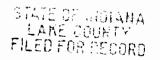
CLERK\_



# 2011 028925

2011 MAY 25 AM 10: 18

620111313

### SURVIVORSHIP AFFIDAVIT OF THOMAS J. MIZE

On this  $\frac{25}{}$  day of  $\frac{March}{}$ , 2011, before me personally appeared Thomas J. Mize, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is the son of Rose A. Mize, deceased.
- 3. Said premises was formerly owned by Rose A. Mize, deceased.
- Rose A. Mize died on July 12, 2010, leaving a will, a true and correct copy of which is attached hereto.
- 5. The legal description of the premises in question is:

Lot No. One (1) in Block No. Three (3), as marked and laid down on the recorded plat of Highland Addition to Highland, Lake County, Indiana, as the same appears of record in Plat Book 26, page 19, in the Recorder's Office of Lake County, Indiana.

Parcel No. 45-07-22-332-001.000-026.
Commonly known as 3504 Garfield Avenue, Highland, IN 46322 the Lake County Recorder!

6. There are no unpaid Federal or State inheritance tax liabilities by reason of the death of Rose A. Mize.

Signature:
Printed Name:
Address:
Thomas J. Mize
5160 Nels Road
Highland, WI 53543

Subscribed and sworn to before me by the affiant this 25 day of March, 2011.

Mayour G. Preint	Laffirm, under the penalties for perjury, that I have
Notary Public	taken reasonable care to redact each Social Security
Printed Name: Mariorie A. Pierick	number in this document, unless required by law
My County of Residence is: \	The state of the s
In the State of: Wisconsin	MOIANAM
My Commission Evniros: Patt as 2012 .	

This instrument prepared by: Douglas K. Walker, Hoeppner Wagner & Evans LLP, 1000 E. 80th Place, 6th Floor South,

