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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 058553

2009 AUG 25 PM 2:55

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

In Re the Estate of:
JOHN S. OVERDECK, DECEASED

SMALL ESTATES AFFIDAVIT
AND
AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Comes now Michael T. Overdeck and upon being duly sworn does attest and say:

1. That he is the son of John S. Overdeck, deceased.

2. That John S. Overdeck died a resident of Lake County on the 23rd day of September, 1999, and an Indiana Inheritance Tax return for jointly held assets was filed in the Office of the Lake County Assessor on the 5th day of June, 2000 under Cause Number 45D02-0006-ES-92

3. That on said Inheritance Tax Return, was included property located at 425 McKinley St., Hobart, Indiana. Said property was thought to be held in the John S. Overdeck Living Trust dated 09/19/96.

4. That it was recently discovered that although the Auditor has the property listed in said Trust, the property was never transferred from the decedent to the Trust and vests solely in the name of the decedent.

5. That the heirs at law of the Estate of John S. Overdeck are:

Barbara A. Walczak 1008 Melbrook Dr. Munster, IN 46321	Eleanor Overdeck 425 McKinley St. Hobart, IN 46342	John Overdeck 10300 Greek Boy Place Columbia, MD 21044
Michael T. Overdeck 4211 Lance Ct. Kokomo, IN 46902	Thomas J. Overdeck 6121 E. Huntress Dr. Paradise Valley, AZ 85253	

6. That the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum established by I.C. 29-1-8-3 et. seq.

7. That no Federal or State Inheritance Taxes is due as a result of the death of John S. Overdeck.

8. That pursuant to I.C. 29-1-8-3 et. seq., the transfer of real estate is allowed by Affidavit.

FILED
AUG 25 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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10217
CA

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9. That the legal description of the subject property is as follows:

Lots Numbered 1,2,3,4 and 5, in Block 12, as shown on the recorded plat of Fourth Addition to New Chicago, in the Office of the Recorder of Lake County, Indiana.

10. That it appears that the decedent's gross probate estate, less liens and encumbrances does not exceed the sum of $50,000.00 less liens, expenses, costs, encumbrances, funeral expenses and costs of administration.

That this Affidavit is made to induce the Lake County Recorder to transfer the real estate to those listed in paragraph 5 above.

That the affiant will hold the Lake County Recorder harmless for its reliance on this Affidavit.

Dated this 21 day of August, 2009.

Michael T. Overdeck
4211 Lance Ct.
Kokomo, IN 46902

STATE OF INDIANA)
) SS:
COUNTY OF Porter)

Before me, the undersigned, a Notary Public in and for said county and state, personally appeared Michael T. Overdeck, and being duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 21 day of August, 2009

Susan L Clevenger, Notary Public

Resident of Porter County

My Commission Expires: 12-30-2016

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.

Patricia A. Rees

This instrument Prepared by: Patricia A. Rees, Attorney At Law, 5341 Central Avenue, Portage, IN 46368 (219) 947-1692

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMEN
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED--NAME (First Middle Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month Day Yr)
JOHN S. OVERDECK	Male	6:10PM	September 23, 1999

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
313-07-9657	95			December 11, 1903	Hamilton, Ohio

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	9a. PLACE OF DEATH (Check only one. See instructions)
No	N/A	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Elra's Nest	Portage	Porter

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS INDUSTRY
Widowed	NONE	Machinist	Steel

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Porter	Portage	2766 Dombey Road

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE - American Indian Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46368	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	White	3	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Adolph Ovadek	Johanna Loncaric

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Eleanor Overdeck	425 McKinley Avenue, Hobart, IN 46342	Daughter

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	21c. LOCATION - City or Town State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)	September 27, 1999 Calvary Cemetery	Portage, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
James J. Krause	FDO1006463	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FDO1006463	FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. cerebrovascular accident DUE TO (OR AS A CONSEQUENCE OF)	4 days
Conditions if any which gave rise to the immediate cause stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF)	
	c. DUE TO (OR AS A CONSEQUENCE OF)	
	d.	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

- ☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
- ☐ 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.
- ☐ 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month Day Year)
David M Phillips MD	01020846	9/24/99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Donald M. Phillips MD, 1356 S. Lake Park Avenue, Hobart, IN 46342

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month Day Year)
Mary A. Bobroba MD	September 27, 1999

33. MANNER OF DEATH	34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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.

SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1