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2007 046412

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JUN -7 AM 10:52

MICHAEL A. BROWN
RECORDER

AFFIDAVIT

In Re The Title and Ownership of Real Estate:

Lot 31 and 32, Block 4, Forest Park Addition to City of Gary, Lake County, Indiana; commonly known as 4036 Johnsen Street, Gary, Indiana 46408
Real Estate Parcel # 25-43-0020-0031

Affiant, CARLOTTA G. VASQUEZ – TRETTER, upon her oath, and subject to the penalties of perjury states:

1) Francis H. Tretter, Jr. died on November 5, 2006, a resident of Lake County, Indiana. A true and accurate copy of Decedent's death certificate is attached.

2) Francis H. Tretter, Jr. died intestate; leaving no Last Will and Testament.

3) Francis H. Tretter, Jr. left the following heirs at law:

Carlotta G. Vasquez – Tretter, wife and surviving spouse,
Christopher Michael Vasquez-Tretter, adult son, and
Carmelita M. Vasquez-Tretter, adult daughter;

And he had no other children or descendants.

4) It appears the decedent's gross probate less does not exceed the sum of the following: \$25,000, costs of administration and reasonable funeral expenses.

5) No Indiana Inheritance Tax is due by reason of Decedent's death, because no transferee has received taxable transfers in excess of such transferee's exemption from inheritance tax.

6) Pursuant to I.C. 29-1-2-1, the above real estate title vests one half (1/2) interest in Carlota G. Vasquez – Tretter and one half interest (1/2), equally divided (one fourth 1/4 each) in Christopher Michael Vasquez-Tretter and Carmelita M. Vasquez-Tretter, as tenants in common.

7) This Affidavit is made pursuant to I.C. 29-1-8-3, I.C. 36-2-11-19; and pursuant to I.C. 6-1.1-5-7 to procure the transfer of real property on the tax rolls and records of the Lake County Auditor.

8) Please send all future tax bills, notices and statements to: Carlotta G. Vasquez-Tretter.

AFFIRMED UNDER THE PENALTIES OF PERJURY THIS 3rd DAY
OF MARCH, 2007.

Carlotta G. Vasquez-Tretter
Carlotta G. Vasquez-Tretter
4036 Johnson Street
Gary, Indiana 46408

I affirm under the penalties of perjury, that I have taken reasonable care and steps to redact each social security number in the document, including attachments, unless required by law.

Kenneth A. Manning
Kenneth A. Manning

This instrument prepared by: Kenneth A. Manning, 200 Monticello Drive, Dyer, Indiana 46311, Attorney at Law
Attorney No.: 9015-45; Phone: (219) 865-8376; FAX: (219) 865-4054

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JUN 07 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

13⁰⁰
3457

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* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 707

Date Issued Dec 21 2006

[Signature]
Hammond Health Commissioner

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Francis H. Tretter, Jr.		2 SEX Male	3 TIME OF DEATH 9:30pm	3b DATE OF DEATH (Month, Day, Year) November 5, 2006
4 [REDACTED]	5a AGE—Last Birthday (Year) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) July 9, 1936
7 BIRTHPLACE (City and State or Foreign Country) Jasper, Indiana		8a WAS DECEDENT A U.S. VETERAN? Yes		

DECEDENT

8b YEAR LAST SERVED IN U.S. ARMED FORCES? Unknown		9a 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		
9b FACILITY NAME (If not institution, give street and number) Saint Margret Hospital		9c CITY, TOWN, OR LOCATION OF DEATH Hammond		9d COUNTY OF DEATH Lake

PARENTS

10 MARITAL STATUS Married	11 SURVIVING SPOUSE Carlotta G. Vasquez	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during 1 year before death or at use retired) Security Guard		12b KIND OF BUSINESS/INDUSTRY Security
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 4036 Johnson Street	
13e ZIP CODE 46408	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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. White

INFORMANT

18 FATHER'S NAME (First, Middle, Last) Francis H. Tretter, Sr.	19 MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Seidfried
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DISPOSITION

20a INFORMANT'S NAME (Type/Print) Carlotta G. Tretter	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4036 Johnson Street Gary, Indiana 46408	20c Relationship Wife
21a METHOD OF DISPOSITION <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) November 10 2006 Fern Oak Cemetery	21c LOCATION—City or Town, State Griffith, Indiana

CAUSE OF DEATH

22a EMBALMER'S NAME Linda Joyce Hanson	22b EMBALMER'S LICENSE NO. FD294600049	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b LICENSE NUMBER (of Licensee) FD294000049	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ridgeway Funeral Home 4201 West Ridge Road Gary, Indiana 46408 FH10200007

25. PART I Enter the diseases, 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)
Multiple Skin Wounds

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

a **DUE TO (OR AS A CONSEQUENCE OF)**
Cardiomyopathy

b **DUE TO (OR AS A CONSEQUENCE OF)**
COPD

c **DUE TO (OR AS A CONSEQUENCE OF)**
deconditioning

Approximate Interval Between Onset and Death

CERTIFIER

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
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HEALTH OFFICER

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) and manner as stated.	29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	29c MEDICAL LICENSE NO. 02002795A	29d DATE SIGNED (Month, Day, Year) 11-08-06
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30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ICM 267) (Type/print) SORAJ ARORA DORAZO 3611 Laurel Ave. D-2, MURSTER, IN (November 21) 46321	31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	32 DATE FILED (Month, Day, Year) November 9, 2006
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33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At 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)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.
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