	AMOUNT \$	C7		
	CASH CHARGE		A	
	CHECK #		AGAK	
•	OVERAGE		001830 A	PEGGY
	COPY			LAKE
	NON-COM			

MAY 2 4 2011

**PEGGY HOLINGA KATONA** LAKE COUNTY AUDITOR

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 2162-	10						Sta	te No		
1 Decedent's Legal Name (First, Middle, Last)  Rose Agnes Mize		1a Maiden Last N Magdzi	•	ale)			3. Time	Of Death	_	12, 2010
5. Social Security Number 6a Age – Yrs 6b Under 1 Year	6c Under 1 Month	6d Under 1 Day	6e. Unde	r 1 Hour		Birth (Month/Day/Ye				r Foreign Country)
9. Ever In U.S. Armed Forces? 10 If Death Occurred In A H	Days	Hours	Minutes	A	ugus	t 1, 191 er Than A Hospital:	.7 (	Calume	t City	, Illinois
9. Ever In U.S. Armed Forces?  10. If Death Occurred in A Ho  Yes M No Unknown   Inpatient Emergency  11. Facility Name (If Not institution, Give Street And Number)	•	Dead On Amval	l			er Than A Hospital:		m Care Facility	☐ Other (Sp	ecify)
Saint Margaret Mercy Healt	hcare Sou	thlake C	ampus	:						
12. City Or Town, State, And Zip Code		<u> </u>		13 County Of Deat	h			4. Marital Statu		
Dyer, Indiana 46311  15. Surviving Spouse's Name	15- (MNASS-NC	ive Maiden Last Name		Lake	Henri Oran			Widowed [		eparated Divorced  Unknown
N/A	isa. (ii vviie)G	ive Maidell Last Main		Homema	_	pation			Home	ыу
	18a. County	_	- 1	City Or Town	ja <b>s</b>	40°4				
Indiana 18c. Street And Number	Lake		F	lighland	l	18d Apt N	lo	18e Zip	Code	18f Inside City Limits?
3504 Garfield Avenue								463	22	Mg Yes □ No
19. Decedent's Education	20. Decedent Of Hispa	nic Origin		21 Decede						
7 22. Father's Name (First, Middle, Last)			23 Moth	Whit	_			23a.	Mother's Mai	den Last Name
Joachim Magdziak			Car	coline M	fagdz:	iak		N	yderel	ς
24. Informant's Name Thomas Mize	Son	o Decedent				er, City, State, Zip C	,	T 525%	2	
		25. P	Place Of Di	sposition		Highland		1 2324	<u> </u>	
25a. Method Of Disposition   25b   Place Of Disposition (Name Of Cemetery, Crematory, Other Place)   25c   Location - City, Town, And State     Burial   Cremation   Donation   Entombment   Removal From State     Other (Specify):   Crown Point, Indiana     Cremation   Service   Crown Point, Indiana										
	Address Of Funeral Facilit		28 Hi	ohizen: A	WÖ H	i ábl and	4.VI	/6322		eral Home License Number
Fagen-Miller Funeral Home 2828 Highway Ave Highland, IN 46322 FH83003035  27b. Signature Of Indiana Funeral Service Licensee:  27c. License Number (Of Licensee):										
27b. Signature Of Indiana Funeral Service Licensee:  the Lake County Recorder  FD20400030  Cause Of Death (See Instructions And Examples)										
28. Part I. Enter The Chain Of Events—Diseases, Injurie Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular	s, Or Complications—T	hat Directly Caus	ed T <mark>he De</mark>	ath, Do Not Ent	er Termin	al Events				Approximate Interval: Onset
A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In	n Death A.	Resp	in	boy -	neg	Live	1			To Death
Sequentially List Conditions, If Any, Leading To The Caus	e Listed Oil	Coe	y.		To (Or As A C	onsequence Of)	Le	_		6-68
Line A. Enter The Underlying Cause (Disease Or Injury TI The Events Resulting In Death) Last	hat Initiated	Che	erè	ree	To (Or As A C	Cat	<b>∞</b> €	•		(eg)
Part II. Enter Other Significant Conditions Seekributing To Death But I	D. Not Resulting in The Under	Iving Cause Given In	Part I	29.	Was An Au	topsy Performed?		-1/. <b>K</b> -1		
COPY OF THE ABOVE I	S A TRUE AND COME	PIETE	THE PARTY			psy Findings Availab		Yes No Property of the Cause	0 se Of Death?	Yes No
31. Did Tobacco Use Contribute To Delitary I Y HEALTH DEPART	MENT ON FILE WILL	H THE 1 SO	DEK	ON		33. Mann				
	egnant Within Past Year Pre egnant, But Pregnant 43 Days To e Of Injury					Struction Site, Resta	Could N	le Accident I lot 8e Determined loded Area)		Injury At Work?
JUL 14										☐ Yes ☐ No
38 Location Of Injury - State 38a City	Or Town	38b	Street & Nur	VA TITTIE				38c. Apt. N	lo 38d.	Zip Code
39 Describe How Injury Seewered			- Commit	TUL-				ition Injury, Spe		
□ Driver/Operator □ Passenger □ Pedesthan □ Other (Specify)										
41. Signature, Of Person Certifying Cguse Of Death:  42. Certifier (Check Only One)  Det: Certifying Physician										
43. Name, Address And Zip Code Of Person Certifying Caus	e Of Death	00				44.	License	Number	45 Da	le Certified - 14 - 10
Fred Adler, mb., 800 Mac	trithur Blo	1814	nste	r, 1N	7632		Akas	9251		
48 Signature of Local Health Officer					49	For Registrar Only		iled (Month/Da	y/Year)·	
	an DE	But ,	O.O.			(		l. 1.	1 ~	- 161

State Form 10110 (R7/9-07) ATTENTION ESTATE The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no per



