STATE OF INDIANA)		IN THE LAKE CIRCUIT COURT PROBATE DIVISION	200
COUNTY OF LAKE) SS:)		SITTING IN CROWN POINT, INDIA	ANQU.
IN RE: THE MATTER OF MARIE E. BLOSKY, DECEA	SED)	CAUSE NO. 45C01-	0087
	A 27 E T	D 41/7	T FOR MARIE E BLOCKY	7

I.C 29-1-8-3 AFFIDAVIT FOR MARIE E. BLOSKY

Comes now **SUSAN M. DAY**, who being duly sworn upon her oath states as follows:

- A. That this affidavit is prepared, made, and filed in accordance with I.2 29-1-8-3, Indiana Statutes.
- B. That it appears that the decedent's gross probate estate, less tens and encumbrances, does not exceed the sum of the following: twenty-five thousand dollars (\$25,000.00), the costs and expenses of administration, and reasonable funeral expenses. (Statement required by I.C. 29-1-8-3(b) (2).
- C. That I am the daughter of the decedent, MARIE E. BLOSKY, deceased, who died intestate a resident of Lake County, Indiana, on the 13th day of December, 2005;
- D. That the death certificate of MARIE E. BLOSKY was issued by the

 Lake County Health Department as Document Number 4102-05 and a

 true and complete copy of the certificate of death that is on file with

 the Lake County Health Department is attached hereto be Exhibit ...

D, That MARIE E. BLOSKY left surviving her following heirs at laws: 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

002352

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Son William J. Blosky Daughter 1. Mary E. Hill Son 2. John T. Blosky Daughter 3.

Carol L. Hale Daughter 4. Susan M. Day

E. That the foregoing five (5) children are the only children of MARIE

E. BLOSKY and she had no others;

F. That MARIE E. BLOSKY, decedent, left no other child or children, or descendants of any predeceased child or children, and that all survivors are

competent adults and the only children of MARIE E. BLOSKY;

G. hrhat at the time of her death, MARIE E. BLOSKY was not married;

the Lakstements made in this affidavit are true and completes and
H. That the statements made in the condent

are made for the purposes of complying with the provisions of I.C. 29-1-8-3(b).

I. That at the time of her death MARIE E. BLOSKY was the sole owner of the real estate located at 8821 Schneider, Unit 33, Highland, Indiana

46322, Key Number 16-27-604-1, whose legal description is as follows:

UNIT 33 together with an undivided 2.3986 percent interest in the Eagle Ridge Horizontal Property Regime, as set forth in the Declaration of Condominium Ownership and by Highward Property an Illinois Congred Partnership recorded May 7 1005 in made by Highvest Properties, an Illinois General Partnership, recorded May 2, 1995, in Page 25, on Document to 05023965 all in the Southwest 1/ of Section 21 Book 78, Page 35, as Document no. 95023865, all in the Southwest 1/4 of Section 21, Township 36 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana (local deceription required by 10, 20, 1, 9, 376)(1)) Indiana. (legal description required by I.C. 29-1-8-3(b)(1))

Key Number(s): 27-10-88; 27-10-87; 27-10-86,

- J. That by operation of intestate law the aforementioned **WILLIAM J. BLOSKY, MARY E. HILL, JOHN T. BLOSKY, CAROL L. HALE, AND SUSAN M. DAY** became the owners of the above property on the date of the death of MARIE E. BLOSKY with each of the parties now holding in title and are the owners of a one fifth (1/5) interest as a tenant in common in the real estate listed above (Statement required by I.C. 29-1-8-3(b)(3).
- K. Each persons share was determined in accordance with the laws of intestacy of the State of Indiana and more specifically I.C. 29-11-2-1 and by operation of intestate law the aforementioned WILLIAM J. BLOSKY, MARY E. HILL, JOHN T. BLOSKY, CAROL L. HALE, AND SUSAN M. DAY are the only children of MARIE E. BLOSKY who was not married at the time of her death and that MARIE E. BLOSKY was the sole owner of the aforementioned real estate at the time of here death. (This statement is required by I.C. 29-1-8-3(b)(4).
- L. That this affidavit meets the requirements of I.C. 29-1-8 and more specifically I.C. 29-1-8-4.
- M. That this affidavit is based upon the personal knowledge of the affiant SUSAN M. DAY.

N. That the affidavit is prepared for the purpose of complying with the provisions of I.C. 29-1-8-3 and more specifically I.C. 29-1-8-3(b).

FURTHER THE AFFIANT SUSAN M. DAY SAYETH NOT.

SUSAN M. DAY

VERIFICATION

I swear under the penalties of perjury that the foregoing statements

made under oath are true and correct and are based upon my personal knowledge.

Document is

NOT OFFICE Day

This Document SUSAN M: DAY ty

the Lake County Recorder!

