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MICHELLE B. FAJMAN

STATE OF INDIANA

COUNTY OF LAKE

)SS:

IN RE:

JAMES S. HOWARD,

DECEASED

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- 1. That the above-named decedent died intestate on January 17, 2010, while domiciled in Lake County.
 - 2. That 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, or is contemplated to be filed.
 - 4. That the following named person is the only heir of the decedent:

Lona Ruth Howard 463 East Main Street, Apt. B OFFICIAL! Reynoldsville, Pennsylvania 15851 Reproduction of

- 5. That 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 under I.C. §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.
- 6. That among the decedent's probate assets is an undivided one-half (1/2) interest as a tenant-in-common in a parcel of real estate located in Lake County, Indiana, more particularly described as follows: Lot 22, Block 4, Englehart's Country Club Manor 2nd Addition, as shown in Plat Book 34, page 13, Lake County, Indiana, commonly known as: 6241 Johnson Street, Merrillville, Indiana 46410.
- 7. That the individual entitled to the above-referenced real estate as a result of the decedent's death is the decedent's sole heir-at-law as provided under the laws of intestate succession as provided under I.C. §29-1-2-1, namely:

Lona Ruth Howard 463 East Main Street, Apt. B Reynoldsville, Pennsylvania 15851 PEGGY HOLINGA KATONA LP

PAKE COUNTY AUDITOF

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16098

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- That by reason of the above-stated matters, the affiant requests that James S. Howard's undivided one-half (1/2) interest as a tenant-in-common in the above-referenced real estate be transferred to her pursuant to the laws of intestate distribution, in accordance with the provisions of I.C. §29-1-8-1, §29-1-8-2 and §29-1-8-3.
- Lona Ruth Howard's share has been calculated as follows: an undivided one-half (1/2) interest as a tenant-in-common in the above-described real estate.

STATE OF INDIANA

SS:

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Lona Ruth Howard, who acknowledged the execution of the foregoing Affidavit for Transfer of Real Property and delivered said instrument as her free and voluntary act, for the uses and purposes set forth therein ocument is the property of

WITNESS my hand and Notarial Seal this 19th day of March, 2010.

T. Ballou Notary Public

My Commission Expires: November 21, 2015

Resident DENJAMEN CORANTOU otary Public, State of Indiana Lake County My Commission Expires November 21, 2015

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.

Benjamin T. Ballou

This Instrument Prepared By:

Benjamin T. Ballou, Attorney at Law

8700 Broadway, Merrillville, IN 46410

66036.117,729

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

L coal No	5-	10							State N	lo				
Local No					1a. Maiden Last Na	me (If Female)			3. Time Of D		f Death	ath 4. Date Of Death (Month/Day/Year)		
JAMES S. HOWARD					N/A		7		İ	12:15 PM		JANUARY 17, 2010		
Social Security Number 6a. Agr		6b, Under 1 Y	ear 6c. Under 1	Month	6d. Under 1 Day	6e. Under 1 Hour	i	f Birth (Mon		8. Birthpla		d State Or Fore	ign Country)	
319-36-8650 66		Months	Days		Hours	Minutes		ember 22	·	UAN LA	AVVIN, IL	LINOIS		
		Occurred In A	•			10a. If Death Occurre	d Somewhen	e Other Thar	n A Hospital:	☐ Hospice F	acility 🔲	Decedent's Hom	e Nursing Home/Long-	
☑ Yes ☐ No Unknown ☐ ☐	Inpatien	nt 🔲 Emergend	y Department Outpati	ent 🔲 D	ead On Amval	Term Care Facility	Other (Spec	cify)						
11. Facility Name (If Not Institution, Give ST. MARY MEDICAL CENTE		d Number)												
	<u> </u>					13. County 0	of Death			1 14 M	arital Statu	s At Time Of De	ath	
12. City Or Town, State, And Zip Code HOBART, INDIANA 46342						LAKE	Ji Douin			1			parated 🖾 Divorced	
•					. (If Wife)Give Maiden Last Name 16. De							Never Married	ever Married Unknown 17. Kind Of Business/Industry	
					(111110) 4110 11141011 ==== 1				CKTOP SPECIALIST			ROAD CONSTRUCTION		
18. Residence – State 18a. County					18b. City Or Town									
INDIANA LAKE					MERRILLVILLE									
18c. Street And Number						18d				1001 247 2022			18t. Inside City Limits?	
6241 JOHNSON STREET									4		46410	16410 ⊠ Yes □ No		
19. Decedent's Education			20. Decedent 0	•	•		Decedent's R	ace				···	1	
High school graduate or GE	D com	pleted	No, not Sp	anish/l	Hispanic/Latin	1			 .					
22. Father's Name (First, Middle, Last)						23. Mother's Name (First, Middle, Last)					23a. Mothers Maiden Last Name THOMPSON			
WILLIAM HOWARD					Decedori	BOKOTIT HOWARD								
24. Informant's Name 24a. Relationship KAREN WASKOSKY LOVING COI														
				/	25. Pl	ace Of Disposition								
☐ Donation ☐ Entombment ☐ Remov ☐ Other (Specify):		tate NOR	Place Of Disposition (CREM	ATION SERVI			N POINT	Town, And State	3		272 Funer	al Home License Number:	
26. Was Coroner Contacted? ☐ Yes ☑ No			AL HOME, 101			OWN POINT, IN	46307	pert	y of			8300244		
27b. Signature Of Indiana Funeral Servi					Lake C	_	teco	-		cense Numb	er (Of Lice	nsee)		
Mamas	٢.	BI	1201	J		ounity i		I GCI	FD01	009461				
The state of the s	<u>ب</u>		00100			e Instructions A								
28 Part I. Enter The Chain Of Ex Such As Cardiac Arrest, Respirato	rents—Di ry Arrest	iseases, Injur t, Or Ventric <mark>u</mark>	ies, Or Complicat lar Fibrillation Wit	ions—Ti hout Sh	hat Directly Cause owing The Etiolog	ed The Death, Do I	Not Enter To Ite. Enter C	erminal Ev Only One 9	ents ause On		1	onal	Approximate Interval: Onset	
A Line. Add Additional Lines If Ne Immediate Cause (Final Disease (cessary.	.		Α.	Jen.	1 Stafe		na/	1175	0450		enal Eail	To Death	
				D			Due To (Or	As A Conseque	nce Of):	3				
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Of Injury That Initiated The Events Resulting In Death) Last						Due To (Or As A Consec					1	y (P)		
					Oue To (Or As A Conse				nce Of):		2.3		% }	
Part II. Enter Other Significant Condition	s Contribu	iting To Death B	ut Not Resulting In T	D. he Underl	ying Cause Given In	Part I	29. Was	An Autopsy	Performed?	□Ye	s 🔯 N	•		
					\(\text{i}\)	DER'S	30. Were	e Autopsy Fir	ndings Available				☐ Yes ☐ No	
31. Did Tobacco Use Contribute To Dea	th?	32 Vf I	Female:		- ES				33. Manner	Of Death:		<u> </u>		
Tres- Probably No DUnknown		□ Not	Pregnant Within Past Yea Pregnant, But Pregnant 4	ar 🔲 Preg 13 Days To	nant At Time Of Death 1 Year Before Death	□ Not Pregnant, But Pregn □ Unknown If Pregnant With	ant Within 42 Da nin The Past Yea	ays Of Death ar		Homicide Could Not Be		Pending Investiga	tion	
34. Date Of Injury (Month/Day/Year)		35. Ti	ime Of Injury		36. PI	ace Of Injury (E.G., De	cedent's Hom	e, Construct				1	Injury At Work?	
					E	SEAL	<u> </u>				00- 4-4 1		☐ Yes ☐ No Zip Code	
38. Location Of Injury - State		38a. C	City Or Town		380.	Street & Number	7			`	38c. Apt. N		ip dode	
									to If Ti	ransnorta	tion Iniu	ry, Specify:		
39 Describe How Injury Occurred	_							_/	1		•	Pedestrian 🛘 Othe	r (Specify)	
41. Signature, Of Person Certifying Cau	of Deal	/						1	ier (Check Only	One)			.()	
FU(1/5	04	/	jars-					⊠ Cert	ifying Physician	Coroner			e Certified	
43. Name, Address And Zip Code O MILTON GASPARIS,		. •		KE F	PARK AVE	., HOBART	, IN	4634		0370			18/10	
46. Additional Funeral Service Provider:			:						47.	Akas:		·		
48. Signature of Local Health Officer:						49. For Registra	r Only – Date	Filed (Mont	h/Day/Year):					
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