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STATE US AND AND LAME COUNTY FILED FOR RECORD

2006 AUG 10 AM 9: 23

MICHALL BROWN RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- 1. That the above-named decedent died Testate on 24th day of June, 2002, while domiciled in Lake County and that the Will of the decedent was probated and spread of record in the Circuit Court of Lake County, State of Indiana on the 23rd day of June, 2005 under Cause Number 45CO1-0506-ES-0179 and a copy of said Will and a copy of the death certificate, with Social Security Number redacted, are attached hereto, made a part hereof and labeled Exhibits "A" and "B", respectively.
 - 2. That more than 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, or is contemplated to be filed.
- 4. That the following named persons are the only heirs of the decedent: Marceda Ann Cummins, Adult Daughter.

 This Document is the property of
- 5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Twenty-Five Thousand Dollars (\$25,000), as provided under IC § 29-1-8-3, the costs of 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:

That portion of the Southwest Quarter of the Southwest Fractional Quarter of Section thirty-one (31), Township thirty-six (36) North, Range 8 West of the 2nd P.M., Lake County, Indiana, described as beginning at a point on the North line of said Southwest Quarter, of the Southwest Fractional Quarter two hundred sixty-two (262) feet West of the Northeast corner thereof, thence continued West on said line one hundred (100) feet, thence South one hundred seventy-five (175) feet parallel with said East line, thence East one hundred (100) feet, thence North one hundred seventy-five (175) feet to the place of beginning, containing 0.38 acres, more or less.

Commonly known as: 4333 West 51st Avenue, Griffith, Indiana

Key Number: 01-39-0024-0067

- 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 following devisees listed under Article III of the decedent's Last Will and Testament, namely: Marceda Ann Cummins, Adult Daughter, 4333 West 51st Avenue, Griffith, Indiana, 46319.
- 9. That Thurman N. Rickelman died on the 24th day of August, 1980. That at the times of said death; Thurman N. Rickelman was married to Maxine Rickelman a/k/a Lillie Maxine Rickelman. That no Federal Estate Tax or Indiana Inheritance Tax resulted from the death of Thurman N. Rickelman. That a Surviving Spouse Affidavit affirming the foregoing has been filed contemporaneously with this Affidavit for Transfer of Real Property
- 10. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of Maxine Rickelman a/k/a Lillie Maxine Rickelman, be transferred to her in accord with the provisions of the decedent's Last Will and Testament, in accordance with the provisions of IC § 29-1-8-1, § 29-1-8-2, and § 29-1-8-3.
- 11. That there is no Indiana Inheritance Tax due by reason of the Decedent's death because no transferee received taxable transfers in excess of such transferee's exemption from the Indiana Inheritance Tax

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PEGGY HOLINGA KAT**ONA** LAKE COUNTY AUDITOR 195

- 12. That there is no Federal Estate Tax due by reason of the Decedent's death because the value of said Estate was less than excludable provided for under the Federal Estate Tax Unified Tax Credit.
- 13. Each person's distributive share has been calculated as follows: One hundred percent (100.0%) to Marceda Ann Cummins pursuant to Article III of the Last Will and Testament of Lillie Maxine Rickelman.

FURTHER AFFIANT SAYETH NOT

Subscribed and sworn to before me, a Notary Public, in and for said County on the 9th day of August, 2006.

My Commission Expires: 3/27/08 This DOC CHRISTOPHER W. YUGO
My Resident County: Lake County, Indiana Of

My Resident County: Lake/

Mail Future Tax Bills to: Marceda Cummins, 4333 W. 51st, Griffith, Indiana 46319

Record and Return to: Christopher W. Yugo, P.O. Box 371, St. John, Indiana 46373-0371

HEA 1114 Affirmation

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Dated: August 9, 2006

Prepared by Christopher W. Yugo Indiana Attorney Number 17624-45 P.O. Box 371 St. John, Indiana 46373-0371

Exhibit "A"

ATTORNEY AT LAW FIED IN CIER'S OFFICE MERRILLVILLE, INDIANA 46410

JUN 22 2005

CLERK LAKE CHICLIT COLFT

Last Will and Testament

of

45 CO1 050 6ES 00 1279

LILLIE MAXINE (known as "MAXINE") RICKELMAN

I, LILLIE MAXINE (known as "MAXINE") RICKELMAN, domiciled in Lake County, Indiana, being of sound and disposing mind and memory, do make, publish and declare this to be my Last Will and Testament, and I hereby revoke all wills and codicils heretofore made by me.

ī

I order my Executrix or Executor, hereinafter named, to pay my just debts, including the expenses of my last sickness and funeral expenses and the expenses of the administration of my estate to be paid out of my estate by my Executrix or Executor as soon as practical after my demise.

Document is

I hereby direct that all estate, inheritance and other succession taxes, and all duties and transfer expenses shall be paid as a part of administration expenses out of my estate and shall not be charged against any distributive share.

III

After the payment of the aforementioned items, I give, devise and bequeath all of my estate, both real and personal of whatsoever kind, nature and description, wheresoever situated unto my daughter, MARCEDA ANN CUMMINS, provided she survives me for thirty (30) days.

IV

In the event MARCEDA ANN CUMMINS, should predecease me or should die as a result of a common disaster in which I am also involved, or fails to survive me for a period of thirty (30) days, I then, in that event, give and bequeath all the rest, residue and remainder of my estate, as follows:

9-3-80 DATE

J. >n. R.

Page One of Two Pages

to be divided in equal shares among or between all of my grandchildren who survive me for thirty (30) days. At the present time, my grandchildren are CHESTER NEAL CUMMINS and MARSHALL WAYNE CUMMINS, both of Gary, Indiana.

v

I constitute and appoint MARCEDA ANN CUMMINS, as the Executrix of this Will, and in the event of death, disability, refusal, inability or failure to act, or if for any reason she should fail to complete the administration of my estate, then I nominate and appoint my sister, BONNIE MAY HARRIS, of LaPorte, Indiana, as Executrix of this Will. I further request that the persons named herein be permitted to serve without bond, if possible, and if this is not possible, that such bond be fixed at the lowest amount possible under the practice of the court having jurisdiction of my estate and the laws of the State of Indiana.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at

This Document is the property of the Lake County Recorder!