NOTARY ACKNOWLEDGEMENT

) SS:

COUNTY OF LAKE

> John S. Dull, Notary Public Commission Expires: May 5, 2009 Lake County Resident

Document Prepared By Attorney John S. Dull, PO Box 14058, Merrillville, In 46411-4058

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ITENTION ESTATE: The Social Security # is ng requested by this state agency in order to sue its statutory responsibility. Disclosure is intary and there will be no penalty for refusal.
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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH State No.

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(Check only one) 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(a) and manner 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(a) and manner as stated. 29c. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month, Day I) 2-13-05 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 100	(Check only one) 29b. SIGNATURE AN 30. NAME AND ADI DR SAMI 31. HEALTH OFFICE 33. MANNER OF DE	HEALTH CORONER TO TITLE OF CERTIFIER DRESS OF PERSON WAT AHMADZAI THE SHANATURE SHANATURE LATH Pending Investigation	On the least of exert	of examination and/or investigation se of DEATH GTEM 269 (TANAPOLIS E JURY 34b. TIME (INJURY At home, farm, st	Type/Print Type/Print Type/Print Ac. INJUE (Yes o	MMOND RY AT WORK?	me. dete. and place. 29c. MEDICAL LIC 0 10 3 2 L TNDTANA 34d. DESCRIPTION THIS CERTIFICAL COPY OF THE LAKE COUNTY	nd due to the cause(a ENSE NO. 9 9 00 SE HOW INJURY OC STHE ABOVE IS A CORTIFICATE OF DE	29d. DATE SIGNE 1 2 - / 3 DECP () CURRED TRIJE AND COMP ATH ON FILE WITH	Mooth Coy. Yes
(Check only one) HEALTH OFFICER On the basis of examination end/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(a) and manner 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(a) and manner as stated. 296. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month, Day 12 - 13 - 25) 29d. MADICAL LICENSE NO. 12 - 13 - 25 29d. DATE SIGNED (Month, Day 12 - 13 - 25 29d. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month, Day 12 - 13 - 25 29d. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month, Day 12 - 13 - 25 29d. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month, Day 12 - 13 - 25 29d. DATE SIGNED (Month, Day 13 - 13 - 25 29d. DATE SIGNED (Month, Day 13 - 13 - 25 29d. DATE SIGNED (Month, Day 13 - 13 - 25 29d. DATE SIGNED (Month, Day 13 - 13 - 25 29d.	(Check only one) 290. SIGNATURE AN 30. NAME AND ADI DR SAMI 31. HEALTH OFFICE Netural Accident Suicide	DHEALTH COCONNER OF TITLE OF CERTIFIER OHESS OF PERSON WA AHMADZAI ERS SIGNATURE LATH Pending Investigation Could not be	On the least of exert	of examination and/or investigation se of DEATH GTEM 269 (TANAPOLIS E JURY 34b. TIME (INJURY At home, farm, st	Type/Print Type/Print Type/Print Ac. INJUE (Yes o	MMOND RY AT WORK?	me. dete. and place. 29c. MEDICAL LIC 0 10 3 2 1. INDTANA 34d. DESCRIPTION THIS CERTIFIE COPY OF THE LAKE COUNTY OCATION (Street a	Me due to the cause(a) ENSE NO. 9 0 SE HOW INJURY OC SE THE ABOVE IS A CERTIFICATE OF DE MEALTH DEPARTMENT ON Number of Rural Re	29d. DATE SIGNE 12-13 DECP O CURRED TRUE AND COMP ATH ON FILE WITH Oute Number. Cay or	Mooth Coy. Yes
CORONER On the least of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 290. SIGNATURE AND TITLE OF CERTIFIER 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 290. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 31. HEALTH OFFICERS SIGNATURE 31. HEALTH OFFICERS SIGNATURE 32. DATE FILED (Month, Day, Year) 33. MANNER OF DEATH 340. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRIJE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH OBDRETHENT ACCIDENT OF THE CERTIFICATE OF DEATH ON FILE WITH THE DUISING SEC. (Specify)	290. SIGNATURE AND ADDR SAMI 31. HEALTH OFFICE 33. MANNER OF DE Accident Suicide Homicide	DHEALTH COORDINER OF CORONER OF CORONER	On the least of exert on the least of exert of e	of examination and/or investigation se OF DEATH GTEM 269 GTANAPOLIS E JURY 34b. TIME (INJURY At home. farm. st (Specify)	Type/Print 34c. INJUE (Yes c	MOND AY AT WORK? or no)	me. date, and place, a	BE HOW INJURY OC STHE ABOVE IS A CERTIFICATE OF DE HEALTH OFFRATHEN NO Number of Pural Re	29d. DATE SIGNE 12-13 DECP O CURRED TRUE AND COMP ATH ON FILE WITH Oute Number. Cay or	Mooth Coy. Yes

County form 170

Prescribed by the State Board of Accounts (2005)

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant

DUCL