# **Not for Public Access\***

STATE OF INDIANA			LAKE		SUPERIOR COURT
Control of the contro	) Vee:	IN THE	ELECTION AND ASSESSMENT	COUNTY	COURT
COUNTY OF LAKE	) 	CAUSE NO.	45C01-110	3-EM-00064	and the party of the same
in the Matter of the Estate of:	ROSE A. MIZE	<u> </u>			deceased.
Address of Decedent:	3504 Garfield	Avenue	<b>.</b>		9/1:
	Highland, IN	46322			
County of Decedent's Residence:	Lake				peceased.  Of in Clerk's Of
Social Security Number of Decedent:			<del></del>	- Ma	2011
Date of Decedent's Death:Jul	y 12, 2010			المايا	. 16
	:				Tangaran Tupon My path, state
I, THOMAS J. MIZE		(name	of afflant), be	ing duly sworr	n upon my gath, state
affiant to Decedent or Decedent's esta of Decedent's death, because no trans from inheritance tax as listed herein. Following is a complete listing	Docume	ent is th	ansfers in ex	ty of	ansferee's exemption
attach additional pages as necessary	ALC ALGERT	a samina	AMECUA CIC		
Description of Property  Real Estate located at	Mar	nner of <b>7</b> fa	SIED.		· in Value 188
3504 Garfield, Highland, IN (leg	af attached)	Will	*****	117	,000
Highland Savings Bank (account)		lekt Jointly			.070
	É	CROER'S	N. C.		
Total Value of All Taxable Transfers by	Decedent (G	ross estate		118,	,070
(-) Less total expenses of decedent/es	E			20	),919
(~) Tavable coints	E.	WDIANA.	inin	07	7 151

<sup>\*</sup> Once completed, this form is confidential pursuant to Ind. Code § 8-4.1-12-12. To comply with Trial Rule 5(G) this form is marked "Not for Public Access" and its required to be filled on light green paper if it is filled for an otherwise public estate.

\*\*Attach an Itemized list of deductions. See, Ind. Code § 8-4.1-3-13.

Following is a complete listing of the transferees of Decedent's taxable transfers and the value of such transfers (attach additional pages as necessary):

Name of Transferee	Relationship to Deced	ent Value of	(ansters)	Eleiginor
Thomas J. Mize	Adult son	97,151	<del></del>	100,000
	Not for Pr	iblic Ac	Cess*	
Total Value of Ali Taxabi	le Transfers by Decedent		1	
Dated: 04/08/2011		Signature: _	1 homes	Migg
Name of Lawyer: Douglas	K. Walker	Printed:	Thomas J. Mize	
Address: 1000 E. 80th Pla	ace, Sixth Floor South	Address:	5160 Nels Road	
<b>Merrillville, IN</b>	46410	pronor	Highland, WI 5354	13-9388
Telephone: 219/769-6552	Doc	ument i	S	
STATE OF INDIANA	NOTO	FFICL	AL!	
COUNTY OF TOWA				
Before me, a Notary Public	the Lake C	ounty Reco	rder!	151.1
personally appeared				
document and who, being d				
Adominate and milet actual a				
WITNESS my hand	and Notarial Seal this	9th day of	April. 2	0//
		(Signature)	Marvin L.	Surld
V V 1/4 "		(Printed) //	PARVIN C.	Simplot
The state of the s		Skoling	Notary Pul	blic
SEAL	No. of the last of	SEAL MOIANA		
My commission expires:	7-20-14			

	Nature of Description of Claim, Debt or Expense	Amount of Deduction
1.	Fagen Miller - funeral nome	3,478
2.	Dumpster rental	326
3.		450
4.	Brokerage fee for sale of house	7,020
5.	Title Expenses	703
6.		50
7.	Real Estate taxes (pro-rated taxes) for current and last year	2,486
8.		175
9.	NIPSCO	641
10	Citicard for various expenses re various travel-related expenses for for trips to area to take care of residence for sale & various estate matters	831
11	. Town of Highland - water	356
	. Comcast	34
	. Telephone	56 ~
	. Homesowners' insurance bill (4/11/11)	644
	. Bochnowski Appraisal Company	250
	. Walker's Law Service (maintain property for sale)	419
	. Attorney Fees	3,000



20,919

### Legal Description of property:

Lot No. One (1) in Block No. Three (3), as marked and laid down on the recorded plat of Highland Addition to Highland, Lake County, Indiana, as the same appears of record in Plat Book 26, page 19, in the Recorder's Office of Lake County, Indiana.

