

2008 061594

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS
2008 SEP -2 11 0:50
MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Edward G. Horvat, Deceased
Key No.: 26-35-0359-0012
4507-16-130-012.000-023

AFFIDAVIT OF HEIRSHIP

Peoples Bank, by Stephan A. Ziemba, as Personal Representative of the Estate of Edward G. Horvat, being first duly sworn, states:

1. Peoples Bank is the Personal Representative of the Estate of Edward Horvat, one of two surviving children of Edward G. Horvat, deceased.

2. Edward G. Horvat is the surviving owner of the following described real estate located in Lake County, Indiana:

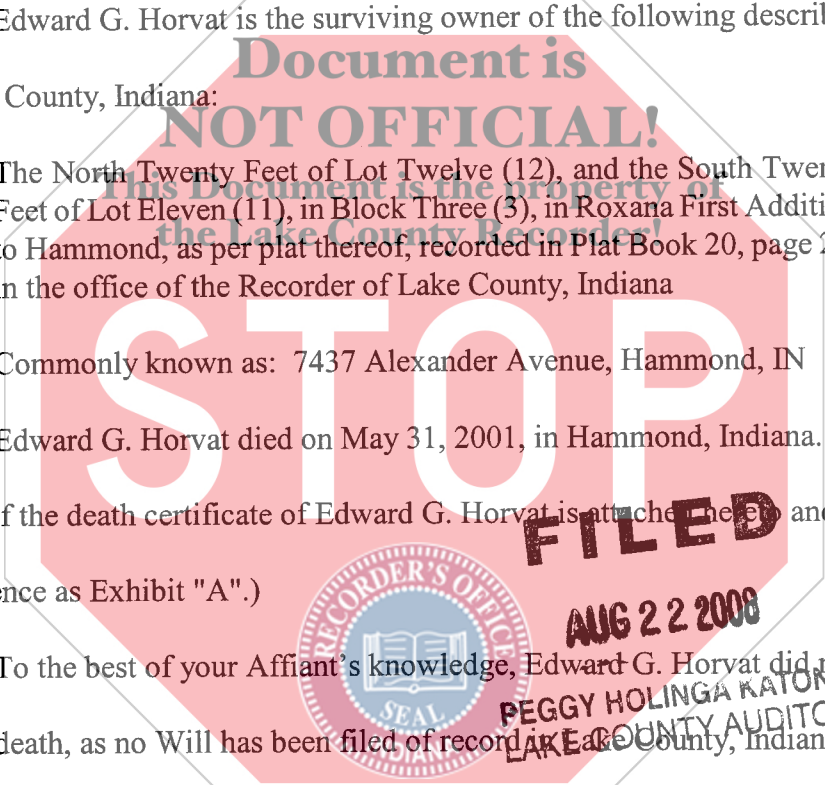
The North Twenty Feet of Lot Twelve (12), and the South Twenty Feet of Lot Eleven (11), in Block Three (3), in Roxana First Addition to Hammond, as per plat thereof, recorded in Plat Book 20, page 24, in the office of the Recorder of Lake County, Indiana

Commonly known as: 7437 Alexander Avenue, Hammond, IN

3. Edward G. Horvat died on May 31, 2001, in Hammond, Indiana. (A true and accurate copy of the death certificate of Edward G. Horvat is attached hereto and incorporated herein by reference as Exhibit "A".)

4. To the best of your Affiant's knowledge, Edward G. Horvat did not leave a Will at the time of his death, as no Will has been filed of record in Lake County, Indiana.

5. Upon the death of Edward G. Horvat, surviving owner, the property became vested in the following sole heirs at law of Edward G. Horvat, equally, as tenants in common: Edward Horvat (adult son) and George Horvat (adult son). 014230



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JB

7. Edward G. Horvat left no surviving children or descendants of deceased children other than those listed above.

8. No Probate proceedings were ever commenced for or on behalf of Edward G. Horvat in Lake County, Indiana, or elsewhere.

