

4
 STATE OF INDIANA)
) SS:
 COUNTY OF LAKE,)
 IN THE MATTER OF THE NON-PROBATED ESTATE)
 OF LEONA B. TOTH, Deceased.)

2009 060316

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2009 SEP -1 AM 10: 05
 MICHAEL A. BROWN
 RECORDER

AFFIDAVIT FOR TRANSFER OF REAL ESTATE

Comes now JOHN F. TOTH, JR., being first duly sworn upon oath, and states as follows:

1. I am a son of LEONA B. TOTH and have personal knowledge of the information set forth herein.
2. LEONA B. TOTH died intestate on May 21, 2008, while domiciled in Lake County, Indiana.
3. More than 45 days have elapsed since the death of LEONA B. TOTH.
4. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses.
5. At the time of her death, decedent LEONA B. TOTH owned the real property located in Lake County, Indiana, described as follows:

See attached
~~PT. E 1/2 of the SW NE S 15 T. 36 R. 9 (18 A) 146.28ft x 50ft x 179.44ft. x 60.58ft. in 176th Street as marked and laid down on the recorded plat to the CITY of HAMMOND, in LAKE COUNTY, INDIANA, as the same appears of record in the RECORDER'S OFFICE of LAKE COUNTY, INDIANA.~~

Commonly known as: 3704 176th Street, Hammond, Indiana 46323
 Parcel Number 45-07-15-254-002.000-023
 Old Parcel Number 26-37-0040-0050

6. The following persons are all of the persons entitled to an interest in the above-described real property as the intestate heirs of the estate of Leona B. Toth.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP TO DECEDENT</u>	<u>SHARE</u>
John F. Toth, Jr.	6538 Montana Ave. Hammond, IN 46323	Son	One-Quarter (1/4)
Danny F. Toth	7518 Morton St. Merrillville, IN 46410	Son	One-Quarter (1/4)
Terry L. Toth	409 Sable Dr. Valparaiso, IN 46385	Son	One-Quarter (1/4)

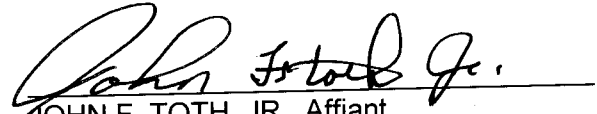
18th
 MT
 2/22

HOLD FOR MERIDIAN TITLE CORP
 828528
 015232

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP TO DECEDENT</u>	<u>SHARE</u>
Larry Allen Toth	3818 169 th St. Hammond, IN 46323	Son	One-Quarter (1/4)

That the gross value of the estate of the decedent, Leona B. Toth, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax. That the decedent's estate was not subject to Indiana Inheritance Taxes.

FURTHER THE AFFIANT SAYETH NAUGHT.

