

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)
IN RE:
RANDALL DIRK BHE,
Deceased.

2009 081046

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 DEC -7 AM 11:15
MICHAEL A. BROWN
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL ESTATE TO SURVIVING SPOUSE

COMES NOW DUANE WANDA BHE, being duly sworn, and states as follows:

1. The above-named decedent died intestate on May 20, 2009, while domiciled in Lake County, Indiana. Attached hereto as Exhibit "A" is a certified copy of the decedent's death certificate.
2. Forty-five (45) days have elapsed since the death of the decedent.
3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
4. The following named persons are the only heirs at law of the decedent:

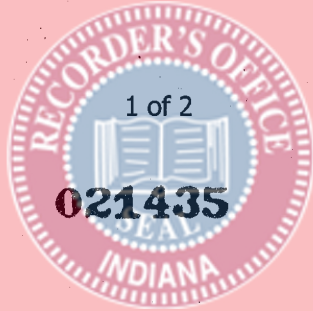
<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>RESIDENCE</u>
Duane Wanda Bhe	68	Wife	2510 W. 84 th Place Merrillville, IN 46410
Jennifer Lynn Bhe	25	Daughter	1042 S. Linden Alliance, OH 44601

5. The value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by Indiana Code 29-1-8-1, the costs and expenses of administration and reasonable funeral expenses.

6. That among the decedent's assets is a parcel of real estate which was owned by the decedent and your affiant herein as tenants by the entireties located in Lake County, Indiana, more particularly described as follows: "INDEPENDENCE HILL 3RD ADD. ALL LOT 54, Parcel No. 45-12-20-379-022.000-030, commonly known as 2510 W. 84th Place, Merrillville, Indiana 46410.

7. The following list of persons, firms, or corporations are the only creditors of the estate and the amount set forth by each name is the sum due said creditor so far as the same is known to the affiant:

<u>Name</u>	<u>Address</u>	<u>Amount Due</u>
None.		



FILED

DEC 07 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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AO
CS

8. That the individual entitled to the real estate as a result of the decedent's death is Duane Wanda Bhe, surviving spouse of the decedent, and she requests that the above-enumerated real estate be transferred to her pursuant to the Deed executed and delivered to her and the decedent on or about 07/01/1999.

9. That the gross value of the estate of the decedent, Randall Dirk Bhe, 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. That the decedent's estate was not subject to Indiana Inheritance Tax.

FURTHER AFFIANT SAYETH NOT.

Duane W. Bhe
Duane Wanda Bhe

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 26th day of October, 2009.

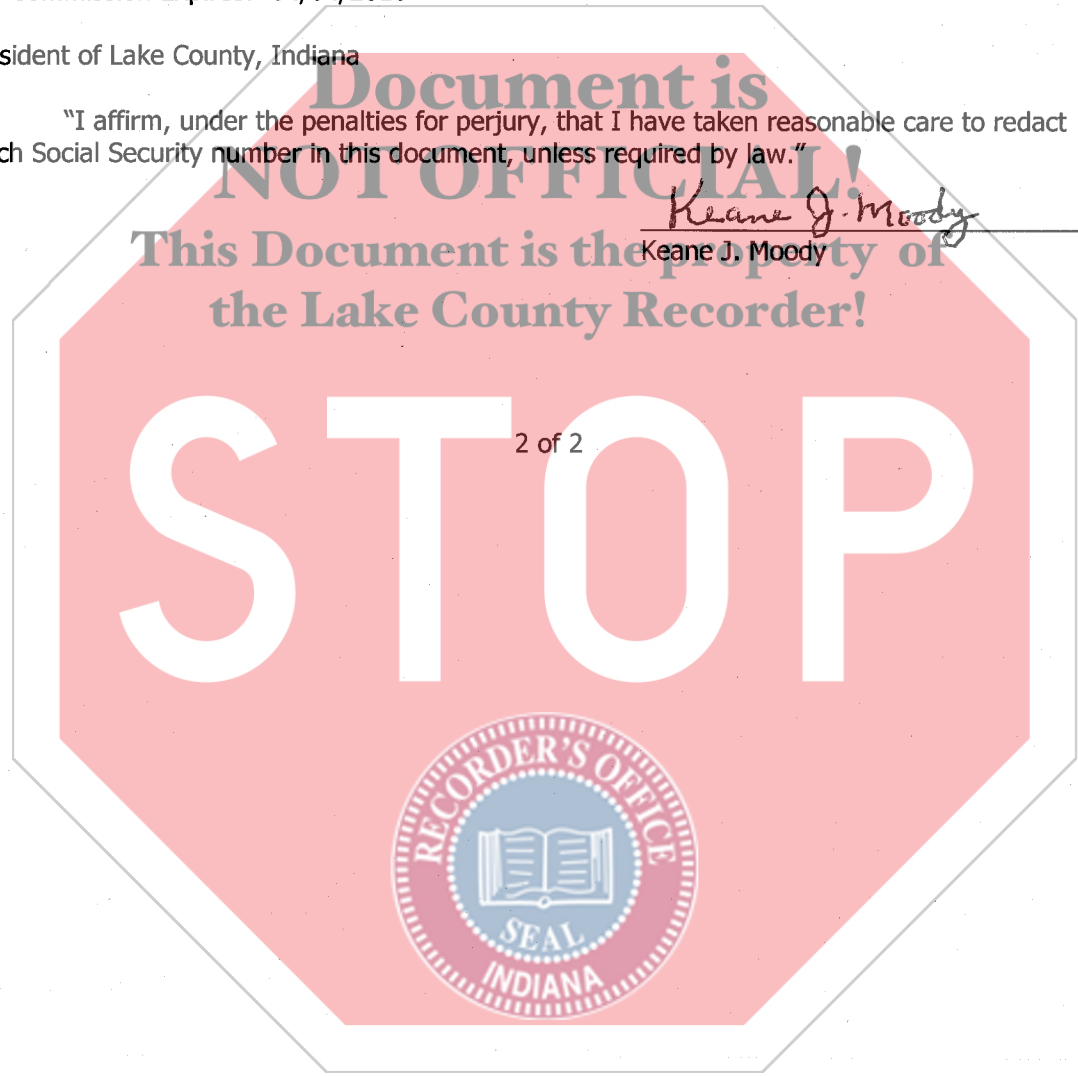
Linda Brebner
Linda Brebner, Notary Public

