1 Day Minutes 77		7. Date of Birth (Month/Day/Year) 08/13/1942			
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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				19a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" 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) 9708 WEST 130TH PLACE				12. City Of Town, State, and Zip Code CEDAR LAKE, IN, 46303				13. County Of Death LAKE		14. Marital Status At Time Of Death: <input checked="" 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			
15. Surviving Spouse's Name RICHARD SCHROEDER				15a. Last Name Before First Marriage LAKE				16. Decedent's Usual Occupation BUSINESS MANAGER		17. Kind Of Business/Industry MEDICAL			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CEDAR LAKE		18d. Apt. No. UNIT A		18e. Zip Code 46303		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin <input checked="" type="checkbox"/> NOT HISPANIC		21. Decedent's Race White		23. Parent's Name (First, Middle, Last) ALICE GRACE VANDERWEIDE		23a. Parent's Last Name Before First Marriage SMITH					
22. Parent's Name (First, Middle, Last) DONALD VANDERWEIDE				24. Informant's Name RICHARD SCHROEDER		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 9708 WEST 130TH PLACE APT UNIT A, CEDAR LAKE, IN 46303					
25a. Method Of Disposition <input checked="" 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, Crematory, Other Place) MEMORY LANE CEMETERY		25c. Location - City, Town, And State CROWN POINT, IN							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 8580 WICKER AVENUE, WAIND JOHN, IN 46373				27a. Funeral Home License Number FH10200006							
27b. Signature Of Indiana Funeral Service Licensee RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD20400030									
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 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. CARDIOPULMONARY ARREST Approximate Interval: Onset To Death SECONDS													
B. COVID-19 DAYS													
C. TYPE II DIABETES YEARS													
D. HYPERTENSION YEARS													
Part II. Enter Other Contributing Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
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"/> Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant 84 Days To 1 Year Before Year <input type="checkbox"/> Pregnant 85 Days To 1 Year Before 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													
36. Location Of Injury - State													
36a. City Or Town													
36b. Street & Number JUL 17 2020													
36c. Apt. No.													
36d. Zip Code													
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
38. Describe How Injury Occurred													
39. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
40. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
NOT VALID UNLESS													
41. Signature, Of Person Certifying Cause Of Death: JOHN ALLEN HOEHN, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				44. License Number 0200D672A		45. Date Certified 07/16/2020		47. *fax:	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOHN ALLEN HOEHN - 505 W LINCOLN HWY, SCHERERVILLE, IN 46375				46. Additional Funeral Service Provider:				48. Signature of Local Health Officer: CHANDANA VAVILA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) JUL 17 2020			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													

RAISED SEAL AFFIXED