

6

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2004 093606

2004 NOV -3 AM 9:08

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MORRIS V. CARTER  
RECORDER

**AFFIDAVIT OF HEIRSHIP**

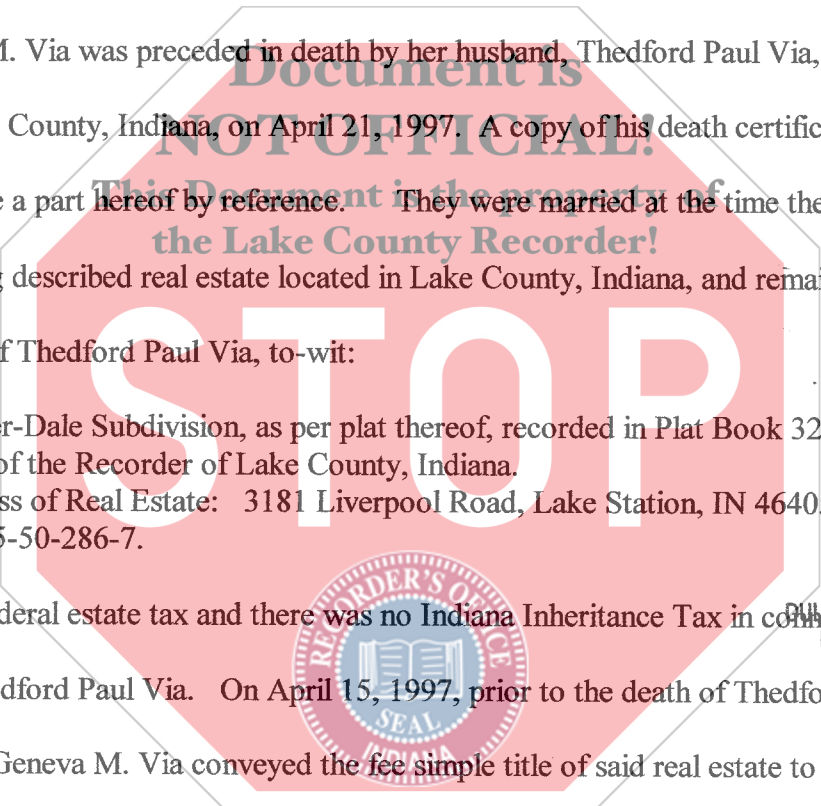
**David C. Via**, being first duly sworn, upon his oath states as follows:

1. Geneva M. Via died a resident of Lake Station, Lake County, Indiana, on January 10, 2004. A copy of her death certificate is attached hereto and made a part hereof by reference. She died testate, although it is not intended to admit her Last Will and Testament dated March 21, 1985, to probate.

2. Geneva M. Via was preceded in death by her husband, Thedford Paul Via, who died a resident of Lake County, Indiana, on April 21, 1997. A copy of his death certificate is attached hereto and made a part hereof by reference. They were married at the time they took title to the following described real estate located in Lake County, Indiana, and remained so married until the death of Thedford Paul Via, to-wit:

Lot 7 in River-Dale Subdivision, as per plat thereof, recorded in Plat Book 32 Page 100, in the office of the Recorder of Lake County, Indiana.  
Street Address of Real Estate: 3181 Liverpool Road, Lake Station, IN 46405.  
Key No.: 35-50-286-7.

There was no federal estate tax and there was no Indiana Inheritance Tax in connection with the death of Thedford Paul Via. On April 15, 1997, prior to the death of Thedford Paul Via, he and his wife Geneva M. Via conveyed the fee simple title of said real estate to their children, David C. Via, Charles W. Via, and Billy P. Via. A life estate was retained in Thedford P. Via and Geneva M. Via, husband and wife. A copy of the Quit-Claim Deed



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

NOV 2 2004

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

924-8158  
TICOR TITLE INSURANCE  
000114 Crown Point, Indiana

19-  
DC  
II

by which they made this conveyance is attached hereto and made a part hereof by reference.

3. Billy P. Via died intestate on May 6, 2002. He left surviving him his wife, Barbara Via, and two adult daughters, Kellie Salain and Jillian Via. They succeeded to his interest in said real estate, each owning an undivided one-third interest in his one-third interest in and to the real estate.

4. At the present time, then, the real estate is owned by David C. Via as to an undivided one-third interest, Charles W. Via as to an undivided one-third interest, and one-ninth in each of Barbara Via, Kellie Salain, and Jillian Via. The interests held by these latter three persons is subject, however, to the claim of Billy P. Via's surviving spouse, Barbara Via, for her surviving spouse's allowance in the amount of up to \$25,000.00, which is a lien on said real estate pursuant to IC 29-1-4-1, a copy of which is attached hereto. She does claim it.

