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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-072319

2:37 PM 2021 Dec 20

STATE OF INDIANA)
)
COUNTY OF LAKE)

IN RE: EDWARD WACHTER, a/k/a
EDWARD J. WACHTER

IN RE: ANNA WACHTER, a/k/a
ANNA M. WACHTER, a/k/a
ANNA MAE WACHTER

AFFIDAVIT FOR EXTINGUISHING LIFE ESTATES

1. That EDWARD WACHTER, a/k/a EDWARD J. WACHTER, died on January 17 2014, while domiciled in Lake County, Indiana. (See *Death Certificate attached as Exhibit "1"*).
2. That ANNA WACHTER, a/k/a ANNA M. WACHTER, a/k/a ANNA MAE WACHTER died on December 7, 2021, while domiciled in Lake County, Indiana. (See *Death Certificate attached as Exhibit "2"*).
3. That prior to their deaths, Decedents transferred a parcel of real estate commonly known as 9610 West 135th Place, Cedar Lake, Indiana, to The Edward and Anna Wachter Revocable Living Trust dated October 4, 2004, and retained a life estate on the subject property for their lives, more specifically as follows: (See *Exhibit "3"*).
4. That said life estates were extinguished on the above referenced property as a result of their passing by operation of law.
5. That by reason of the above-stated matters, title in the above referenced property is vested in The Edward and Anna Wachter Revocable Living Trust dated October 4, 2004.

Date: December 15, 2021

Elizabeth J. Babjak
Elizabeth J. Babjak, Successor Trustee of
The Edward and Anna Wachter Revocable
Living Trust dated October 4, 2004

DULY ENTERED FOR TAXATION SUBJECT
TO FINAL ACCEPTANCE FOR TRANSFER
DEC 20 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

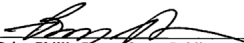
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#13194
SA

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared, *Elizabeth J. Babjak*, who acknowledged the execution of the foregoing document this 15th day of December, 2021.

My Commission Expires:
June 25, 2025



Brian Phillip Popp, Notary Public
County of Residence: Porter



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.



Brian P. Popp

Prepared by: Brian P. Popp, 200 E. 80th Place, Suite 200, Merrillville, IN 46410 - Telephone: 219-756-7677
Return to: Brian P. Popp, 200 E. 80th Place, Suite 200, Merrillville, IN 46410

EXHIBIT "1"

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH										Tracking No. 304033					
Local No. 001157		EDR No. 00001823481				Serial No. 2014-0022320									
Decedent's Legal Name (First, Middle, Last) EDWARD J. WACHTER										Sex Male		Date of Death 03/40 AM 06/13/2014		Date of Birth (Month/Day/Year) 01/17/2014	
3. Social Security Number 3871 89		4. Age - Year 94		5. Under 1 Year None		6. Under 1 Month None		7. Under 1 Day None		8. Under 1 Hour None		9. Date of Birth (Month/Day/Year) 06/13/1924		10. Birthplace (City and State or Foreign Country) Saint John, Indiana	
11. Facility Name (Name of institution where death occurred) ST ANTHONY MEDICAL CENTER OF CROWN POINT															
12. City or Town, State and Zip Code Crown Point, Indiana 46307															
13. Decedent's Usual Residence Lake															
14. Decedent's Usual Occupation FARMER															
15. Decedent's Usual Business Industry FARMING															
16. Residence - State IN															
17. Residence - City Lake															
18. Residence - Street 6010 W 135TH Place															
19. Decedent's Education High School graduate or GED completed															
20. Decedent's Place of Birth (City, State and Country) High School graduate or GED completed															
21. Decedent's Race White															
22. Parents' Name (First, Middle, Last) FRANK J. WACHTER															
23. Parents' Name (First, Middle, Last) JOSEPHINE WACHTER															
24. Parents' Last Name Before For Marriage SCHMITZ															
25. Marital Status Wife															
26. Marital Address (Street and Number, City, State, Zip Code) 6010 W 135TH Place, Cedar Lake, IN, 46303															
27. Place of Burial HOLY NAME CEMETERY Cedar Lake, IN															
28. Name of Cemetery HOLY NAME CEMETERY															
29. Name of Funeral Home WICKER AVENUE, Cedar Lake, Indiana, 46303															
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EXHIBIT "2"

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **304030**



Local No. 004993

EDR No. 000011208148

State No. 2021-07922

1. Decedent's Legal Name (Last, First, Middle Initial) Anne Mae Wampler		16. Maiden Name of Decedent Schmitz		3. Gender Female	3. Time of Death 09:11 PM	4. Date of Death (Month/Day/Year) 12/07/2021		
5. Social Security Number 0596	6a. Under 1 Year 03	6b. Under 1 Year 03	6c. Under 1 Year 03	6d. Under 1 Year 03	7. Date of Birth (Month/Day/Year) 05/03/1928	8. Birthplace (City and State or Foreign Country) Winfield, Illinois		
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in a Hospital <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		10a. If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospital 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) (For Reporting Purposes) Franciscan Health Crown Point								
12. City or Town, State, and Zip Code Crown Point, Indiana 46307			13. County of Death Lake		14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Reporting Agency Name Franciscan Health Crown Point			16. Decedent's Usual Occupation Family Residence		17. Kind of Business/Industry Domestic			
18. Residence - State IN		18a. County Lake		18b. City or Town Cedar Lake		18c. Decedent's Race White		
18c. Street and Number 9610 W 135th Place			18d. Apt. No.		18e. Zip Code 46303		18f. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19. Decedent's Education 8th grade or less			20. Decedent's Religion or Preference Holy Name Cemetery		21. Decedent's Race White		22. Decedent's Sex Female	
23. Place of Burial Holy Name Cemetery			24. Location - City, Town, and State Cedar Lake, IN		25a. Funeral Home Contact Number FH3002481			
25b. Funeral Home Address (Street and Number, City, State, Zip Code) 1200 S Main Street, Crown Point, IN, 46307			26. Location - City, Town, and State Cedar Lake, IN					
27a. Signature of Indiana Funeral Service Licensee Kenneth John Jurek			27b. Electronic Number of Licensee FD21600024			27c. License Number of Licensee FD21600024		
28. Part 1. Enter The Chain of Events - (Diagnoses, Signs, 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 Or A Code. Add Additional Line if Necessary.) Cardiac Arrest							Approximate Interval - Onset To Death hours	
28. Part 2. Enter The Underlying Cause (Diagnoses or Conditions Resulting In Death) Coronary Artery Disease							Approximate Interval - Onset To Death years	
28. Part 3. Enter The Underlying Cause (Diagnoses or Conditions Resulting In Death) Hypertension							Approximate Interval - Onset To Death years	
28. Part 4. Enter The Underlying Cause (Diagnoses or Conditions Resulting In Death) Aortic Stenosis							Approximate Interval - Onset To Death years	
29. I, the Reporter, Certify That the Underlying Cause of Death is as Reported in the Underlying Cause Given in Part 1							30. Was the Report of the Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did the Decedent Use Prescription (In Spanish) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown							32. Were Kudos/Prayers Available To Comfort The Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. Date of Injury (Month/Day/Year) 12/07/2021			34. Location of Injury (State, County, and Municipality) Indiana, Lake, Cedar Lake		35. Street and Number 13963 Morse Street		36. Apt. No. 46303	
37. Describe How Injury Occurred			38. Transportation Injury Agency <input type="checkbox"/> Transportation Injury Agency <input checked="" type="checkbox"/> Other (Specify)					
41. Signature of Person Certifying Cause of Death John David Mich			42. Signature of Lake Health Officer Kenneth Schmitz			43. Date of Report (Month/Day/Year) 12/10/2021		
44. Name, Address, and Zip Code of Person Certifying Cause of Death John David Mich 13963 Morse Street, Cedar Lake, IN 46303			45. Name, Address, and Zip Code of Lake Health Officer Franciscan Health 13963 Morse Street, Cedar Lake, IN 46303			46. Date of Report (Month/Day/Year) 12/10/2021		

THIS Electronically Signed
THE REGISTRAR FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT

DEC 14 2021

Electronically Signed
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

LAKE COUNTY HEALTH OFFICER

NO FEE REQUIRED

NOT AN OFFICIAL DOCUMENT

EXHIBIT "3"

LEGAL DESCRIPTION

Lot 3 and the West half of Lot 2, Utopia, Unit No 1, as shown in Plat Book 34, page 96,
in Lake County, Indiana.

More commonly known as: 9610 West 135th Place, Cedar Lake, Indiana, 46303

Parcel ID: 45-15-28-280-005.000-014

Property of Lake County Recorder