NOT AN OFFICIAL

PG #: 5 RECORDED AS PRESENTED

RECORDER

FILED

Oct 25 2024 BDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

> Parcel Number: 45-11-02-201-003.000-006

Tax Mailing Address: 606 N STATE ROAD 149 VALPARAISO IN 46385

AFFIDAVIT IN AID OF TITLE (Extinguishing Life Estate Interests)

STATE OF INDIANA) SS: COUNTY OF LAKE

Comes now Peter C. Knietz, the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

- Peter C. Kmetz is an adult resident of Porter County, in the State of Indiana, whose 1. current address is 606 North state Road 149, Valparaiso, IN 46385, and has personal knowledge of the facts stated in this Affidavit as the son of William Kmetz and Constance G. Kmetz.
- William Kmetz and Constance G. Kmetz reserved life estates in the following described real estate:

All of Lots 5 and 6 in Block 17, except the West 2 feet of the South 35 feet of Lot 6 in Block 17, in the original Town of Griffith, as per plat thereof, recorded in Plat Book 2, page 45, in the Office of the Recorder of Lake County, Indiana.

Commonly known as:

521 East Main Street

Griffith, IN 46319

Parcel Number:

45-11-02-201-003,000-006

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- 3. William Kmetz and Constance G. Kmetz reserved their life estates in and to said real estate in the Deed In Trust dated July 9, 2014, and recorded July 23, 2014, as Document Number 2014-043379, and re-recorded March 31, 2015, as Document Number 2015-018655, in the Office of the Recorder of Lake County, Indiana, made by William Kmetz and Constance G. Kmetz, aka Constance Kmetz, husband and wife, to William Kmetz and Constance G. Kmetz, Trustees, under the provisions of the Kmetz Living Trust, dated July 9, 2014.
- 4. William Kmetz died on January 26, 2016, a resident of Lake County, Indiana. A true and correct copy of the Indiana State Department of Health Certificate of Death is attached to this Affidavit and made a part of this Affidavit by reference.
- Constance G. Kmetz was also known as Constance Metz and was also known as Constance Gavle Kmetz.
- Constance G. Kmetz died on January 10, 2018, a resident of Lake County, Indiana. A
 true and correct copy of the Indiana State Department of Health Certificate of Death is attached
 to this Affidavit and made a part of this Affidavit by reference.
- 7. There were no Federal Estate taxes due by reason of the death of William Kmetz or by reason of the death of Constance G. Kmetz.
- 8. As a result of William Kmetz's death, his life estate interest in said real estate was extinguished.
- 9. As a result of Constance G. Kmetz's death, her life estate interest in said real estate was extinguished.
- 10. 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 the life estate interests of William Kmetz and Constance G. Kmetz have been extinguished.

Further Affiant saith not.

Peter C. Kmetz

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by Peter C. Kmetz, the Affiant, on this 24th day of October, 2024.



Jacalyn L. Smith, Notary Public

Notary's County of Residence: Lake
Notary's Commission Expires: January 10, 2032

Notary's Commission Number: NP0677813

After recording return to and Mailing Address of Affiant:

Peter C. Kmetz 606 N STATE ROAD 149 VALPARAISO IN 46385

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 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219791-1520; Fax: 219791-9366), referencing Greater
Indiana Title Company commitment number IN018612.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 298927