5. There was no federal estate tax or Indiana Inheritance Tax due in connection with the death of Geneva M. Via or in connection with the death of Billy P. Via.

6. Further affiant sayeth not.

IN WITNESS WHEREOF, affiant has signed his name, this 27<sup>th</sup> day of OCTOBER, 2004.

David C. Via  
DAVID C. VIA

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 27<sup>th</sup> day of OCTOBER, 2004.

Signature: James R. Bielefeld  
Printed: JAMES R. BIELEFELD

NOTARY PUBLIC

My Commission Expires:

4-14-07

Resident: LAKE County, Indiana.

This Instrument Prepared By: James R. Bielefeld, Attorney, Crown Point, Indiana.

Hold For Tamm  
1/8/97

# QUIT-CLAIM DEED

This Indenture Witnesseth, That THEDFORD P. VIA & GENEVA M. VIA  
HUSBAND & WIFE

of LAKE County, in the State of INDIANA

Release and Quit-Claim to DAVID C. VIA, CHARLES W. VIA, & BILLY P. VIA  
(THEDFORD P. VIA & GENEVA M. VIA RESERVES A LIFE ESTATE.)

of LAKE County, in the State of INDIANA, for and in consideration

of ONE (\$1.00) Dollars.

and other valuable consideration, the receipt whereof is hereby acknowledged,  
the following described Real Estate in LAKE County  
in the State of INDIANA, to-wit:

Lot 7 in River-Dale Subdivision, as per plat thereof, recorded  
in Plat Book 32 Page 100, in the Office of the Recorder of  
Lake County, Indiana.

Subject to all building lines, easements and restrictions  
of record.

Commonly known as: 3181 Liverpool Road, Lake Station, IN 46405

KEY #50-286-7  
Unit #35

Document is NOT OFFICIAL!  
This Document is the property  
the Lake County Recorder!

97023419

STOP  
MORRIS W. CARTER  
RECORDER  
97 APR 17 PM 9:24  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

In Witness Whereof, The said Thedford P. Via & Geneva M. Via

ha hereunto set hand and seal, this 15<sup>th</sup> day of April 1997

Thedford P. Via (Seal) Geneva M. Via (Seal)  
\_\_\_\_ (Seal) \_\_\_\_\_ (Seal)  
\_\_\_\_ (Seal) \_\_\_\_\_ (Seal)

STATE OF INDIANA, COUNTY, ss: Lake

Before me, the undersigned, a Notary Public in and for said County, this  
15<sup>th</sup> day of April 1997, came

, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission expires Aug 20, 2000 Tamm Notary Public

This instrument prepared by: 000951

JS 11/2/95

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. 50-286-7

Local No. 0860-97

43464

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last)  
THEDFORD PAUL VIA

2. SEX  
Male

3a. TIME OF DEATH  
12:17PM

3b. DATE OF DEATH (Month Day Yr)  
April 21, 1997

4. SOCIAL SECURITY NUMBER  
430-26-1569

5a. AGE - Last Birthday (Years)  
74

5b. UNDER 1 YEAR  
Months Days

5c. UNDER 1 DAY  
Hours Minutes

6. DATE OF BIRTH (Mo Day Yr)  
Feb 3, 1923

7. BIRTHPLACE (City and State or Foreign Country)  
Birta, Arkansas

8a. WAS DECEDENT A U.S. VETERAN?  
No

8b. YEAR LAST SERVED IN U.S. ARMED FORCES  
N/A

8c. PLACE OF DEATH (Check only one. See instructions)  
HOSPITAL  Inpatient  ER/Outpatient  DOA  
OTHER  Nursing Home  Other (Specify)

8d. FACILITY NAME (If not institution, give street and number)  
St. Mary Medical Center