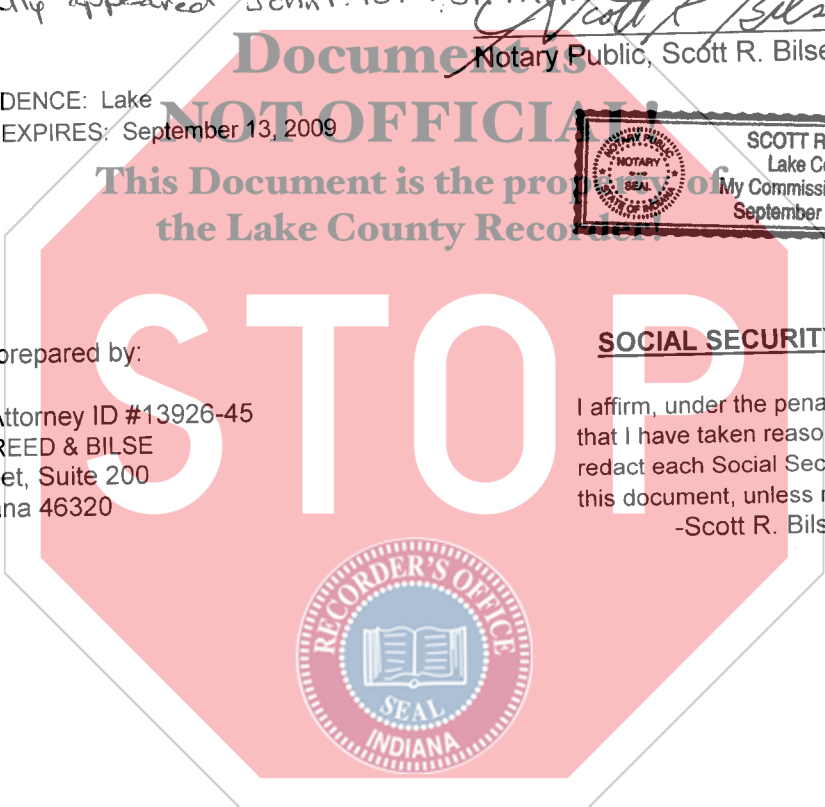

JOHN F. TOTH, JR., Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said state, this 21st day of November, 2008. Personally appeared John F. Toth, Jr. Affiant


Notary Public, Scott R. Bilse

COUNTY OF RESIDENCE: Lake
MY COMMISSION EXPIRES: September 13, 2009



This instrument prepared by:

Scott R. Bilse, Attorney ID #13926-45
ABRAHAMSON, REED & BILSE
200 Russell Street, Suite 200
Hammond, Indiana 46320
(219) 937-1500

SOCIAL SECURITY REDACTION

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.
-Scott R. Bilse-



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1257-08 State No. _____

1. Decedent's Legal Name (First, Middle, Last) Leona B. Toth		1a. Maiden Last Name (if Female) Dankert		2. Sex Female	3. Time Of Death 7:40A.	4. Date Of Death (Month/Day/Year) May 21-2008	
5. Social Security Number [REDACTED]	6a. Age Yrs 78	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) May 30, 1929	
8. Birthplace (City And State Or Foreign Country) Hammond, Ind.		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 checked="" 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 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) St. Margaret Hospital North		12. City Or Town, State, And Zip Code Hammond, Indiana 46320		13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Bartender		17. Kind Of Business/Industry Amer. Legion	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Hammond		18c. Street And Number 3704-176th St.	
18d. Apt. No.		18e. Zip Code 46320		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

19. Decedent's Education 12 Please select education level:		20. Decedent Of Hispanic Origin		21. Decedent's Race White Please select race:		22. Father's Name (First, Middle, Last) William F. Dankert	
23. Mother's Name (First, Middle, Last) Florence C. Dankert		23a. Mother's Maiden Last Name Upperman		24. Informant's Name John Toth Jr.		24a. Relationship To Decedent Son	
24b. Mailing Address (Street And Number, City, State, Zip Code) 6538 Montana Ave. Hammond, Ind. 46320		25. Place Of Disposition Kelly-Carroll Crematory		25c. Location - City, Town, And State Gary, Indiana		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

26. Name And Complete Address Of Funeral Facility Rendina Funeral Home, 5100 Cleveland St. Gary, Ind.		27a. Funeral Home License Number FH83007819	
27b. Signature Of Indiana Funeral Service Licensee: <i>Anthony S. Rendina</i>		27c. License Number (Of Licensee) FD01010402	

CAUSE OF DEATH (See Instructions And Examples)

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. **Pulmonary Edema**
B. **Acute Myocardial Infarction**

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Autopsy Performed? Yes No
30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> 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"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Specify)	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) INDIANA	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
39. Describe How Injury Occurred		38c. Apt. No.		38d. Zip Code MAY 27 2008	
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01061302A	

41. Signature Of Person Certifying Cause Of Death: <i>[Signature]</i>		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. Achirusi 5454 Hohman Ave Hammond Ind 46320		45. Date Certified 7/23/08	
46. Additional Funeral Service Provider:		47. *Akas:		49. For Registrar Only - Date Filed (Month/Day/Year): May 27, 2008	
48. Signature of Local Health Officer: <i>Susan J. But...</i>					

EXHIBIT A

Part of the Northeast Quarter of Section 15, Township 36 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, more particularly described as follows: Commencing at a point 693.43 feet East of the West line of the Northeast ¼ of said Section 15 and 161.35 feet North of the centerline of Black Oak Road as now laid out and used; thence North 0° 42' East, 146.28 feet; thence South 89° 52' East, 50 feet; thence South 0° 42' West, 179.44 feet to a point 161.35 feet North of the centerline of Black Oak Road; North 54° 55' West, 60.59 feet, more or less, to the place of beginning, EXCEPT the North 60 feet thereof which is reserved for 176th Street.

