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STATE OF INDIANA )  
 ) ss:  
COUNTY OF LAKE )

2007 095077

STATE OF INDIANA  
LAKE COUNTY  
FILED IN RECORDS

2007 DEC -4 AM 10:24

**SMALL ESTATE AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

THOMAS A. BROWN  
RECORDER

1. That Constantine Deno Lale, died intestate, a resident of Lake Station, Lake County, Indiana, on the 4<sup>th</sup> day of October, 2007, as evidenced by the Certificate of Death, attached hereto and marked as Exhibit "A".

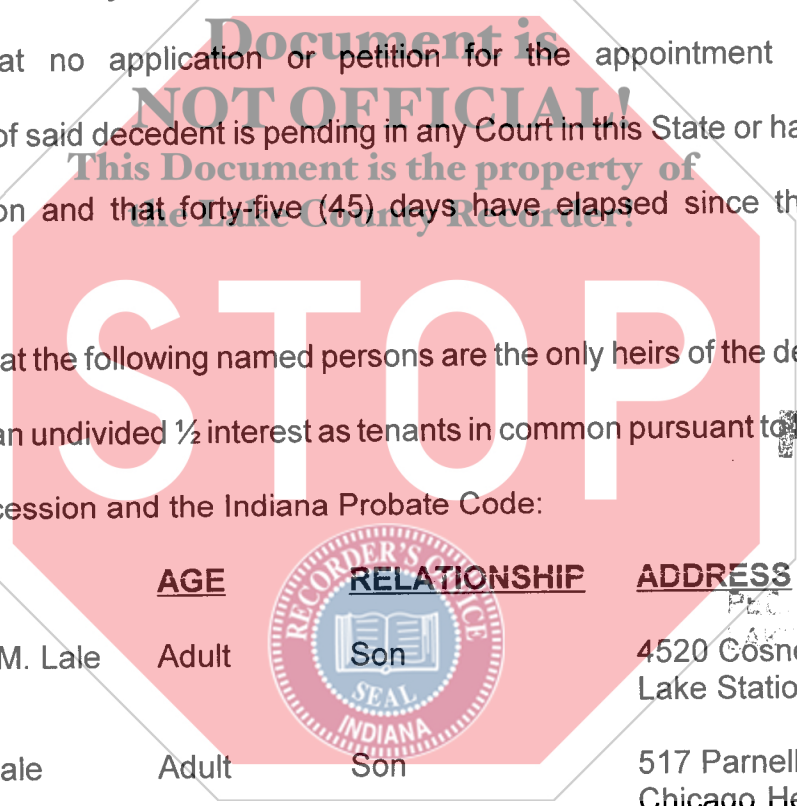
2. That the decedent owned real property located in Lake County, Indiana legally described as follows:

**Lot 4, Block 11, in Lloyds Deep River Subdivision, a per plat thereof, recorded in Plat Book 22, page 71, in the Office of the Recorder of Lake County, Indiana.  
Commonly known as: 4520 Cosner Ave., Lake Station, IN 46405.**

3. That no application or petition for the appointment of a Personal Representative of said decedent is pending in any Court in this State or has been granted in any jurisdiction and that forty-five (45) days have elapsed since the death of the decedent.

4. That the following named persons are the only heirs of the decedent and are each entitled to an undivided 1/2 interest as tenants in common pursuant to the Indiana laws of intestate succession and the Indiana Probate Code:

| <u>NAME</u>     | <u>AGE</u> | <u>RELATIONSHIP</u> | <u>ADDRESS</u>                             |
|-----------------|------------|---------------------|--|
| Anthony M. Lale | Adult      | Son                 | 4520 Cosner Ave.<br>Lake Station, IN 46405 |
| Paul S. Lale    | Adult      | Son                 | 517 Parnell<br>Chicago Heights, IL 60411   |



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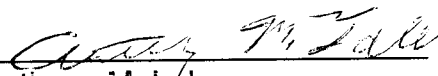
5. It appears that the decedents gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses.

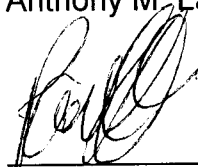
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6. That by reason of the above stated matters, the Affiants requests that the above described real property of the decedent, Constantine Lale, vest in Anthony Lale and Paul Lale, each with an undivided 1/2 interest as tenants in common, pursuant to the laws of intestate succession.

FURTHER AFFIANTS SAYETH NOT.

  
Anthony M. Lale

  
Paul S. Lale

STATE OF INDIANA

COUNTY OF LAKE

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

Before me, the undersigned, a Notary Public in and for said County and State, this 29<sup>th</sup> day of November, 2007, personally appeared the Affiants named above, and acknowledged the execution of the above instrument to be their voluntary act and deed, for the purposes therein stated.

Dated this 29<sup>th</sup> day of November, 2007.



Richard N. Shapiro  
Resident Of  
Lake County  
My Commission Expires:  
6/28/2015



  
Notary Public  
Resident of Lake County  
My Commission Expires: 6-28-2015

I, Richard N. Shapiro, 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.

