

STATE OF INDIANA)

)

SS: IN RE: HORACE LEROY WEITKNECHT
DECEDENT

COUNTY OF LAKE)

)

2011 016919

100AN18686

AFFIDAVIT FOR TRANSFER OF PERSONAL PROPERTY

1. That the above-named decedent died intestate on March 14, 2010, while domiciled in Porter County and that the will of the decedent was not probated as the estate was of minimal value, wherein the opening of an estate and probating of the will was not required.

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 persons are the only heirs of the decedent:

Colette Weitknecht 348 Fox Trail Court, Hobart, IN 46342

and the shares of the decedent's property to which each of them is entitled are as follows: all belongings to Colette Weitknecht. Colette Weitknecht has been notified, as she is the affiant.

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) as provided by IC §29-1-8-1.

6. That the following is a full description of all the personal property belonging to the decedent, together with the estimated value thereof according to the best knowledge and information of the affiant herein: Unknown at this time.

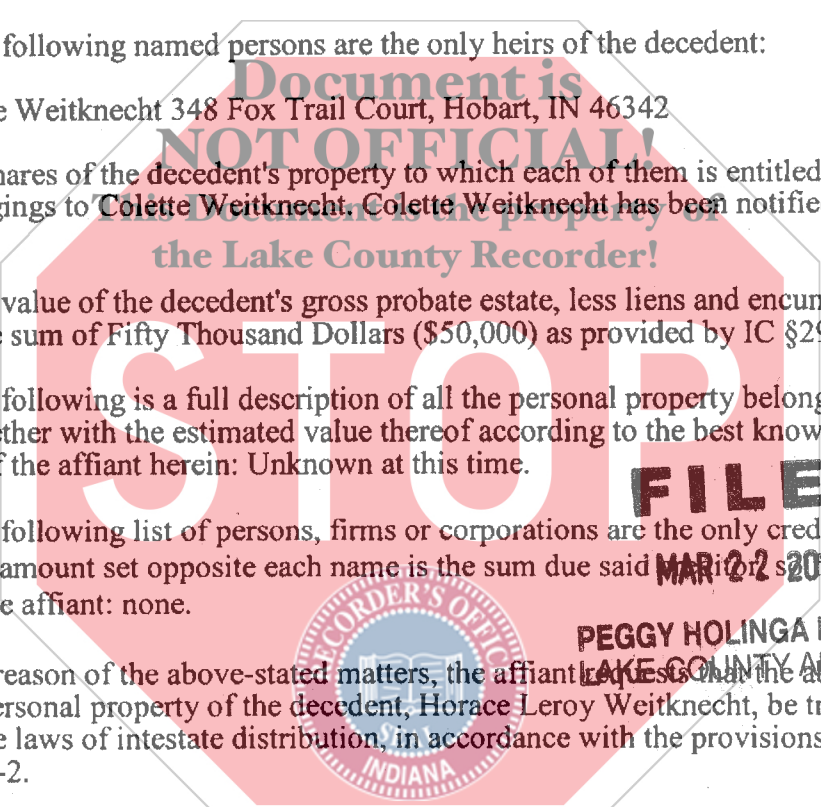
7. That the following list of persons, firms or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said ~~MAR 22 2011~~ as the same is known to the affiant: none.

8. That by reason of the above-stated matters, the affiant requests that the above enumerated personal property of the decedent, Horace Leroy Weitknecht, be transferred to her pursuant to the laws of intestate distribution, in accordance with the provisions of IC §29-1-8-1 and §29-1-8-2.

9. That the affiant is entitled to the payment or delivery of the property and requests immediate distribution to her, pursuant to the provisions of IC §29-1-8-3 on behalf of each person listed in item 4.

10. That pursuant to the terms of IC §29-1-8-2, the person paying or delivering the property to the affiant is released from any liability.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2011 MAR 22 AM 10:52
MICHELLE R. FAHMAN
RECORDER



000980

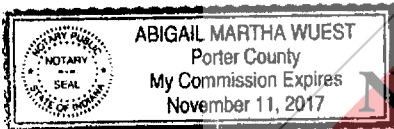
18.00
1.00 each
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9361
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WHEREFORE, the affiant herein hereby requests that any and all property presently in possession of the above-enumerated personal property, transfer the same to said affiant, pursuant to the Indiana Code and that distribution of said property to the affiant herein; and that the affiant herein Colette Weitknecht, hereby charges herself with the responsibility of proper disbursement of the funds according to the provisions of the Indiana Code, and hereby agrees to hold harmless said any property holder who transferred property from any liability with regard to the transfer of said personal property.

Colette Weitknecht
Colette Weitknecht

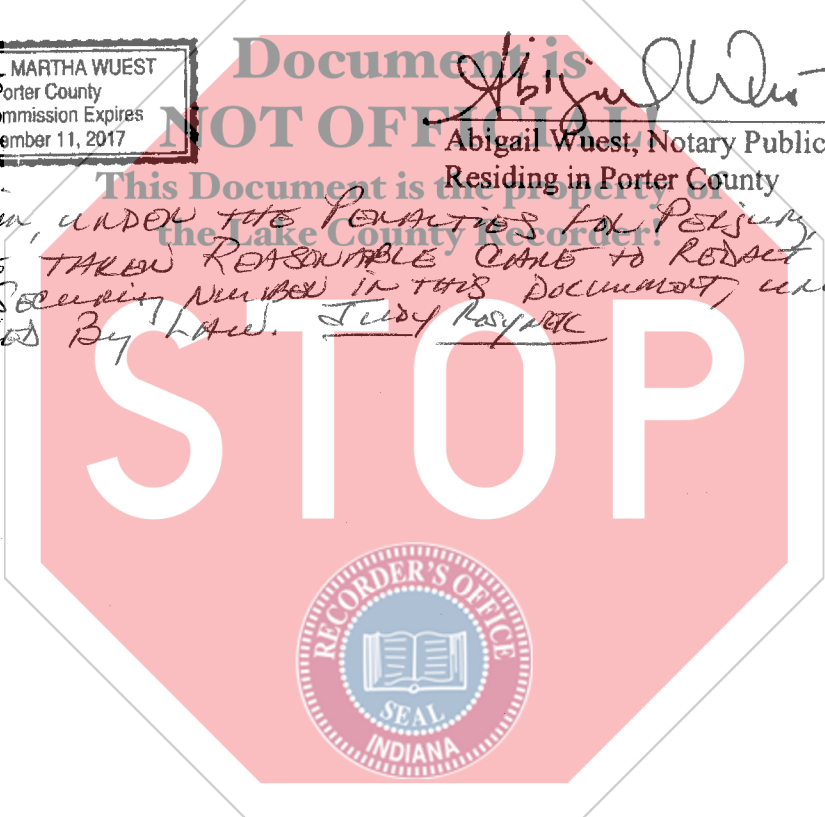
STATE OF INDIANA)
)
COUNTY OF PORTER)

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 18th day of June, 2010.



Abigail Wuest
Abigail Wuest, Notary Public
Residing in Porter County

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT ~~DATA~~ SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW. *Judy Rosyatek*





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. **804-10**

State No.

1 Decedent's Legal Name (First, Middle, Last) **HORACE LEROY WEITKNECHT**

1a Maiden Last Name (if Female) **NA**

2 Sex **M**

3 Time Of Death **2:45 AM**

4 Date Of Death (Month/Day/Year) **MARCH 14, 2010**

5 Social Security Number **184-28-6942**

6a Age (Years) **75**

6b Under 1 Year

6c Under 1 Month

6d Under 1 Day

6e Under 1 Hour

6f Under 15 Minutes

7 Date Of Birth (Month/Day/Year) **FEBRUARY 12, 1935**

8 Birthplace (City And State Or Foreign Country) **BETHLEHEM, PENNSYLVANIA**

9 Ever in U.S. Armed Forces? Yes No Unknown

10a If Death Occurred In A Hospital Inpatient Emergency Department Outpatient Dead On Arrival

10b If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home Term Care Facility Other (Specify)

11 Facility Name (If Not Institution Give Street And Number) **348 FOX TRAIL COURT**

12 City Or Town, State, And Zip Code **HOBART, INDIANA 46342**

13 County Of Death **LAKE**

14 Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15 Surviving Spouse's Name **COLETTE WEITKNECHT**

15a (If Wife) Give Maiden Last Name **RZEPZYNSKI**

16 Decedent's Usual Occupation **BLAST FURNACE**

17 Kind Of Business/Industry **STEEL**

18 Residence - State **INDIANA**

18a County **LAKE**

18b City Or Town **HOBART**

18c Street And Number **348 FOX TRAIL COURT**

18d Apt. No. **NA**

18e Zip Code **46342**

18f Inside City Limits? Yes 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) **LEROY WEITKNECHT**

23 Mother's Name (First, Middle, Last) **MARY WEITKNECHT**

23a Mother's Maiden Last Name **SEOLER**

24 Informant's Name **COLETTE WEITKNECHT**

24a Relationship To Decedent **WIFE**

24b Mailing Address (Street And Number, City, State, Zip Code) **348 FOX TRAIL COURT, HOBART, INDIANA 46342**

25a Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify)

25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **CHAPEL LAWN MEMORIAL GARDENS**

25c Location - City, Town And State **SCHERERVILLE, INDIANA**

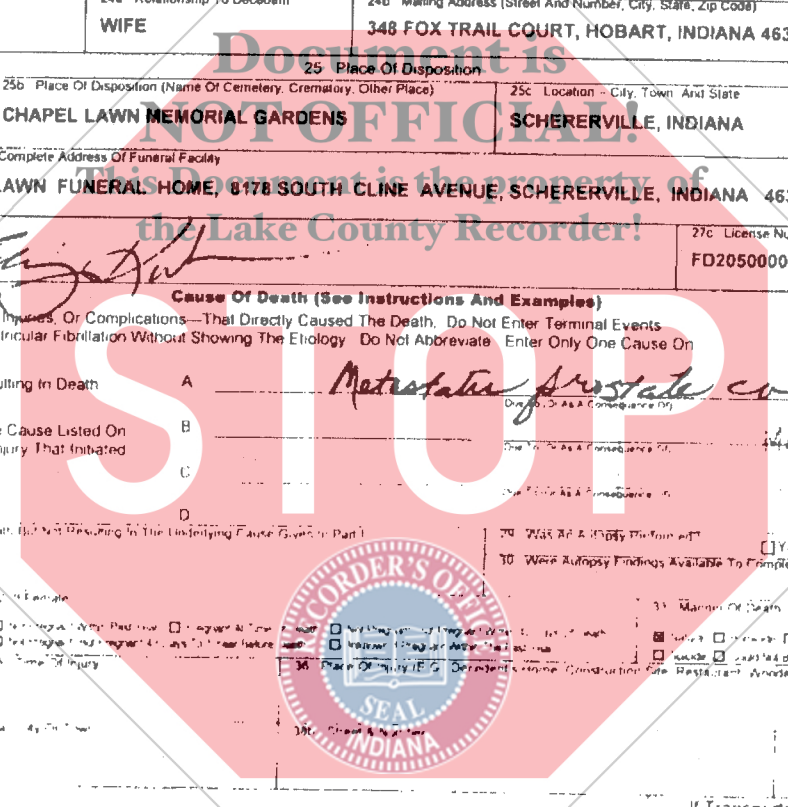
26 Was Coroner Contacted? Yes No

27 Name And Complete Address Of Funeral Facility **CHAPEL LAWN FUNERAL HOME, 8178 SOUTH CLINE AVENUE, SCHERERVILLE, INDIANA 46375**

27a Funeral Home License Number **FH19900051**

27b Signature Of Indiana Funeral Service Licensee

27c License Number (Of Licensee) **FD20500007**



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 Metastatic prostate ca**

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.

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 Manner Of Death Natural Accidental Suicide Homicide Undetermined

32 Injury At Work? Yes No

33 Date Of Injury (Month/Day/Year)

34 Time Of Injury

35 Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Unimproved Area)

36 Occupational Description

37 Date Of Death

38 Time Of Death

39 Description Of Injury (Specify)

40 If Transportation Injury, Specify Driver Passenger Pedestrian Other (Specify)

41 Signature Of Reporting Physician **Kathryn H. Mulligan, M.D.**

42 Address Of Reporting Physician **919 Main St., Suite 103
Dyer, IN 46311**

43 Signature Of Registrar **Steven D. Burt**

44 Date Of Registration **March 11, 2010**

45 Registrar's Office **010523424 3/17/10**



LEGAL DESCRIPTION

East 1/2 of Lot 202 in Hidden Lake Unit Number 2, as per plat thereof, recorded in Plat Book 84, page 50, in the Office of the Recorder of Lake County, Indiana.

FOR INFORMATIONAL PURPOSES ONLY:

Common Address: 348 Fox Trail Court, Hobart, IN 46342
45-09-29-156-022.000-018

