

94026941

*Yaker Miller
1216 W. 45th Ave
Gary IN 46408
7*

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

IN RE: DECEDENT
DORIS I. BUBAC

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Comes now Diane K. Kozubal, the daughter of Doris I. Bubac, deceased, being duly sworn upon her oath, for her Affidavit for Transfer of Real Property states as follows:

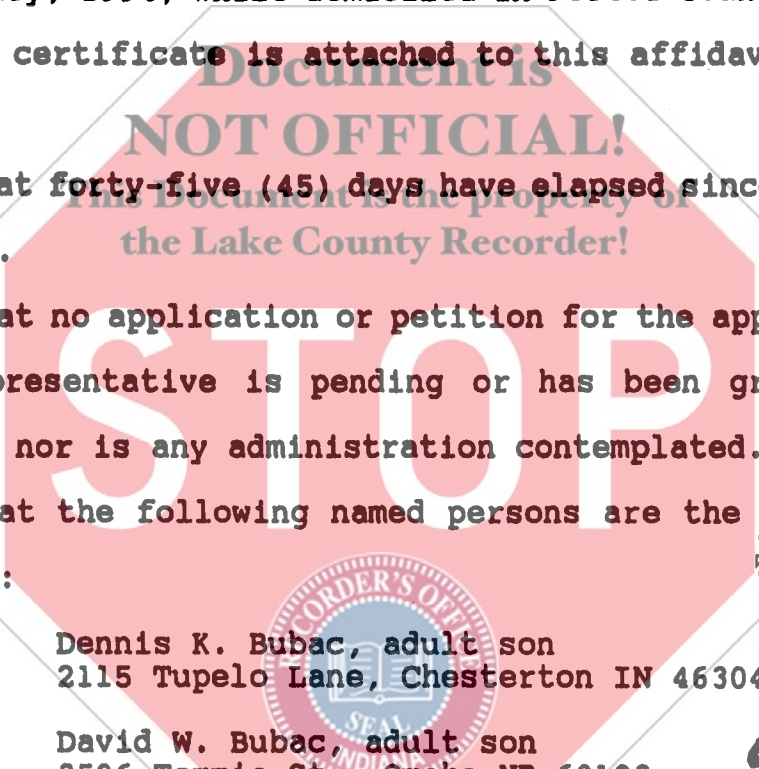
1. That the above-named decedent died intestate on the 25th day of February, 1994, while domiciled in Porter County; and a copy of her death certificate is attached to this affidavit as Exhibit "A".

2. That forty-five (45) days have elapsed since the death of the decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

4. That the following named persons are the only heirs of the decedent:

- a. Dennis K. Bubac, adult son
2115 Tupelo Lane, Chesterton IN 46304
- b. David W. Bubac, adult son
3506 Tammie St., Omaha NB 68123
- c. Dwight E. Bubac, adult son
1702 Hillcrest Dr., N. Manchester IN 46962
- d. Duane J. Bubac, adult son
646 Valkyrie, K.I. Sawyer AFB MI 49843
- e. Diane K. Kozubal, adult daughter
7331 Knickerbocker, Hammond IN 46320
- f. Dawn H. Piers, adult daughter
803 Shannon Dr., Chesterton IN 46304
- g. Druanne M. Choker, adult daughter
10828 S. George Rd., Spokane WA 99204



STATE OF INDIANA
 LAKE COUNTY
 RECORDER
 FEB 19 07 AM '94

FILED FOR TRANSFER SUBJECT TO
 FINAL ACCEPTANCE FOR TRANSFER.

APR 11 1994

Ann R. Carter
AUDITOR LAKE COUNTY

1200

00571

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.

6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Lots Numbered Nineteen (19), Twenty (20), and the East one-half of Lot No. Eighteen (18), in Block No. Seven (7), as marked and laid down on the recorded plat of Glendale Subdivision, Gary, in Lake County, Indiana, as the same appears of record in Plat Book 11, page 7, in the Recorder's Office of Lake County, Indiana.

Commonly known as 1216 W. 45th Avenue, Gary, Indiana.

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant.

None

8. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided, namely:

- a. Dennis K. Bubac, adult son
2115 Tupelo Lane, Chesterton IN 46304
- b. David W. Bubac, adult son
3506 Tammie St., Omaha NB 68123
- c. Dwight E. Bubac, adult son
1702 Hillcrest Dr., N. Manchester IN 46962

- d. Duane J. Bubac, adult son
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7331 Knickerbocker, Hammond IN 46320
- f. Dawn H. Piers, adult daughter
803 Shannon Dr., Chesterton IN 46304
- g. Druanne M. Choker, adult daughter
10828 S. George Rd., Spokane WA 99204

9. That the gross value of the estate of the decedent, DORIS I. BUBAC, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

10. That the decedent's estate was not subject to Indiana Inheritance Tax.

Affiant further sayeth not.



Diane K. Kozubal
Diane K. Kozubal, Affiant

STATE OF INDIANA, COUNTY OF PORTER) SS:

Subscribed and sworn to before me this 2nd day of March, 1994.

Gregory T. Babcock
Gregory T. Babcock, Notary Public
Resident of Porter County

My Commission Expires:
11-18-95

THIS DOCUMENT NOT
VALID UNLESS STAMPED
ON REVERSE SIDE

PORTER COUNTY BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

INFORMANT

DISPOSITION

USE OF
ETH

CERTIFIER

DEATH
CER

1 DECEASED—NAME (First Middle Last) Doris I. Bubac		2 SEX female	3a TIME OF DEATH 8:40 A.M.	3b DATE OF DEATH (Month Day Year) February 25, 1994	
4 SOCIAL SECURITY NUMBER 314-24-0299	5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) October 17, 1926	
7 BIRTHPLACE (City and State or Foreign Country) GARY, Indiana	8a WAS DECEDENT A U.S. VETERAN? no	8b YEAR LAST SERVED IN U.S. ARMED FORCES? n/a	9a PLACE OF DEATH (Check any, and see instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not mentioned give street and number) 208 Rankin Street		9c CITY/TOWN OR LOCATION OF DEATH Porter	9d COUNTY OF DEATH Porter		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife give maiden name) none	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Rural Mail Carrier	12b KIND OF BUSINESS/INDUSTRY Postal Service		
13a RESIDENCE—STATE Indiana	13b COUNTY Porter	13c CITY/TOWN OR LOCATION Porter	13d STREET AND NUMBER 208 Rankin Street		
13e ZIP CODE 46304	14 INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14a CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) white	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		College (13-16 or 5+)		
18 FATHER'S NAME (First Middle Last) Kenneth Knapp		19 MOTHER'S NAME (First Middle Maiden Surname) Henrietta Ooms			
20a INFORMANT'S NAME (Type/Print) Diane Kozubal		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7331 Knickerbocker Parkway Hammond Indiana 46321	20c Relationship Daughter		
21a 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)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) March 1, 1994 Oakland Memory Lane	21c LOCATION—City or Town, State Dalton, Illinois		
22a EMBALMER'S NAME Edgar C. Gleim		22b EMBALMER'S LICENSE NO. FDO1016173	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO1014511	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH83007500		
26 PART I Enter the disease, 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 on each line. Approximate Interval Between Onset and Death Cardiac pulmonary arrest DUE TO (OR AS A CONSEQUENCE OF) severe ischemic congestive cardiomyopathy years DUE TO (OR AS A CONSEQUENCE OF) coronary artery disease DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I renal insufficiency					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no		28a WAS AN AUTOPSY PERFORMED? (Yes or no) no	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) n/a		
29a 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) as stated. <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 checked="" type="checkbox"/> CORONER 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) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 23734	29d DATE SIGNED (Month Day Year) 2-28-94		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type Print) G. DAVID BEISER - 246 E EVANS AVE VAN PARADISE IN 46383					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month Day Year) February 28, 1994		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			