This instrument was prepared by: Richard N. Shapiro, Attorney at Law, 2149 U.S. Highway 41, Schererville, IN 46375

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. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

|  |  |  |  |   |                     |   |                                  |  |                                   |   |  |   |  |
|--|--|--|--|---|---------------------|---|----------------------------------|--|-----------------------------------|---|--|---|--|
| 1. DECEASED—NAME (First, Middle, Last)<br>Constantine Lale   |  |  |  | 2. SEX<br>Male  |                     | 3a. TIME OF DEATH<br>0204a M  |                                  | 3b. DATE OF DEATH (Month, Day, Year)<br>October 4, 2007  |                                   |   |  |   |  |
| 4. SOCIAL SECURITY NUMBER<br>331-42-0139   |  | 5a. AGE—Last Birthday (Years)<br>58  |  | 5b. UNDER 1 YEAR<br>Months Days   |                     | 5c. UNDER 1 DAY<br>Hours Minutes  |                                  | 6. DATE OF BIRTH (Mo, Day, Yr)<br>August 27 1949   |                                   | 7. BIRTHPLACE (City and State or Foreign Country)<br>Chicago Heights, Il.                     |  |   |  |
| 8a. WAS DECEDENT A U.S. VETERAN?<br>NO   |  | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?<br>NO   |  | 9a. PLACE OF DEATH (Check only one. See instructions.)<br>HOSPITAL: <input checked="" type="checkbox"/> Inpatient<br><input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA<br>OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> Residence |                     |   |                                  |  |                                   |   |  |   |  |
| 9b. FACILITY NAME (If not institution, give street and number)<br>St. Mary Medical Center  |  |  |  |   |                     | 9c. CITY, TOWN, OR LOCATION OF DEATH<br>Hobart  |                                  |  | 9d. COUNTY OF DEATH<br>Lake       |   |  |   |  |
| 10. MARITAL STATUS (Specify)<br>Divorced   |  | 11. SURVIVING SPOUSE (If wife, give maiden name)<br>N/A  |  | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br>Sheet Metal Worker   |                     |   |                                  | 12b. KIND OF BUSINESS/INDUSTRY<br>Railroad   |                                   |   |  |   |  |
| 13a. RESIDENCE—STATE<br>Il.  |  | 13b. COUNTY<br>Cook  |  | 13c. CITY, TOWN, OR LOCATION<br>Chicago Heights   |                     |   |                                  | 13d. STREET AND NUMBER<br>517 Parnell  |                                   |   |  |   |  |
| 13e. ZIP CODE<br>60411   |  | 13f. INSIDE CITY LIMITS<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |  | 13g. ON A FARM?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |                     | 14. CITIZEN OF WHAT COUNTRY?<br>USA   |                                  | 15. WAS DECEDENT OF HISPANIC ORIGIN?<br><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)<br>White                               |  | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) College (1-4 or 5 +)<br>12th |  |
| 18. FATHER'S NAME (First, Middle, Last)<br>Monde Lale  |  |  |  |   |                     | 19. MOTHER'S NAME (First, Middle, Maiden Surname)<br>Pandora Generis  |                                  |  |                                   |   |  |   |  |
| 20a. INFORMANT'S NAME (Type/Print)<br>Anthony Lale   |  |  |  |   |                     | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)<br>5290 W. Obannon Las Vegas, NV. 89146 |                                  |  |                                   | 20c. Relationship<br>Son  |  |   |  |
| 21a. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" 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)<br>October 11, 2007<br>The Heights Crematory   |                     |   |                                  | 21c. LOCATION—City or Town, State<br>Chicago Heights, Il.  |                                   |   |  |   |  |
| 22a. EMBALMER'S NAME:<br>Belicia P. Hicks  |  |  |  | 22b. EMBALMER'S LICENSE NO.<br>29600125   |                     | 23. WAS DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                             |                                  |  |                                   |   |  |   |  |
| 24a. SIGNATURE OF FUNERAL DIRECTOR<br>   |  |  |  | 24b. LICENSE NUMBER (of Licensee)<br>29600125   |                     | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME<br>Powell-Coleman Funeral Home<br>1901 Washington St. Gary, In<br>88600434      |                                  |  |                                   |   |  |   |  |
| 26. 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.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br>a. Severe Lt. Pneumonia<br>(DUE TO (OR AS A CONSEQUENCE OF):<br>Cardio-Respiratory Arrest<br>b. _____<br>DUE TO (OR AS A CONSEQUENCE OF):<br>c. _____<br>DUE TO (OR AS A CONSEQUENCE OF):<br>d. _____<br>Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last     |  |  |  |   |                     |   |                                  |  |                                   | Approximate Interval Between Death and Reporting<br>OCT 11 2007                               |  |   |  |
| 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)<br>NO  |                                  | 28a. WAS AN AUTOPSY PERFORMED? (Yes or No)<br>NO   |                                   | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)<br>NO |  |   |  |
| 29a. CERTIFIER (Check only one)<br><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.<br><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.<br><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<br>  |  |  |  |   |                     | 29c. MEDICAL LICENSE NO.<br>01027425  |                                  | 29d. DATE SIGNED (Month, Day, Year)<br>10/11/2007  |                                   |   |  |   |  |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)<br>Fernando H. Rivera M.D.  |  |  |  |   |                     |   |                                  |  |                                   |   |  |   |  |
| 31. HEALTH OFFICER'S SIGNATURE<br>Susan W. Best, D.O. DATE FILED (Month, Day, Year)<br>October 11, 2007  |  |  |  |   |                     |   |                                  |  |                                   |   |  |   |  |
| 33. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Accident <input type="checkbox"/> Could Not Be Determined<br><input type="checkbox"/> Suicide <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.  |                     |   |                                  |  |                                   |   |  |   |  |