8e. CITY TOWN OR LOCATION OF DEATH  
Hobart

8f. COUNTY OF DEATH  
Lake

10. MARITAL STATUS (Specify)  
Married

11. SURVIVING SPOUSE (If wife, give maiden name)  
Geneva Brazier

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)  
Rigger

12b. KIND OF BUSINESS INDUSTRY  
Steel

13a. RESIDENCE - STATE  
Indiana

13b. COUNTY  
Lake

13c. CITY TOWN OR LOCATION  
Lake Station

13d. STREET AND NUMBER  
3181 Liverpool Road

13e. ZIP CODE  
46405

13f. INSIDE CITY LIMITS  
 No  Yes

13g. ON A FARM?  
 No  Yes

14. CITIZEN OF WHAT COUNTRY?  
USA

15. WAS DECEDENT OF HISPANIC ORIGIN?  
 No  Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)

16. RACE - American Indian, Black, White, etc. (Specify)  
White

17. DECEDENT'S EDUCATION (Specify only highest grade completed)  
Elementary/Secondary (0-12) 6 College (1-4 or 6+)

18. FATHER'S NAME (First, Middle, Last)  
Thomas Via

19. MOTHER'S NAME (First, Middle, Maiden Surname)  
Ruby George

20a. INFORMANT'S NAME (Type/Print)  
Geneva Via

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  
3181 Liverpool Road, Lake Station, IN 46405

20c. CITY or Town State  
Porter IN

21a. METHOD OF DISPOSITION  
 Burial  Entombment  Cremation  Removal from State  Donation  Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  
Apr 24, 1997  
Calvary Cemetery

21c. LOCATION - City or Town State  
Porter IN

22a. EMBALMER'S NAME  
James J. Krause

22b. EMBALMER'S LICENSE NO.  
FDO1006483

23. WAS DEATH REPORTED TO CORONER?  
 No  Yes

24a. SIGNATURE OF FUNERAL DIRECTOR  
*James J. Krause*

24b. LICENSE NUMBER (of License)  
FDO1006483

25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME  
Rees Funeral Home, Inc.  
600 W. Old Ridge Road, Hobart, IN 46342

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)  
a. *Coronary Heart Disease Cardiac Arrest*  
DUE TO (OR AS A CONSEQUENCE OF)  
b. *Uncontrolled Diabetes Mellitus*  
DUE TO (OR AS A CONSEQUENCE OF)  
c. *Chronic Obstructive Lung Disease*  
DUE TO (OR AS A CONSEQUENCE OF)  
d. *Congestive Heart Failure, Pulmonary Edema*

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)  
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)  
No

29a. CERTIFIER (Check only one)  
 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.  
 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.  
 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  
*Rodolfo L. Jao, MD*

29c. MEDICAL LICENSE NO.  
01026118

29d. DATE SIGNED (Month Day Year)  
4-23-97

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print)  
Rodolfo L. Jao MD, 1400 S. Lake Park Avenue, Suite 300, Hobart, IN 46342

31. HEALTH OFFICER'S SIGNATURE  
*Rodolfo L. Jao, MD*

32. DATE FILED (Month Day Year)  
April 23, 1997

33. MANNER OF DEATH  
 Natural  Pending Investigation  Accident  Suicide  Could not be Determined  Homicide

34a. DATE OF INJURY (Month Day Year)  
FILED  
JAN 16 2004

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED  
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

34e. PLACE OF INJURY (If home, farm, street, factory, office building, etc. (Specify))

34f. LOCATION (Street and Number or Rural Route Number, City or Town State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)  
APR 23 1997

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

001028

*Rodolfo L. Jao, MD*



\* 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

CERTIFICATE OF DEATH

State No. ....

Local No. 0085-04

Key # 50-286-7

500's

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>GENEVA M. VIA</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>10:55 AM</b>	3b. DATE OF DEATH (Month, Day, Year) <b>January 10, 2004</b>
4. SOCIAL SECURITY NUMBER <b>312-42-7175</b>	5a. AGE—Last Birthday (Years) <b>76</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>December 9, 1927</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Centerville Arkansas</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) <b>St. Mary Medical Center</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>Hobart</b>	9c. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Widowed</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use railroad) <b>Lunch Supervisor/Cook</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Education/Food Preparation</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Lake Station</b>		13d. STREET AND NUMBER <b>3181 Liverpool Road</b>
13e. ZIP CODE <b>46405</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 9-12 <b>10</b> College (1-4 or 5+) <b>0</b>		18. FATHER'S NAME (First, Middle, Last) <b>Charlie Brazier</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mae Tucker</b>		20. INFORMANT'S NAME (Type/Print) <b>David Via</b>		
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2680 Cass Street, Lake Station, IN 46405</b>		20b. Relationship <b>Son</b>		
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) <b>Jan 14, 2004 Calvary Cemetery</b>		21c. LOCATION—City or Town, State <b>Portage IN</b>
22a. EMBALMER'S NAME <b>James J. Krause</b>		22b. EMBALMER'S LICENSE NO. <b>FD01006463</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of License) <b>FD01006463</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488</b>	
26. PART I: Enter the disease, injuries, or conditions that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Respiratory failure</b> DUE TO (OR AS A CONSEQUENCE OF): <b>pneumonia</b> DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):				
26. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>COPD</b>				
27. WAS DECEASED PREGNANT OR POSTPARTUM? (Year or not) <b>No</b>				
28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or not) <b>No</b>				
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 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) as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Charles J. Rebesco</i>		29c. MEDICAL LICENSE NO. <b>01031652</b>	29d. DATE SIGNED (Month, Day, Year) <b>1/13/04</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Charles J. Rebesco MD 1600 S. Lake Park Ave, Ste 1104, Hobart, IN 46342</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Burt, D.O.</i>				32. DATE FILED (Month, Day, Year) <b>January 13, 2004</b>
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or not)
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) <b>JAN 13 2004</b>		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE LICENSE NO. (If you specify driver, passenger, pedestrian, etc.) <b>001018</b>		

