2003 050988

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Lake Co - DA **AFFIDAVIT OF HEIRSHIP**

COMES NOW, CONSTANCE NORD, being duly sworn upon her oath and states as follows:

- That/is the adult daughter of ISABELLA RAY, deceased, who died testate, a resident of Lake County, Indiana, on March 4, 2005, and that the Will of decedent was not probated.; death certificate attached hereto as Exhibit "A".
- That to the best of affiant's knowledge, said ISABELLA RAY, left surviving her the Lake County Recorder! the following beneficiaries and heirs at law: CONSTANCE NORD, adult daughter of decedent, residing at 354 Summit Park Court South, Crown Point, Indiana 46307; SUSAN MARIE MALAK, adult daughter of decedent, residing at 6300 West Stark Street, Milwaukee, Wisconsin 53218; JANE PAMELA JONES, adult daughter of decedent, residing at 1526 East 28th Avenue, Lake Station, Indiana 46405; GEORGIA ANNE RAY, adult daughter of decedent, residing at 1178 Csokasy Lane, Hobart, Indiana 46342; said decedent left no other child or children, nor decedent's of any predeceased child or children and that all

Stewart Title Services of Northwest Indiana The Pointe 5521 W. Lincoln Hwy. Crown Point, IN 46307

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 2 1 2005

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR



survivors are competent adults.

3. That the deceased, ISABELLA RAY, died the owner in fee simple of the following described real estate located in Lake Country, Indiana, more particularly described as follows:

Lot 139, except the East 38/100 foot by parallel lines, Turkey Creek Meadows Unit No. 2, as shown in Plat Book 33, page 73, in Lake County, Indiana.

- 4. That as a result of the death of ISABELLA RAY, her interest in the above described real estate, has vested in the beneficiaries/heirs at law whose names are given herein above.
- 5. That the gross value of the estate of the decedent, ISABELLA RAY as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to a Federal Estate Tax.
 - 6. That the decedent's estate was not subject to Indiana Inheritance Taxes.
- 7. That the statements made in this Affidavit are true and complete in so far as the affiant knows and are made for the purpose of establishing the heirship of ISABELLA RAY, deceased, and the ownership of the real estate as described above.

/ni2si

FURTHER YOUR AFFIANT SAYETH NOT.

	Constance a. April
	CONSTANCE NORD also known as CONSTANCE A. NORD
STATE OF INDIANA)) SS:
COUNTY OF LAKE	j ·
	y Public in and for the State of Indiana, personally appeared acknowledged the execution of the foregoing Affidavit of
Witness my hand a	nd Notarial Seal this 7th day of June, 2005.
	NOT OFFICIALLY S Document is the property of
	the Lake Conotary Public rder!
My Commission Expires: A	LAKE COUNTY §
My County of Residence:	My Commission Expires
This instrument prepared by: 46410.	Stephen R. Place, #5758-45, 300 East 90 th Drive, Merrillville, Indiana
40410.	SEAL SEAL MINISTER SEAL MANAGEMENT OF THE SEA

Exhibit "A"

ATTENTION ESTATE: The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is oluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

	105 - 05							
		ERIES ARE CONFIDENTIAL F	PER IC 16-37-1-10	la est	Ta.	THE OF OCAT!	3b. DATE OF DEATH (Mor	
YPE/PRINT	1. DECEASED—NAME (First, Mi			2. SEX		TIME OF DEATH		-
IN	ISABELLA	(ISABELLE)	RAY 56. UNDER 1 YEAR		nale 3	: 20 A M	March 4,	
ERMANENT	4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	Months Days	Hours Minutes			_	•
BLACK INK	307-20-3298	85			October 1		Gary, Indi	ana
	8e. WAS DECEDENT A U.S. VETERAN?	86. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL (2) Inpetit			Nursing Home		
	NO		— ·	utpatient DOA		Nursing nome L. Residence	Other (Specify)	
	9b. FACILITY NAME (If not institut	tion, give street and number)	1 LJ ENYON		OWN. OR LOCATION		9d. COUNTY OF DEATH	
ECEDENT	Methodist Hospital Southlak		ıko	N	Merrillville		Lake	
		11 SURVIVING SPOUSE		12a DECEDENT'S USUAL done during most of w			12b. KIND OF BUSINESS/I	NDUSTRY
	10. MARITAL STATUS (Specify) Widowed	(If wife, give maiden name)	NONE	_	orking We. Do not us e Operato		U.S. Steel	Company
	13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR L			REET AND NUMB		COMPONY
	Indiana	Lake	Morri	llville	71	4 W. 67	th Lane	
	13e ZIP CODE 13f INSIDE CI		15. WAS DECEDENT		16. RACE—Am		17. DECEDENT'S	EDUCATION
	□ No å		IY?	es (If yes, specify Cube	en. Black, White (Specify)		(Specify only highest	
	46410 13g. ON A FAF	•	Mexican, Puerto Ri	can, atc.)			ementary/Secondary (0-12)	College (1-4 or 5 +)
	M No C				Whit		12	
ARENTS	18. FATHER'S NAME (First Middle				HER'S NAME (First A		ame)	
	Emery Spisak				Mary Gaga			
FORMANT	20a. INFORMANT'S NAME (Type,			ADDRESS (Street and Nur			i	Relationship
	Constance A.						, IN 46307 St	
	21a. METHOD OF DISPOSITION			of Disposition (Name March 7,		y. or 21c.	LOCATION—City or Town	State
	Buriel Cremetion	Removal from State	other place)	Patrick Co		C	hesterton, I	indiana
	Donation Other (Spec	:(y)						Ilutalia
ISPOSITION	220 EMBALMER'S NAME		22b EMBALMER'S		23. WAS	DEATH REPORTED	TO CORONER?	
	Jonathon R. Cl			200095	T		5 AND 1050 OF FUNEDAL III	20.45
	24a. SIGNATURE OF FUNERAL D	MAECTOR		CENSE NUMBER A	PRUZIN	BROTHER	ENUMBER OF FUNERAL H S FUNERAL SI	ŔVICE
	1/2	This Dx	/ . •	1009893	6360 Bz	oadway	IN 46410 #8	22002452
	///				4 0		IN 40410 #6	3002423
	26. PART I. Enter the dises	ses, injuries, or complication ther or heart failure. List only one cause	caused the death. Do not ent	er nonspecific terms, such a	as cardiac or respirato	ry		Approximate Interval Between
	arrest, snock, o	A result rainore Clat only one cages	02 11 =	2 1)				Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	0)576	OR AS A GONSEQUENCE	rillit	_			
AUSE OF	resulting in death)	DOE 10	Cellitit	Ü				
EATH	Conditions, if any, which gave	DUE TO	OR AS A CONSEQUENC	E OF):				
	rise to the immediate cause.							
		С.						
	stating the underlying cause last	C. DUE TO	OR AS A CONSEQUENC	E OF)				
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