

4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 078447

2008 NOV 17 PM 1:40

MICHAEL A. BROWN  
RECORDER

### AFFIDAVIT FOR TRANSFER OF DECEDENT'S PROPERTY

Affiant, **Bonnie F. Smith**, being first duly sworn, states:

1. That Affiant is the surviving adult sister of the decedent, **Glenn R. Auten**.
2. That decedent, **Glenn R. Auten**, died intestate on the 17<sup>th</sup> day of September, 2008, while domiciled in Lake County, Indiana.
2. That a true and correct copy of decedent's *Certificate of Death* is attached hereto as *Exhibit A*, made a part hereof and incorporated herein by reference.
2. That decedent's gross probate estate, consisting of real and personal property, wherever located, less liens and encumbrances, does not exceed Fifty-Thousand Dollars (\$50,000).
3. That no application or petition for the appointment of a personal representative of decedent's estate is pending or has been granted in any jurisdiction.
4. That forty-five (45) days have elapsed since the death of the decedent.
5. That the name and address of each person entitled to a share of the decedent's property, and the part of the property to which each person is entitled, is as follows:

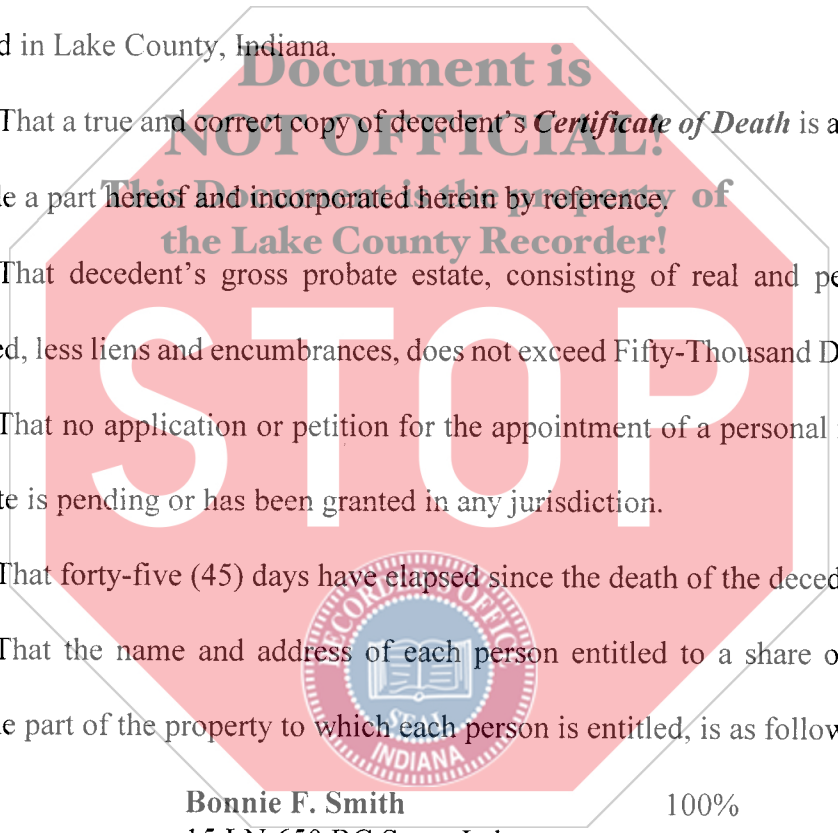
**Bonnie F. Smith** 100%  
 15 LN 650 BC Snow Lake  
 Freemont, IN 46737

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

NOV 13 2008

JUDY HOLLINGA KATONA  
COUNTY AUDITOR

E



✓#  
 017730 17<sup>00</sup>  
 BS

6. That Affiant has notified each person entitled to a share of decedent's property of Affiant's intention to present this Affidavit pursuant to Indiana statutes.

7. That claimant is entitled to the physical delivery of decedent's property or title thereto as the person identified in this Affidavit.

8. That the following is a full description of all the **personal property** belonging to the decedent, together with the estimated date of death value according to the best knowledge and information of Affiant:

**1993 Dodge, VIN 2B3ED46T1PH687404** \$ **500.00**

**1963 Mobile Home, Make-PER, Type-8C**  
**Title #W542726, ID#40073GS, Model #5250** \$ **100.00**

9. That the following is a description of the **real property** belonging to the decedent, owned by decedent in fee simple, together with the estimated date of death value according to the best knowledge and information of Affiant:

**Lots 17 and 18 in Block 13 in Oak Ridge Park Addition to Gary, as per plat thereof, recorded in Plat Book 9 page 1 and amended by corrected plat recorded in Plat Book 32 page 95 in the Office of the Recorder of Lake County, Indiana.**

**Common Address: 2466 Hobart Street, Gary, IN 46406**  
**Parcel #45-07-14-280-024.000-003**

\$ **8,600.00**

9. That by reason of the foregoing, Affiant requests that the **real and personal property** of decedent, **Glenn R. Auten**, be transferred to her pursuant to the provisions of I.C. § 29-1-8-1 *et seq.*

**WHEREFORE**, Affiant, **Bonnie F. Smith**, respectfully requests that she be granted the title and possession of the property of decedent, **Glenn R. Auten**; that title to said property be transferred to Affiant pursuant to the provisions of Indiana Code; that delivery of title or possession of said real

and personal property to Affiant release any and all persons from any liability with regard to the proper application and disbursement of said property; that Affiant be charged with the responsibility of proper disbursement of the foregoing property according to the provisions of Indiana Code; and that Affiant hold harmless any and all persons making any such transfers from any liability with regard to the transfer or delivery of the same.