			_										
Local No	000270		E	DR No C	000019 idea Name	960046 : (!! female)		2 Gar	Stat	E No	2016-00:	3709	t Death (Month/DayrYsar)
WILLIAM KMETZ	.,,			1				Ma		5:17 P		01/26/2	
5. Social Security Number Sa. Age	Yes 6b.	Under 1 Year	Sc. Under 1 Mc	urin 84. Unde	1 Day	Se. Under 1 Ho	ur 7. Date	of Birth (M					Foreign Country)
81	Mon	hs .	Davs	House		Mintelon	11	/05/1934	i	ST	REETER	, Illinois	
9. Ever in U.S. Armed Forces? 10	. If Death Oco	rred in A Hosp	alat			10a. If Death C							
			spartment Outpet		on Arrival	☐ Hospice Far ☐ Other (Spec	iny D:	lececari's H	logma	arsing Hor	ne/Long-term	Gere Facilit	Y
11. Facility Name (If Not Institution, G.	ve Street and	Number) CO	MMUNITY I	HOSPITAL									
12. City Or Town, State, And Zip Code							ny Ol Death			14	Martin Star		
Munster, Indiana 46321	LakB 15a, Last Name Batero First Mantage 16.			16 Poss	Married Married, But Separated								
()													USTRY
CONSTANCE KMETZ 18. Residence - State	-	18a.	County			18b. City Or	Town					-	
ÍN	0.	Lak	а.			Highland							
18c. Street And Number	10								183. Apt. I	Ma.	18e. Zip	Code	18f. Inside City Limits?
3540 LAVERNE Drive		<i>C</i>							<u> </u>		46322		XX Yes □ No
19. Decedent's Education High School graduate or G	ED compl		Decedent Of He lot Spenish/His				i, Decedenti hite	Race					
22. Parent's Name (First, Mode, Last)	ED GOIND	ottou	- Coperani and			23. Paren's Nat	ne (First, Mich	So Inti			231 P	americal out t	Varne Before First Marriage
FRANK KMETZ					- 1	RUBY KME					LUC		···
24. Informant's Name			24a, Relationsh	p To Decedent		24b. Mailing Act	tress (Street	And Numbe	r, City, State,	Sip Code)			
CONSTANCE KMETZ			Wife			3540 LAVE		/e, Highl	and, iN, 4	6322			
26a, Method Of Disposition		25b. Pla	o Of Disposition	(Name Of Cent	25. Plac letery, Crei	a Of Discosition malory, Other Pic	(ce) 25c. l	ocation - Cl	ty. Yown, And	State			
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31. Did Tebacco Use Contribute To Di		32. If Force	le: ma Within Past Year	C Propost Al Tie	e Cf Costs	Met Pagners, Bat	Pregnant Within	12 Says Ct Dend	33. Mile DE Nets	ral D Ho	elfic emoke []	Arcident	Pending Investigation
☐ Yes ☐ Probably ☐ No 🔯 Un	known		ya ika Pregnani 41 Di		Doorte	Unknown if Program of City (E.G.,	on With The Pa	st Year	☐ Suk	ide 🔲 🗘	rute Not Be D	Petermined	7. Injury At Work?
34, Date Of Injury (Month/Day/Year)		35. Junu C	a repay		30. Piaz	o or myary (war,	DOCEOUTING .	IOHA, COM	aradam caas, r		O		Yes I No
38. Location Cf Injury - State		38a. City O	Town		38b, St	reat & Number			~~~~		38c. Apt.	No. 3	ld. Zip Code
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CERTIFICATE OF DEATH Local No 900080 EDR No 000000620575 State No 001218 te Of Death (Month/CaviYear) CONSTANCE GAYLE KMETZ GEFFER 02:42 PM 01/10/2018 I 8. Birthplace (City and State or Foreign Country) FEMALE Bd. Un Be. Linder 1 Hour WHITING, IN Deve 08/21/1940 10. If Death Occurred in A Hospital 10s. If Death Occ ☐ Nursing Horse/Long-term Care Facility ☐ Hospice FecBly [7] Decedent's kinns ☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Cutpatient ☐ Deed on Arrival Citer (Specify) 11. Facility Name (if Not Institution, Olive Street and Number) 3540 LAVERNE DRIVE 13 County Of Death 14. Mantal Status At Time Of Death ☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Heterogen HIGHLAND, IN, 46322 IAKE Se, Last Name Before First Man 16. Decadent's Usual Occupation 17. Kind Of Businesstry help WAITRESS RESTAURANT 18. Residence - State 18a. Count 18b. Chy Or Town INDIÁNA AKE HIGHLAND 18d. Apt. No. the. 715 Code 18f. Inside City Limits? 3540 LAVERNE DRIVE ⊠ Yes □ No 46322 19. Decedent's Education 20. Decedant Of Hispanic Origin 21. Decedent's Raci 9TH - 12TH GRADE; NO DIPLOMA NOT HISPANIC White 23. Paranifa Nume (First, Middle, Last) 23a, Parcet's Last Name Basine First Mandage ETHEL GEFFERT

MF Malling Address (Street And Number, City, State, 25) Code JOHN GEFFERT PETER KMETZ 606 NORTH STATE 149 ROAD, VALPARAISO, IN 43683 25s. Method Of Disposition 25c, Location - City, Town, And State ☐ Burial ☑ Cromation ☐ Denation ☐ Entomber Removal From State Other (Specify): 26, Was Coroner Contacted? WOODLAWN CREMATORY FOREST PARK, 1L 770 Fixard Home (leaves thembs CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., CROWN ☐ Yes 図 No POINT, IN 46307 FH19900051 27b. Signature Of Indiana Fusinti Service Ucinseax SHELIA C. KIRBY BY ELECTRONIC SIGNATURE FD29500088 Cause Of Death (See Instructions And Examples) Approximate Interval: Onset To Death 28, Part L Erler The <u>Chein Of Events</u> - Diseases, Injuries, Or Compili Such As Cardac Agrest, Respiratory Agrest, Or Ventricular Fibrillation 1 A Line. Add Additional Lines if Necessary. ns - That Directly Caused The Death, Do Not Enter Terminal Events out Showing The Etfology, Do Not Abbraviste, Enter Only One Cause Or A. CARDIOPULMONARY ARREST Immediate Cause 'Final Disease Or Condition Resulting in Death) Due to ID! As A Conseq B. CHRONIC O'SSTRUCTIVE PULMONARY DISEASE 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 1 Feter Other Stanificant Considers Contributing to Death But Not Result. 29. Was An Autopey Performed? . . . ☐ Yes ☐ No Manner Cf Deatho 31. Did Tobacco Use Contribute To Death? 32. If Female Nestural ☐ Hermicide ☐ Accident ☐ Pending Investigation 200 FENDORE Suickie Could Not Be Det Unicasia of Programs Within The Post Year on Of Injury (E.C., Decoding Statement mant 43 Days To 1 year t 34. Data Of Inkary (Monity Day (1991) Time Of Inkery THIS IS A TRUE COPY OF Yes No THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT 38. Location Of Injury - State 38a. City Or Town ZAR. Act No. 38d, Zip Code 39. Describe How Injury Occurred JAN 12 2018 NOT VALID UNLESS schicing Grant State Grant Office Control of 41. Signature, Of Person Certifying Cause Of Death:
NITIN S SARDESAI, BY ELECTRONIC SIGNATURE
43. Name, Accinoss And Zip Gode Of Person Certifying Cause Of Death: 42. Certifie NITIN S SARDESAL, 9307 CALUMET AVENUE STE D 1, MUNSTER NEW RESENTY HEALTH OFFICER 9. For Regist -W. Signatin of Local Hash discre:
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
AMPRIMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)