My Commission Expires: 04/04/2016

Resident of Lake County, Indiana

"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."

Keane J. Moody
Keane J. Moody
This Document is the property of the Lake County Recorder!



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STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

LOCAL FILE NUMBER

343 MAY 09

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) **Randall D. Bhe** 2. SEX **Male** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **May 20, 2009**

4. COUNTY OF DEATH **Cook** 5a. AGE AT LAST BIRTHDAY (Years) **55** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **July 28, 1953**

7a. CITY OR TOWN **Chicago** 7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) **STROGER HOSPITAL**

7c. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **Salem, OH** 9. SOCIAL SECURITY NUMBER **268-50-8660** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (if wife, give full name prior to first marriage) **Duane W. Magnusen** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **2510 W. 84th Place** 13b. APT. NO. 13c. CITY OR TOWN **Merrillville** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **Lake** 13f. STATE **IN** 13g. ZIP CODE **46410** 14. FATHER'S NAME (First, Middle, Last) **Donald Bhe** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Doretha Ward**

16a. INFORMANT'S NAME **Duane W. Bhe** 16b. RELATIONSHIP **Wife** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **46410 2510 W. 84th Place Merrillville, IN**

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **NW Indiana Cremation Srvc** 19. LOCATION - CITY, TOWN AND STATE **Crown Point, IN** 20. DATE OF DISPOSITION (Month/Day/Year) **May 26, 2009**

21a. FUNERAL HOME NAME (For **Swets Funeral Service**) STREET AND NUMBER **116 Cora Ct.** CITY OR TOWN **Thornton** STATE **IL** ZIP **60476**

21b. FUNERAL DIRECTOR'S SIGNATURE *Ronald Feat Swets* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014743**

22. LOCAL REGISTRAR'S SIGNATURE *Duane Magnusen* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **MAY 22 2009**

CAUSE OF DEATH (See instructions and examples) 24. 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. 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. **HYPERTENSIVE CARDIOVASCULAR DISEASE** Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. b. Due to (or as a consequence of):
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. Due to (or as a consequence of):

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 25. WAS AN AUTOPSY PERFORMED? Yes No 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months 29. MANNER OF DEATH Natural Suicide Could not be determined Accident Homicide Pending Investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **MAY 20, 2009** 40. TIME OF DEATH **11:40** A.M. P.M.

41. CERTIFIER (Check only one): Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical Examiner/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 stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **JAMES A. FILKINS, M.D., J.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705** 43. PHYSICIAN'S LICENSE NUMBER

44. TITLE OF CERTIFIER **THE MEDICAL EXAMINER** 45. DATE CERTIFIED (Month/Day/Year) **MAY 21, 2009** 46. SIGNATURE OF CERTIFIER *James A. Filkins M.D.*

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE

James A. Filkins M.D.

JAMES A. FILKINS, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
THE CITY OF CHICAGO. I AM THE KEEPER OF
THE RECORDS OF BIRTH, STILLBIRTHS,
AND DEATHS FOR THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE STATE
OF ILLINOIS AND THE ORDINANCES OF
THE CITY OF CHICAGO. THAT THE
ACCOMPANYING CERTIFICATE ON THIS
SHEET IS A TRUE COPY OF A RECORD
KEPT BY ME IN OBTAINANCE OF SAID
LAWS AND ORDINANCES.

MAY 22 2009

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE