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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 073473

2010 DEC 13 AM 11:58

MICHAEL S. FAJMAN
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN RE: DOROTHY F. HEGEDUS,
DECEASED

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died on October 28, 2010, while domiciled in Lake County, Indiana. A certified copy of the above-named decedent's death certificate is attached hereto as "Exhibit A" and incorporated herein by reference.

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 persons are the heirs of the decedent:

Linda Jo Hile - Adult Daughter
400 North Lake Park Avenue, Apt. T7S
Hobart, IN 46342

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 a fee simple interest in the real estate located in Lake County, Indiana, more particularly described as follows: Lots Numbered Forty-four (44) and Forty-five (45) in Block 12 in South Gary Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 7, page 13 in the Office of the Recorder of Lake County, Indiana. Parcel No. 45-08-22-453-021.000-004.

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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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:

Linda Jo Hile - Adult Daughter
400 North Lake Park Avenue, Apt. T7S
Hobart, IN 46342

8. That by reason of the above-stated matters, the affiant requests that the decedent's fee simple interest 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.

9. The undersigned's share has been calculated as follows:

A. Linda Jo Hile - one hundred (100%) percent interest in and to the above-described real estate.


Linda Jo Hile

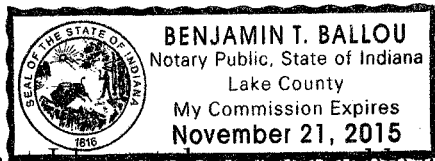
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Linda Jo Hile, 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.

WITNESS my hand and Notarial Seal this 13th day of December, 2010.

Benjamin T. Ballou
Benjamin T. Ballou, Notary Public
A Resident of 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
Benjamin T. Ballou

This Instrument Prepared By: Benjamin T. Ballou, Attorney at Law
8700 Broadway, Merrillville, IN 46410

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3806-10

State No.

1. Decedent's Legal Name (First, Middle, Last) Dorothy F. Hegedus Kalicki				1a. Maiden Last Name (If Female) Lee		2. Sex F	3. Time Of Death 12:16 p.m.	4. Date Of Death (Month/Day/Year) October 28, 2010			
5. Social Security Number 413-20-0629	6a. Age - Yrs 83	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) June 11, 1927		8. Birthplace (City And State Or Foreign Country) Dyersburg, TN			
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 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street And Number) Miller's Merry Manor											
12. City Or Town, State, And Zip Code Hobart, IN 46342				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 None		15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home				
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary							
18c. Street And Number 866 E. 36th Ave.				18d. Apt. No.		18e. Zip Code 46409		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 5th Grade		20. Decedent Of Hispanic Origin No			21. Decedent's Race Caucasian						
22. Father's Name (First, Middle, Last) Willie Lee				23. Mother's Name (First, Middle, Last) Mattie Lee		23a. Mother's Maiden Last Name Ferrell					
24. Informant's Name Linda Hile		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 400 N. Lake Park Ave., #T7S, Hobart, IN 46342							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NW Indiana Cremation Service			25c. Location - City, Town, And State Crown Point, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342					27a. Funeral Home License Number: FH83002380				
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee): FD20700059					
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.								Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Cancer of Colon</u>											
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 B. <u>Metastasis to liver</u>											
C. <u>Cerebral artery disease</u>											
D.											
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? <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 type="checkbox"/> 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"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time 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 checked="" 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				COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE DEPARTMENT			
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 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>Surrendra Shah</i>						42. Certifier (Check Only One) <input checked="" 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: Surrendra Shah, MD 5825 Broadway, Merrillville, IN 46410						44. License Number 01032180		45. Date Certified 11-01-2010			
46. Additional Funeral Service Provider:						47. *Aka:					
48. Signature of Local Health Officer: <i>Susan W. Butcher, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>October 1, 2010</i>					

EXHIBIT A