9. To the best of your Affiant's knowledge, no Indiana Inheritance taxes, inheritance taxes from other states or countries, federal estate taxes, or other death taxes are outstanding by reason of the death of Edward G. Horvat.

10. To the best of your Affiant's knowledge, any and all expenses of last illness and death, claims of creditors and liens against Edward G. Horvat have been paid in full or are otherwise barred in full by the passage of time.

11. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate vested in Edward Horvat and George Horvat upon the death of Edward G. Horvat, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: July 14, 2008



PEOPLES BANK

BY: STEPHAN A. ZIEMBA, Vice President
Personal Representative of Estate of Edward Horvat

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

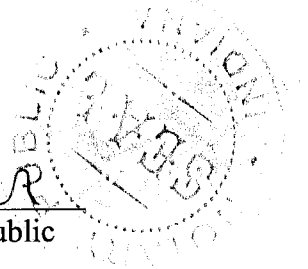
Before me the undersigned, a Notary Public in and for said County and State, personally appeared STEPHAN A. ZIEMBA, Vice President of Peoples Bank, as Personal Representative of the Estate of EDWARD HORVAT, and he being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 14th day of July, 2008.

County of Residence - Lake

Joyce M. Barr

Notary Public



Document is

Commission Expiration: 03-18-16

NOT OFFICIAL!

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

This Document is the property of
the Lake County Recorder!

Laura L. Rybicki

STOP

This instrument prepared by and after recording return to:
Laura L. Rybicki, of Beckman, Kelly & Smith
5920 Hohman Avenue, Hammond, Indiana 46320 (219) 933-6200



* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 430 CERTIFICATE OF DEATH State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED NAME (First Middle Last) Edward George Horvat Sr.		2. SEX Male		3a. TIME OF DEATH 9:15PM		3b. DATE OF DEATH (Month Day Yr) May 31, 2001	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 83		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6a. WAS DECEDENT A U.S. VETERAN? Yes		6b. YEAR LAST SERVED IN U.S. ARMED FORCES Unknown		6c. 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	
5b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy North				5c. CITY TOWN OR LOCATION OF DEATH Hammond		5d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machinist		12b. KIND OF BUSINESS INDUSTRY Combustion Engineering	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Hammond		13d. STREET AND NUMBER 7437 Alexander Avenue	
13e. ZIP CODE 46323		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
16. FATHER'S NAME (First Middle, Last) Unknown		17. MOTHER'S NAME (First Middle, Maiden Surname) Unknown		18. RACE - American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> Unknown	
20a. INFORMANT'S NAME (Type/Print) Edward George Horvat Jr.				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7437 Alexander Avenue, Hammond, IN 46323		20c. Relationship Son	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) June 2, 2001 Regional Cremation Services		21c. LOCATION - City or Town State Munster, Indiana	
22a. EMBALMER'S NAME Not Done				22b. EMBALMER'S LICENSE NO. N/A		22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Henry Allen Pugh</i>				24b. LICENSE NUMBER (of Licensee) FD29900123		24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH19900009 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323	
28. PART I Enter the disease 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. Approximate Interval between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>A wife Myo cerebral Infarction</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Acute respiratory failure</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>electrolyte imbalance</i> DUE TO (OR AS A CONSEQUENCE OF) d. <i>STROKE</i>							
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	
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>Sirajuddin Khaja</i>						29c. MEDICAL LICENSE NO. 01032657	
29d. DATE SIGNED (Month Day Year) 6/4/01 (June)							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Sirajuddin Khaja, 921 Fran Lin Parkway, Munster, IN 46321							
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Serna M.D.</i>						32. DATE FILED (Month Day Year) June 8, 2001	
33. MANNER OF DEATH <input checked="" 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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				34e. LOCATION (Street and Number or Rural Route Number City or Town, State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34f. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					