

NOT AN OFFICIAL DOCUMENT

FILED

Jul 18 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-522877
07/19/2023 08:51 AM
TOTAL FEES: 25.00
BY: JAS
PG #: 4
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER



2410895-1754-0

AFFIDAVIT TO EXTINGUISH LIFE ESTATE

Property Address: 1424 West 1st Place, Hobart, IN 46342
Property County: Lake

Lisa M. Ramirez, of adult age, being first duly sworn, upon deposes and says:

That **Lisa M. Ramirez**, is the Daughter of Betty L. Forney, deceased, who died on June 13, 2023 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:

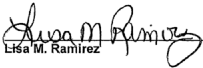
See attached death certificate

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Betty L. Forney recorded February 13, 2006 as Document No. 2006 011537 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 Betty L. Forney.

Further, Affiant sayeth not.



Lisa M. Ramirez

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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 **Lisa M. Ramirez** 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 14 day of July, 2023.

My Commission Expires: Oct 5 2030

Commission No. 0058912

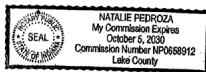
Notary Public County and State of Residence Lake IN

Natalie Pedroza
Signature of Notary Public

Natalie Pedroza
Printed Name of Notary

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601



Grantas Return address:
215 E 11th Street
Hobart IN 46342

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LEGAL DESCRIPTION

Lot Ten (10), in Block A, Pleasant Park First Addition in the City of Hobart, as shown in Plat Book 13, page 63, in Lake County, Indiana.

Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **368991**

1. Decedent's Legal Name (First, Middle, Last) Betty Larue Forney		1a. Maiden Name (If Female) Anunson		2. Gender Female	3. Time of Death 03:45 AM	4. Date of Death (Month/Day/Year) 09/13/2023		
5. Social Security Number 88	6a. Age - Yrs 88	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 04/07/1935	8. Birthplace (City and State or Foreign Country) Hammond, Indiana	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) Brentwood At Hobart							12. City Of Town, State, And Zip Code Hobart, Indiana 46342	
13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, But Registered <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Decedent's Usual Occupation homemaker		17. Kind Of Business/Industry own home		
15a. Last Name Before First Marriage		16. Decedent's Usual Occupation		17. Kind Of Business/Industry				
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart		18c. Apt. No.		
18c. Street And Number 215 E 11th Street		18d. Zip Code 46342		18e. 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) Granvil Anunson		23. Parent's Name (First, Middle, Last) Eunice Anunson		23a. Parent's Last Name Before First Marriage Ricks				
24. Informant's Name Lisa Ramirez		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 215 E 11th Street, Hobart, IN, 46342				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Calumet Park Hobart-Portage Crematory		25c. Location - City, Town, And State Hobart, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Calumet Park Funeral Chapel 7335 Teft Street, Merrillville, Indiana, 46410		27a. Funeral Home License Number: FH10400032				
27b. Signature Of Indiana Funeral Service Licensee: Carrin Evans		27c. License Number (Of Licensee): FD21800034		27d. Signature (See Instructions And Examples) Electronically Signed		Approximate Interval: Onset To Death DAYS		
28. Part I. Enter The Chain Of Events - Disease, 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. SENILE DEGENERATION OF THE BRAIN 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 B. C. D.							28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. 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 checked="" type="checkbox"/> Probably <input 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 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The 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"/> 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		38c. Apt. No.		
38c. Street & Number		38d. Apt. No.		38e. Zip Code				
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS		41. Signature, Of Person Certifying Cause Of Death Rupesh J Shah		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Rupesh J Shah 202 E 86th Place		44. License Number 02002106A		45. Date Certified 08/19/2023				
46. Additional Funeral Service Provider:		47. Was: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. For Registrar Only - Date Filed (Month/Day/Year) 06/18/2023				
48. Signature of Local Health Officer: Chandana Prasad		48. For Registrar Only - Date Filed (Month/Day/Year) 06/18/2023		49. For Registrar Only - Date Filed (Month/Day/Year) 06/18/2023				

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH
JUN 20 2023
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED