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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 059604
STATE OF INDIANA)

SURVIVORSHIP AFFIDAVIT

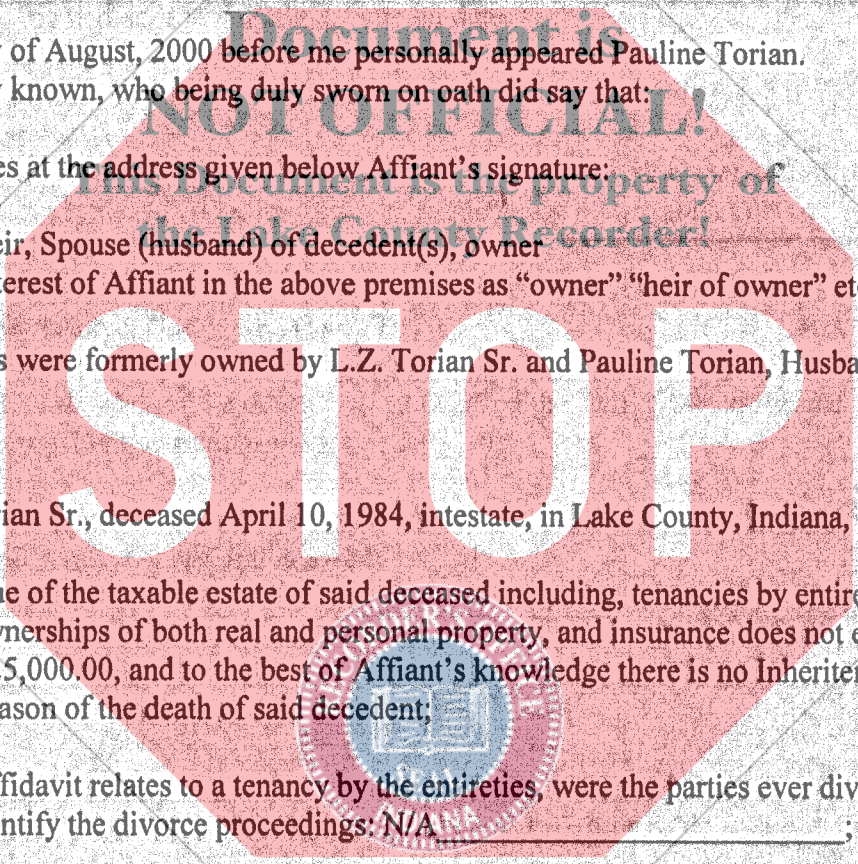
2000 AUG 17 11 20

RE: L.Z. Torian, deceased April 10, 1984
Legal: Lot 23 Lakewood Hills First Addition, in the
City of Gary, as shown in Plat Book 32, Page 3,
Lake County, Indiana.

COUNTY OF LAKE) SS :

On this 11th day of August, 2000 before me personally appeared Pauline Torian,
to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is Heir, Spouse (husband) of decedent(s), owner
(Interest of Affiant in the above premises as "owner" "heir of owner" etc.)
3. Said premises were formerly owned by L.Z. Torian Sr. and Pauline Torian, Husband and
Wife.
4. Said L.Z. Torian Sr., deceased April 10, 1984, intestate, in Lake County, Indiana,
5. The total value of the taxable estate of said deceased including, tenancies by entireties
individual ownerships of both real and personal property, and insurance does not exceed
the sum of \$25,000.00, and to the best of Affiant's knowledge there is no Inheritance tax
liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No (if yes identify the divorce proceedings: N/A _____);
7. Affiant's relationship to the deceased was Spouse/Wife



Signature Pauline Torian
Pauline Torian
8139 Lakewood Avenue, Gary, Indiana 46402

FILED

AUG 17 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Subscribed and sworn to before me by the Affiant this 11th day of August, 2000 (year)

Lacquelza Drago-Hite
Notary

My Commission expires: 12-13-2006 County of Lake

1208

MTC

CASH
13.00
AM

STATE OF INDIANA)
) In Re: L.A. Torian Sr.
) SS : April 10, 1984
COUNTY OF LAKE)

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is the legal heir of decedent: Pauline Torian, Spouse, (wife) of 8139 Lakewood Avenue, Gary, Indiana 46403.
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 8139 Lakewood Avenue, Gary, Indiana 46403

Lot 23, in Lakewood Hills First Addition, in the City of Gary, as per plat thereof, shown in Plat Book 32, Page 3, in the Office of the Recorder of Lake County, Indiana.
Tax Unit 25 Key Number 45-450-23
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: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, L.Z. Torian Sr. as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As 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.

EXHIBIT A

TYPE OR PRINT
PLAINLY WITH
UNFAADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

FUNERAL HOME No. 770
 FUNERAL DIRECTOR'S LICENSE No. 270
 EMBALMER'S NAME Roosevelt Allen
 FUNERAL DIRECTOR'S SIGNATURE Roosevelt Allen

Local No. 8-0264

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1 L. Z. Torian Sr.		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) April 10, 1984
RACE—(a) White, (b) American Indian, etc. (Specify)	AGE—Last Birthday (Year)	UNDER 1 YEAR MONTHS DAYS	DATE OF BIRTH (Mo., Day, Year)
4. Black	5a. 68	5b.	6. 7/9/1915
CITY, TOWN OR LOCATION OF DEATH 7b. Gary		HOSPITAL OR OTHER INSTITUTION—(Name fill out in other, give street and number) 7c. St. Mary's Medical Center	
STATE OF BIRTH (If not in U.S. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
8. Kentucky	9. U.S.A.	10. Married	11. Pauline Robinson
SOCIAL SECURITY NUMBER 13. 401-01-6797		USUAL OCCUPATION (Give kind of work done during most of working life; specify time of retirement)	KIND OF BUSINESS OR INDUSTRY
RESIDENCE—STATE 15a. Indiana		14a. Retired	Universal Atlas Cement
CITY, TOWN OR LOCATION OF DEATH 15c. Gary	COUNTY 15b. Lake	IS RESIDENCE ON A FARM 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d. 8139 Lakewood Ave.		INSIDE CITY LIMITS (Specify Yes or No) 15f. yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST 16. Braxton Torian		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Lela	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. Pauline Torian (Wife)		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 8139 Lakewood Ave. Gary, Indiana 46403	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE 19b. Oak Hill Cemetery Gary, Indiana	
DATE (MONTH, DAY, YEAR) 20a. 4/14/84		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE) 20b. Guy & Allen Funeral Directors 2959 W. 14th Ave. Gary, Ind.	
To the best of my knowledge, both names of the decedent and cause of death are as stated. 21a. Signature <u>William R. Lewis</u>		DATE SIGNED (Mo., Day, Year) 21b. 4-21-84	HOUR OF DEATH 21c. M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. William R. Lewis, M.D.		01209	
MAILING ADDRESS—PHYSICIAN 21e. 23717 Wabash St			
HEALTH OFFICER—SIGNATURE 22a. <u>William R. Lewis</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. APR 23 1984	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
PART I IMMEDIATE CAUSE (a) <u>Cerebro-respiratory arrest</u>		Interval between onset and death <u>one hr</u>	
(b) <u>Cerebral haemorrhage</u>		Interval between onset and death <u>2-3 days</u>	
(c) <u>Diabetic arteriosclerosis heart disease</u>		Interval between onset and death <u>2-3 yrs</u>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24	

FILED
 AUG 1 2008
 CLERK OF COUNTY AUDITOR