Bonnie F. Smith  
BONNIE F. SMITH, Affiant

STATE OF INDIANA        )  
  ) SS:  
COUNTY OF LAKE        )

Before me, a Notary Public, in and for said County and State, personally appeared the above signed, who acknowledged the execution of the foregoing Affidavit for Transfer of Decedent's Property this 3rd day of November, 2008.

My Commission Expires: 09/08/09  
County of Residence: Lake

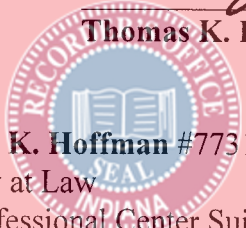
Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!

Thomas K. Hoffman  
Thomas K. Hoffman, Notary Public

*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.*

Thomas K. Hoffman  
Thomas K. Hoffman

This Instrument Prepared By: **Thomas K. Hoffman** #7731-45  
Attorney at Law  
One Professional Center Suite 306  
Crown Point, IN 46307



↑



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

08 0479

Local No. ....

State No. ....

1 Decedent's Legal Name (First, Middle, Last) <b>GLENN RAYMOND AUTEN</b>				1a Maiden Last Name (If Female)		2 Sex <b>Male</b>	3 Time Of Death <b>3:20 AM</b>	4 Date Of Death (Month/Day/Year) <b>September 17, 2008</b>	
5 Social Security Number <b>314-44-9007</b>	6a Age - Yrs <b>67</b>	6b Under 1 Year Months	6c Under 1 Month Days	6d Under 1 Day Hours	6e Under 1 Hour Minutes	7 Date Of Birth (Month/Day/Year) <b>August 19, 1941</b>		8 Birthplace (City And State Or Foreign Country) <b>HAMMOND, INDIANA</b>	
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11 Facility Name (If Not Institution, Give Street And Number) <b>2466 HOBART</b>									
12 City Or Town, State, And Zip Code <b>GARY</b>				13 County Of Death <b>LAKE</b>			14 Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15 Surviving Spouse's Name <b>N/A</b>			15a (If Wife) Give Maiden Last Name			16 Decedent's Usual Occupation <b>LABORER</b>		17 Kind Of Business/Industry <b>Factory</b>	
18 Residence - State <b>INDIANA</b>		18a County <b>LAKE</b>		18b City Or Town <b>GARY</b>					
18c Street And Number <b>2466 HOBART</b>				18d Apt No		18e Zip Code <b>46406</b>		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education <b>Primary 12</b>			20 Decedent Of Hispanic Origin			21 Decedent's Race <b>WHITE</b>			
22 Father's Name (First, Middle, Last) <b>GLENN RAY AUTEN</b>			23 Mother's Name (First, Middle, Last) <b>GERALDINE AUTEN</b>			23a Mother's Maiden Last Name <b>ELLIS</b>			
24 Informant's Name <b>BONNIE SMITH</b>		24a Relationship To Decedent <b>SISTER</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>15 LN 650 BC SNOW LAKE, FREMONT, IN 46737</b>					
25a Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Kelly-Carroll Cremation Serv.</b>			25c Location - City, Town, And State <b>Gary IN</b>				
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>Bocken Funeral Home, Inc. FH10600033 7042 Kennedy Avenue, Hammond, IN 46323</b>					27a Funeral Home License Number <b>FH10600033</b>		
27b Signature Of Indiana Funeral Service Licensee <i>Jeffrey R. Wells</i>						27c License Number (Of Licensee) <b>FDO8601373</b>			
28 Part I Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>SHOTGUN WOUND OF THE HEAD</b> Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I								Approximate Interval: Onset To Death <b>UNKNOWN</b>	
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown						32 If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33 Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34 Date Of Injury (Month/Day/Year) <b>SEPTEMBER 17, 2008</b>		35 Time Of Injury <b>UNKNOWN</b>		36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>DECEDENT'S HOME</b>			37 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38 Location Of Injury - State <b>INDIANA</b>		38a City Or Town <b>GARY</b>		38b Street & Number <b>2466 HOBART STREET</b>			38c Apt No		38d Zip Code
39 Describe How Injury Occurred <b>SHOTGUN WOUND</b>						40 If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41 Signature Of Person Certifying Cause Of Death <i>Jeffrey R. Wells</i>						42 Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43 Name, Address And Zip Code Of Person Certifying Cause Of Death <b>JEFFREY R. WELLS, CHIEF DEPUTY 2900 WEST 93RD AVENUE, CROWN POINT, INDIANA 46307</b>						44 License Number <b>N/A</b>		45 Date Certified <b>SEPT. 18, 2008</b>	
46 Additional Funeral Service Provider						47 *Akas			
48 Signature of Local Health Officer <i>R. Adams</i>									



EXHIBIT A