



# NOT AN OFFICIAL DOCUMENT

2. Robert Harry Sampson held a life estate interest in the following described real estate:

Lot 106, in Beverly 5th Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 29, page 8, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 7944 Bertram Avenue  
Hammond, IN 46324

Property Number: 45-07-17-352-022.000-023

3. Robert Harry Sampson reserved his life estate interest in and to said real estate in the Deed In Trust dated June 27, 2001, and recorded July 11, 2001, as Document Number 2001 054312, in the Office of the Recorder of Lake County, Indiana, made by Robert Harry Sampson and Dianne Ellen Parish to Robert Harry Sampson, as Trustee, under the provisions of The Robert Harry Sampson Revocable Living Trust, dated December 12, 2003.


4. Robert Harry Sampson died on December 6, 2005, a resident of Lake County, Indiana. A true and correct copy of the Indiana State Department of Health Certificate of Death of is attached to this Affidavit as Exhibit "A" and made a part of this Affidavit by reference.

5. There were no Federal Estate taxes due by reason Robert Harry Sampson's death.

6. As a result of Robert Harry Sampson's death, his life estate interest in said real estate was extinguished.

7. The purpose of this Affidavit is to file with the Lake County Auditor's Office and to place on record with the Lake County Recorder's Office evidence that Robert Harry Sampson's life estate interest in said real estate has been extinguished.

Further Affiant saith not.

  
\_\_\_\_\_  
Dianne E. Parish

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Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by Dianne E. Parish, the Affiant, on this 17<sup>th</sup> day of June, 2022.



Notary's Signature: \_\_\_\_\_

Notary's Printed Name: \_\_\_\_\_

Amanda m Van Beek

Notary's County of Residence: \_\_\_\_\_

Lake

Notary's Commission Expires: \_\_\_\_\_

10/05/2023

**After recording return to:** Dianne E. Parish

10450 6 mile Rd #158

Battle Creek, IN 49014

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86<sup>th</sup> Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Greater Indiana Title Company commitment number IN014983.

AFFIDAVIT IN AID OF TITLE - (Extinguishing Life Estate Interest) - GITC File No. IN014983 - Page 3 of 3

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\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

## INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HANAMOND HEALTH DEPARTMENT.

Local No. 802

### CERTIFICATE OF DEATH

Date Issued Dec 20 2005 Hammond Health Department  
State No. \_\_\_\_\_

THE RECORDS IN THIS SERIES ARE IDENTICAL PER ICR 16-1-19-3

TYP/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECEDENT—NAME (First, Middle, Last) <b>Robert H. Sampson</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>9:00 AM</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>December 6, 2005</b>
4. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		5a. AGE—At Birth (Year) <b>87</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>		6c. PLACE OF BIRTH (City and State or Foreign Country) <b>Wilmington, Illinois</b>
7a. FACILITY NAME (If not institution, give street and number) <b>St. Margaret Mercy North Campus</b>		7b. HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA	7c. OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify): _____	
8. CITY, TOWN OR LOCATION OF DEATH <b>Hammond, IN</b>		9. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Widowed</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during part of working life. Do not use retired) <b>Service Operator</b>		12b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) <b>Oil Refinery</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Hammond</b>	13d. STREET AND NUMBER <b>7944 Bertram Ave.</b>	
13e. ZIP CODE <b>46324</b>	13f. RIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. <b>White</b>
17. FATHER'S NAME (First, Middle, Last) <b>Earl Sampson</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Christis</b>		
19a. INFORMANT'S NAME (First/Last) <b>Dianne Parish</b>		19b. MAILING ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code) <b>7944 Bertram Ave., Hammond, IN</b>		19c. Relationship <b>Daughter</b>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): _____		20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>December 9, 2005 Calumet Park Cemetery</b>		20c. LOCATION—City or Town, State <b>Merrillville, IN</b>
21a. ENSEMBLER'S NAME <b>Timothy Bowler</b>		21b. ENSEMBLER'S LICENSE NO. <b>FD20500035</b>	22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
23a. SIGNATURE OF FUNERAL DIRECTOR <i>David A. Peter</i>		23b. LICENSE NUMBER (If Licensed) <b>FDC8601585</b>	23c. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322</b>	
24. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of each line.		25. APPROPRIATE Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Pneumonia</b> DUE TO IOR AS A CONSEQUENCE OF? b. <b>Pulmonary embolism</b> DUE TO IOR AS A CONSEQUENCE OF? c. _____ DUE TO IOR AS A CONSEQUENCE OF? d. _____		Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: _____		
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) specified. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CHADWICK On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		26a. SIGNATURE AND TITLE OF CERTIFIER <i>Diane H. [Signature]</i>		26b. MEDICAL LICENSE NO. <b>01060626</b>
26c. DATE SIGNED (Month, Day, Year) <b>December 12, 2005</b>		26d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (SEE INSTRUCTIONS) <b>Dr. DANA CLARK, 401 HOAMAN AVE, HAMMOND, INDIANA 46320</b>		
26e. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		26f. DATE FILED (Month, Day, Year) <b>December 13, 2005</b>		
33. MANNER OF DEATH <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		