DECEDENT

PARENTS

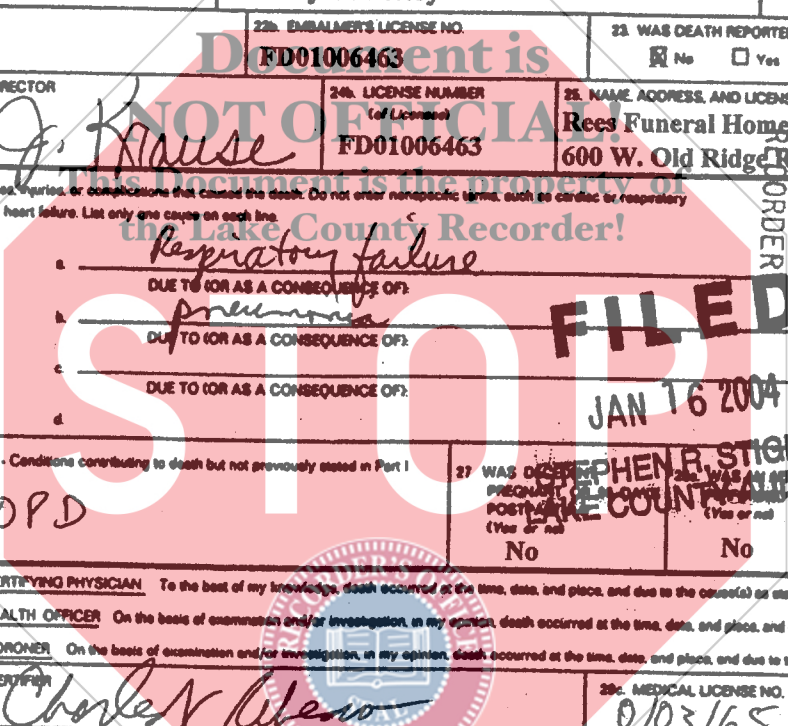
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



IC 29 - 1 - 4  
 Go! Help

**Information Maintained by the Office of Code Revision Indiana Legislative Services Agency**  
 01/23/2004 11:28:13 AM EST

**IC 29-1-4**

Chapter 4. Surviving Spouse and Family Allowances

**IC 29-1-4-1**

**Surviving spouse and family allowances**

Sec. 1. The surviving spouse of a decedent who was domiciled in Indiana at his death is entitled from the estate to an allowance of twenty-five thousand dollars (\$25,000). The allowance may be claimed against the personal property of the estate or a residence that is a part of the decedent's estate, or a combination of both. If there is no surviving spouse, the decedent's children who are under eighteen (18) years of age at the time of the decedent's death are entitled to the same allowance to be divided equally among them. If the personal property and a residence that is a part of the decedent's estate are less than twenty-five thousand dollars (\$25,000) in value, the spouse or decedent's children who are under eighteen (18) years of age at the time of the decedent's death, as the case may be, are entitled to any real estate of the estate to the extent necessary to make up the difference between the value of the personal property plus the residence that is a part of the decedent's estate and twenty-five thousand dollars (\$25,000). The amount of that difference is a lien on the remaining real estate. An allowance under this section is not chargeable against the distributive shares of either the surviving spouse or the children. (Formerly: Acts 1953, c.112, s.401; Acts 1973, P.L.287, SEC.2; Acts 1975, P.L.288, SEC.3.) As amended by Acts 1978, P.L.132, SEC.1; P.L.118-1997, SEC.11; P.L.42-1998, SEC.1; P.L.252-2001, SEC.11.

**IC 29-1-4-2 Repealed**

(Repealed by Acts 1975, P.L.288, SEC.51.)

**IC 29-1-4-3**

**Repealed**

(Repealed by Acts 1975, P.L.288, SEC.51.)

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