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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                          ) 2009 064261  
COUNTY OF LAKE )

2009 SEP 22 AM 8:59  
MICHAEL A. BROWN  
RECORDER

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY** 620094614

CHARLOTTE STRAKA, of the Town of Highland, Lake County, Indiana, being first duly sworn upon her Oath, deposes and says:

1. ALBERT HAEBERLIN died testate September 12, 2008, while domiciled in Lake County, Indiana. The Last Will and Testament of ALBERT HAEBERLIN was not probated. (See copy attached.)
2. She is a surviving adult daughter of ALBERT HAEBERLIN, deceased.
3. Forty-five (45) days have elapsed since the death of the decedent.
4. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
5. The value of the gross probate estate of ALBERT HAEBERLIN, wherever located, less liens and encumbrances, does not exceed Fifty Thousand Dollars (\$50,000.00) and the costs and expenses of administration and reasonable funeral expenses.
6. Among the assets owned by the decedent at the time of his death was an undivided one-third interest in the following described real estate located in Lake County, Indiana:

Part of the SW 1/4 of the NW 1/4 of Section 25, Township 36 North, Range 9 West of the 2nd P.M., described as: Commencing at a point which is 323.5 feet North of the SW corner of the SW 1/4 of the NW 1/4 of said section and running thence North along the West line of said NW 1/4 of Section 25 a distance of 123.5 feet; thence East on a line parallel with the East and West center line of said section a distance of 222.74 feet; thence South on a line parallel with the West line of Ewen Avenue a distance of 123.5 feet; thence West on a line parallel with the East and West center line of said section to the place of beginning in Lake County, Indiana, subject to the use of the West 33 feet thereof for Colfax Avenue, and subject to the use of the North 15 feet thereof for highway purposes.

Tax Key No.: 45-07-25-152-001.000-001

016583

**FILED**

SEP 21 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



CHICAGO TITLE INSURANCE COMPANY

#15  
CT  
CW

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Common Address: 4017 Colfax Street, Gary, Indiana, 46408

7. The maximum period for creditors to file claims against the decedent's estate (nine (9) months from date of death) expired on June 12, 2009.

8. The only individuals entitled to the real estate as a result of the decedent's death are CHARLOTTE STRAKA and SUSAN AMOS, because they are the sole residuary devisees under Article Two of the decedent's Last Will and Testament, and that they are the only heirs of the decedent.

9. The gross value of the estate of the decedent, ALBERT HAEBERLIN, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

10. The decedent's estate was not subject to Indiana Inheritance Tax.

11. To the best of the affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above to CHARLOTTE STRAKA and SUSAN AMOS.

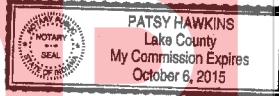
This affiant says nothing further.

*Charlotte Straka*  
CHARLOTTE STRAKA

Subscribed and sworn to before me, a Notary Public, in and for said County and State this eleventh day of September, 2009.

Notarial Seal:

*Patsy Hawkins*  
Notary Public  
Resident of Lake County, Indiana



THIS INSTRUMENT PREPARED BY: August E. Hawkins, Attorney at Law

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





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3108-08

State No.

1. Decedent's Legal Name (First, Middle, Last) ALBERT H. HAEBERLIN				1a. Maiden Last Name (If Female)		2. Sex M	3. Time Of Death 7:40 AM	4. Date Of Death (Month/Day/Year) SEPTEMBER 12, 2008		
5. Social Security Number	6a. Age Yrs 87	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) March 28, 1921		8. Birthplace (City And State Or Foreign Country) SHARON, PENNSYLVANIA		
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 4017 COLFAX										
12. City Or Town, State, And Zip Code GARY (CALUMET TOWNSHIP)					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 N/A			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation WOOD PATTERN MAKER		17. Kind Of Business/Industry MANUFACTURING			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY (CALUMET TOWNSHIP)					
18c. Street And Number 4017 COLFAX						18d. Apt. No. N/A	18e. Zip Code 46408	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. Decedent's Education High school graduate or GED completed		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) HENRY HAEBERLIN				23. Mother's Name (First, Middle, Last) BESSIE HAEBERLIN			23a. Mother's Maiden Last Name BAUER			
24. Informant's Name CHARLOTTE STRAKA			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 10052 FOURTH PLACE HIGHLAND, INDIANA 46322					
25. Place Of Disposition										
25a. Method Of Disposition <input type="checkbox"/> Burial <input 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) CHAPEL LAWN CEMETERY			25c. Location - City, Town, And State SCHERVILLE, INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME 9039 KLEINMAN RD., HIGHLAND INDIANA 46322					27a. Funeral Home License Number: FH10300021			
27b. Signature Of Indiana Funeral Service Licensee: <i>Leonard S. ...</i>						27c. License Number (Of Licensee) FD08800305				
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. CHRONIC RENAL FAILURE B. HYPERTENSIVE CARDIOVASCULAR DISEASE C. ... D. ... Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last E. ALZHEIMER DEMENTIA										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. ALZHEIMER DEMENTIA						29. Were An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		
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)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code			
39. Describe How Injury Occurred						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>Charles D. ...</i>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 1326 W US 30 ...						44. License Number 01019054		45. Date Certified 9-16-08		
46. Additional Funeral Service Provider: <i>Susan W. But. so.</i>						47. Akas:				
48. Signature Of Local Health Officer: <i>Susan W. But. so.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): September 16, 2008				