

NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-071033

12:28 PM 2021 Dec 9

LIFE ESTATE AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this 9th day of December 2021, before me personally appeared Daniel W. Blankenburg, 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. On or about August 25, 2009, Patricia A. Osborn, executed a Quit-Claim Deed reserving a life estate in said real estate described below in her individual name. Said Quit-Claim Deed was recorded in the Lake County Recorder's Office on September 22, 2009, as Document No.: 2009-064366;

3. Said real estate is more particularly described as follows:

Legal: See Attached "Exhibit A"

More commonly known as: 1642 Cherry Blossom Drive

Parcel No.: 45-07-32-353-026.000-027

4. Said Patricia A. Osborn died on May 5, 2021, leaving a will;
5. Affiant's relationship to the deceased was legal representative;
6. This Life Estate Affidavit is being prepared and recorded to extinguish the life estate of Patricia A. Osborn and to vest fee simple title in Peoples Bank, by Lisa F. Morris, Successor

FILED

DEC 09 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

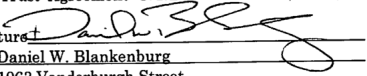
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Trustee of the Patricia A. Osborn Revocable Trust Agreement U/T/D December 20, 2007, as Amended and Restated.

Affiant's Signature 
Name Printed Daniel W. Blankenburg
Address 1063 Vanderburgh Street
Valparaiso, Indiana 46385

STATE OF INDIANA

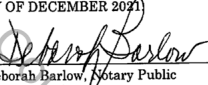
SS:

COUNTY OF LAKE

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Daniel W. Blankenburg who acknowledged the execution of said Affidavit to be his voluntary act and deed for the uses and purposes expressed therein.

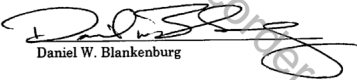
WITNESSE MY HAND AND SEAL THIS 9TH DAY OF DECEMBER 2021




Deborah Barlow, Notary Public
Resident of Porter County

My Commission Expires: 10/31/2024
Commission No.: 69226

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.


Daniel W. Blankenburg

This instrument prepared by: Daniel W. Blankenburg
Attorney-at-Law
300 East 90th Drive
Merrillville, Indiana, 46410

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File Number: IN013480

EXHIBIT "A"

UNIT 2 LOT 34 IN BLOCK TWO IN THE TOWNHOMES AT WHITE OAK ESTATES HORIZONTAL PROPERTY REGIME AS RECORDED IN BOOK 77, PAGE 74, ON THE 23RD DAY OF NOVEMBER, 1994 AS DOCUMENT NO. 94079856 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND AS AMENDED BY DOCUMENT NO. 95004909 AND RECORDED JANUARY 27, 1995, AND FURTHER AMENDED BY DOCUMENT NO. 95022888 RECORDED APRIL 26, 1995, IN PLAT BOOK 78, PAGE 29 AND FURTHER AMENDED BY DOCUMENT NO. 95031243 RECORDED JUNE 2, 1995 AND RE-RECORDED AS DOCUMENT NO. 95031980 RECORDED JUNE 7, 1995, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 78, PAGE 58 AND FURTHER AMENDED BY DOCUMENT NO. 95034168 RECORDED JUNE 19, 1995, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 78, PAGE 66 AND FURTHER AMENDED BY DOCUMENT NO. 95042556 RECORDED JULY 28, 1995 AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 78, PAGE 85, AND FURTHER AMENDED BY DOCUMENT NO. 95048709 RECORDED AUGUST 23, 1995 AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 79, PAGE 9, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND FURTHER AMENDED BY DOCUMENT NO. 95062783 RECORDED ON OCTOBER 18, 1995 AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 79 PAGE 39, AND FURTHER AMENDED BY DOCUMENT NO. 96005419 RECORDED JANUARY 25, 1996, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 79, PAGE 94, AND FURTHER AMENDED BY DOCUMENT NO. 96019187 RECORDED MARCH 26, 1996, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 80 PAGE 36, AND FURTHER AMENDED BY DOCUMENT NO. 96038403 RECORDED JUNE 7, 1996, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 80 PAGE 77, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND FURTHER AMENDED BY DOCUMENT NO. 96046654 RECORDED JULY 15, 1996, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 80, PAGE 99, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA AND FURTHER AMENDED BY DOCUMENT NO. 96072504 RECORDED OCTOBER 31, 1996, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 81, PAGE 76, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Lake County Recorder



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 279370

Local No 001959

EDR No 00001103222

State No 2021-026188

1. Decedent's Legal Name (First, Middle, Last) Patricia Anne Osborn		19. Maiden Name (If Female) Osborn		E. Gender Female		3. Time Of Death 11:48 AM		4. Date Of Death (Month/Day/Year) 05/05/2021	
2. Social Security Number 78		8b. Under 1 Year Months		8c. Under 1 Month Days		8d. Under 1 Day Hours		8e. Under 1 Hour Minutes	
5. 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		10c. 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		7. Date of Birth (Month/Day/Year) 11/12/1942		6. Birthplace (City and State or Foreign Country) East Chicago, Indiana	
11. Facility Name (If Not Institution, Give Street and Number) Community Hospital Munster									
12. City Or Town, State, And Zip Code Munster, Indiana 46321				13. County Of Death Lake		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			
15. Surviving Spouse's Name			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation Operations Manager		17. Kind Of Business/Industry Travel	
18. Residence - State IN		18a. County Lake		18b. City Or Town Munster		18d. Apt. No.		18e. Zip Code 46321	
19c. Street And Number 1642 Cherry Blossom		18f. Apt. No.		18e. Zip Code 46321		18i. 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 Not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) Richard Osborn			23. Parent's Name (First, Middle, Last) Anne Osborn			24. Parent's Last Name Before First Marriage Bodoventz			
24. Informant's Name Carol Hus		24a. Relationship To Decedent Power of Attorney		24b. Mailing Address (Street And Number, City, State, Zip Code) 10418 White Oak Lane, Munster, IN, 46321					
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, Crematory, Other Place) St John St Joseph Cemetery		25c. Location - City, Town, And State Hammond, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Buma-Kish Funeral Home Ino-Munster 8415 Calumet Ave, Munster, Indiana, 46321		27c. Funeral Home License Number: FH93004968					
27a. Signature Of Indiana Funeral Service Licensee: T. Osborn		Electronically Signed		27c. License Number (Of Licensee): FD8601763					
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. Cerebral herniation		B. Cerebral Edema						C. Intracerebral Hemorrhage	
D. Intraventricular Hemorrhage		Approximate Percent: Cause To Death 05/05/2021							
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									
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 Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		33a. <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
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)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred		39a. City Or Town		39b. Street & Number LAKE COUNTY HEALTH DEPARTMENT		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: Alok Patel		42. Certifier (Check One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Certifying Physician's License Number 01083441A		44. License Number		44. Date Certified 06/13/2021	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Alok Patel 901 Macarthur Blvd, Munster, IN 46321		44. Signature of Local Health Officer: Chandana Vardula		45. Per Registrar Only - Date Placed (Month/Day/Year): 05/14/2021					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)