

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY INDIANA, 2021-533587, P 1

2021-538636

STATE OF INDIANA

**FILED**

11/17/2021 03:19PM  
Total Fees: 25.00  
By: KNK  
Pg #: 4

LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

Nov 17 2021 LM  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

LAKE COUNTY INDIANA, 2021-533587, P 1

2021-533587  
10/19/2021 10:37AM  
Total Fees: 25.00  
By: RM  
Pg #: 4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**FILED**

Oct 19 2021 SLG  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR



2340218-1754-0

## AFFIDAVIT TO EXTINGUISH LIFE ESTATE

Property Address: 1343 Dalemont Way, Dyer, IN 46311  
Property County: Lake

John R VanRamshorst, of adult age, being first duly sworn, upon deposes and says:

That John R VanRamshorst, is the son of Shirley VanRamshorst also known as Shirley Van Ramshorst, deceased, who died on April 24th, 2021 a resident of Lake County, Indiana.

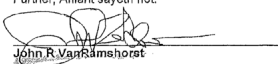
That said decedent acquired a Life Estate Interest to the following described real estate located in Lake County, IN to wit:

### SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Shirley J. VanRamshorst, Trustee of the Shirley J VanRamshorst Revocable Trust dated December 21<sup>st</sup>, 2007 recorded September 17<sup>th</sup>, 2008 as Document No. 2008 065236 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 Shirley VanRamshorst also known as Shirley Van Ramshorst.

Further, Affiant sayeth not.

  
John R VanRamshorst

MTC File No.: 21-36602 (ALE)

Page 1 of 3

HOLD FOR MERIDIAN TITLE CORP

No Sales Disclosure Needed  
Nov 17 2021  
By: sb  
Office of the Lake County Assessor

*\* This document is being Re-Recorded to Correct Decedent Name \**

Property of Lake County Recorder

LAKE COUNTY INDIANA, 2021-533587, P 2

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 John R VanRamsdorff 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 15th day of October, 2021.

My Commission Expires: \_\_\_\_\_

Commission No. \_\_\_\_\_

Notary Public County and State of Residence \_\_\_\_\_


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

  
\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Laura Lynn Szyrnalik



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 

Laura Lynn Szyrnalik

LAKE COUNTY INDIANA, 2021-533587, P 3

LEGAL DESCRIPTION

The West 50.43 feet by parallel line, measured East from the West line of said Lot 12, in Briarwood Estates, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 96, page 46, and amended by Certificate of Amendment recorded August 3, 2006 as Document No. 2006 067264, in the Office of the Recorder of Lake County, Indiana.

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-5565, 1



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **277627**

Local No 001742		EDR No 000011097421		State No 2021-023879	
1. Decedent's Legal Name (First, Middle, Last) <b>Shirley Van Ramshorst</b>		1a. Maiden Name (If female) <b>Wetmore</b>		2. Gender <b>Female</b>	
3. Social Security Number <b>81</b>		4a. Under 1 Year Months <b>81</b>		4. Date of Death (Month/Day/Year) <b>09/14 AM 04/24/2021</b>	
5. Under 1 Month Days <b>81</b>		6. Under 1 Day Hours <b>81</b>		7. Date of Birth (Month/Day/Year) <b>10/10/1939</b>	
8. Under 1 Hour Minutes <b>81</b>		9. Date of Death Occurred In A Hospital <input type="checkbox"/> Hospital Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility		8. Birthplace (City and State or Foreign Country) <b>Kankakee, Illinois</b>	
9. 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"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility					
11. Facility Name (If Not Institution, Give Street and Number) <b>1343 Dalemont Way</b>					
12. City Or Town, State, and Zip Code <b>Dyer, Indiana 46311</b>			13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death: <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <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 <b>Homemaker</b>	
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Dyer</b>	
18c. Street And Number <b>1343 Dalemont Way</b>		16d. Apt. No.		18e. Zip Code <b>46311</b>	
19. Decedent's Education <b>Some college, but no degree</b>		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race <b>White</b>	
22. Parent's Name (First, Middle, Last) <b>Howard Wetmore</b>		23. Parent's Name (First, Middle, Last) <b>Dorothy Wetmore</b>		23a. Parent's Last Name Before First Marriage <b>Mottinger</b>	
24. Informant Name <b>Bob Van Ramshorst</b>		24a. Relationship To Decedent <b>Son</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>14507 Lakeshore Drive, Cedar Lake, IN, 46303</b>	
26. 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):		25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Oak Ridge Cemetery</b>		25c. Location - City, Town, and State <b>Lansing, IL</b>	
26a. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Smits Funeral Home 2121 Pleasant Springs Lane, Dyer, Indiana, 46311</b>		27a. Funeral Home License Number <b>FH11000037</b>	
28b. Signature Of Indiana Funeral Service Licensee: <b>Timothy Smith</b>		28c. License Number (Of Licensee): <b>FD20600101</b>		28d. Date <b>04/24/2021</b>	
29. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (Do Not Enter Terminal Events). THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. Approximate Interval From Death: <b>70</b> years.					
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death):					
Line B. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death):					
Line C. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death):					
Line D. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death):					
Part II. Enter Other Significant 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"/> Not Pregnant, But Pregnant Within 45 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 46 Days To 1 year Before Death <input type="checkbox"/> Pregnant Or Pregnant/Milked This 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"/> Death Not To Be Determined	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (I.E.S., Decedent's Home, Construction Site, Restaurant, Wooded Area)	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
39. Describe How Injury Occurred		38c. Apt. No.		38d. Zip Code	
41. Signature Of Person Certifying Cause Of Death: <b>Gary Allen Marcotte</b>		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number <b>02000603A</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Gary Allen Marcotte 15800 W 101st Ave, Dyer, IN 46311</b>		44. Date Certified <b>04/27/2021</b>		45. Date Certified <b>04/27/2021</b>	
46. Additional Funeral Service Provider:		47. Fax:		48. Signature Of Local Health Officer: <b>Chandana Varshala</b>	
48. Signature Of Local Health Officer: <b>Chandana Varshala</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>05/03/2021</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>05/03/2021</b>	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					