This instrument, consisting of two (2) typewritten pages, including this page, was by LILLIE MAXINE RICKELMAN, signed, published and declared by her to be her Last Will and Testament, in our presence who at her request and in her presence and in the presence of each other, we believing her to be of sound and disposing mind and memory, have hereunto subscribed our names as attesting witnesses thereto this 31d day of xiptimilia.

WITNESSES residing at 1625 litestonistic and 4630:

Mark R. Jamus residing at 1902 Chicago St., apt...

Valparaisi, Ind., 4638.

Page Two of Two Pages

Exhibit "B"

ATTENTION ESTATE: The Social Security # is ing requested by this state agency in order to insue its statutory responsibility. Disclosure is ituntary and their villor repensity for refusal. Docal No.

CERTIFICATE OF DEATH

St

State No.

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RMANENT	4. *SOCIAL SECURITY NUMBER	Se. AGE—Last Brithday (Years) 81	Sb. UNDER 1 YEAR Months Days	Sc. UNDER 1 D Hours Mir	NOV	. 18, 1920	Trilla	a, Illinois	
	8a. WAS DECEDENT A U.S. VETERAN?	HOGBITAL ST.				CE OF DEATH (Check only one. See instructions.)			
	No	HOSPITAL. DX Inpatient			OTHER: Nursing Home Other (Specify)				
ECEDENT	96. FACILITY NAME (If not institute				OR LOCATION OF DEATH		9d COUNTY OF DEATH		
	The Community			Munst			Lake		
	10. MARITAL STATUS. (Specify) Widow	N/A	_	SUSUAL OCCI Nost of working Maker	UPATION (Give kind of wo life. Do not use retired)		OWD HOME		
	134., RESIDENCE-STATE	13c. CITY, TOWN, OR	LOCATION		13d. STREET AND				
,	Indiana	Griffith			4333 W. 51		ST AVE.		
	13e. ZIP CODE 13f. INSIDE CIT	15. WAS DECEDENT	es (If yes, spec		RACE—American Indian, Black, White, etc.	(Specify only highest grade completed)			
	46319 13g ON A FARI	Mexican, Puerto Ricen, etc.)			White		ementary/Secondary (0-12) College (1-4 or 5 +)		
RENTS	18. FATHER'S NAME (First, Middle, ISSAC Robins	Lasti	19. MOTHERS NAME (Frat Middle Clara Beals				, Maiden Surname)		
FORMANT	2011. INFORMANTS NAME (Type// Marceda Cumin					Aural Route Number City of Cary, India			•
	21a METHOD OF DISPOSITION		21b. DATE AND PLACE					-City or Town, State	
	Buriel □ Cremetion	☐ Removal from State	other place)	June 27	,		_		
	Donetion Dither (Specif	yl /v		ss Cemet	ery			Indiana	· · · · · ·
SPOSITION	22a. EMBALMER'S NAME		225. EMBALMERS		t 1S	23. WAS DEATH REPO		ER7	
USE OF ATH	Edgar C. Glein			016173	25			F FUNERAL HOME	
	246. SIGNATURE OF FUNERAL DIFFECTOR 246. LICENSE NUMBER 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (of Licensee) Kuiper Funeral Home, 9039 Kleinman Ro								
	Royal C Com FD0:1001081 ro Highland, Indiana 46322 FH 19900008								
	26. PART I. Enter the disease	ex injuries, or complications that cau	zed the death Do not en	er nonapecific terms	such as carda	C or responstory			roximete
	arrest, shock, or	heart failure. List only one cause on	each line	12	00010	299.0	A 021-707-50-50	One	er and Death
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	resulting in death)		AS A CONSEQUENC	EOF	Juy	phypon	NFILEW	TH TH:	<u> </u>
	Conditions, if any, which gave rise to the wimediate cause.	OR AS A CONSEQUENCE OF						¥ A	
	stating the underlying cause last	DUE TO (C	OR AS A CONSEQUENC	E OF					<u> </u>
	Chicke star	d.							5 8 8 8
	PART II. Other significant conditions	- Conditions contributing to death b	ut not previously stated in	Part I 27 W	AS DECEDEN			286. WERE AUTOPSY FI	
					PREGNANT OR 90 DAYS PERFOR		_ 1	COMPLETION OF CAUSE	
			TILL	ER'C	Yes or hol			OF DEATH? (Yes of	(10)
×	29s. CERTIFIER CERTIFYING PMYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.								
	(Check only Heal TH OKEICER On the hour of expensions and for investigating in my purpos 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.								
ATIFIER *	296 SIGNATURE AND THE OF C	EBTIFFED	, SA+	ish PA-	FE/MIN	29c MEDICAL LICENS	23/3/3	DATE SIGNED MONE	n, Day, Year).
*	30 NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE O	OF DEATH (ITEM 26) (TY	pa/Print)		JE #21	4 HAU	MOND T	V 463
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İ	Suicide Could not be building, etc (. Determined								
]_	☐ Homicide								
1	34g DATE PRONOUNCED DEAD (A	Aonth, Day, Year) 34h MOTOR	VEHICLE ACCIDENT?	(Yes or no) If yes.	specify driver.	passenger, pedasmen letc			
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