Parcel No. 45-07-22-332-001.000-026; commonly known as 3504 Garfield Avenue, Highland, IN 46322

# Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

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.

# Filed in Clerk's Office

MAR -8 2011

LAST WILL AND TESTAMENT

4 5 CO1 110 3EM 0006 4

ake circuit ocurt

ROSE A. MIZE

I, ROSE A. MIZE, a legal resident of the State of Indiana, being of sound and disposing mind and memory, and not acting under duress, coercion, or undue influence of any person whomsoever, do make, and publish, and declare this instrument as my LAST WILL AND TESTAMENT, hereby revoking all wills and codicils to wills previously made by me.

#### ARTICLE I

I give, devise, and bequeath all of my estate and property of which I may be seized or possessed or to which I may be entitled at the time of death, wherever situated or of whatever nature, be it real, personal, or mixed, including lapsed legacies and any property over which I may have power of appointment, to my husband, ELI A. MIZE, as his sole and absolute property if he shall survive me.

In the event my said husband shall not survive me, I give, devise, In the event my said husband shall not survive me, I give, devise, and bequeath all of my estate and property, absolutely and forever, in equal shares, share and share alike, to my beloved son, THOMAS J. MIZE, and any child or children that may be born to me or adopted by me hereafter who shall survive me, but if any of my children or adopted children shall not survive me, then to the descendants of such child or children who may be living at my death, such descendants to take per stirpes and not per capits. Descendants shall include adopted children, with any such adopted child being treated, for purposes of this will, as the natural child of the adopting parent. child of the adopting parent. Recorder!

### ARTICLE III

I hereby appoint my husband, ELI A. MIZE as Executor of this my LAST WILL AND TESTAMENT, and I request that he be permitted to serve without bond or surety thereon and without the intervention of any except as required by Law. I hereby authorize and empower my said Executor in his absolute discretion, to sell, exchange, convey, transfer, assign, mortgage, pledge, lease, or rent the whole or any part of my real or personal estate, and to invest, reinvest, or retain investments of my said estate, and to perform all acts and to execute all documents which my said Executor may deem necessary, convenient, or proper in regard to my said Executor may deem necessary, convenient, or proper in regard to my property. In the event that he shall predecease me or shall, for any reason, refuse or be unable to serve or to continue serving as Executor hereof, then I hereby appoint my son, THOMAS J. MIZE of Indianapolis, Indiana as alternate Executor, to serve without bond or surety and with the same powers and authority.

### ARTICLE IV

Wherever in this my LAST NILL AND TESTAMENT it is provided that any person shall benefit hereunder if such person shall survive me, such person shall be deemed not to have survived me if he or she shall die either within thirty (30) days after my death, or at the same time as I, or in a common disaster with me, or under such circumstances that it is difficult or impossible to determine which of us died first.

And A. Ming.

PAGE ONE OF TWO PAGES

0812

### ARTICLE V

Except as otherwise provided in this my LAST WILL AND TESTAMENT, I have intentionally omitted to provide herein for any other relatives or for any other person, whether claiming to be an heir of mine or not.

this /4 day of , 19 7) set my hand and seal to this my LAST WILL AND TASTAMENT, consisting of two typewritten pages, this included, the preceding page hereof bearing my signature.

(SEAL)

Anniel Chim Plant Mans Ta 2012 1

That ach Republic Logic Blog Lll

The Lake Sounty Recorder

Deboral Station 2424 Aughland, Juntanhurot, Il

PAGE TWO OF TWO PAGES

STATE OF	) ) SS.
COUNTY OF	)

We, the undersigned, and each of us having been duly sworn, state on this

197 that each of us was present and saw
the Testatrix, ROSE A. MIZE, in the presence of each of us, sign her LAST
WILL AND TESTAMENT to which this Affidavit is attached; that her LAST
WILL AND TESTAMENT was attested to by each of us in the presence of the
Testatrix and each other; and that each of us believed the Testatrix to
be of sound mind and memory at the time of signing her LAST WILL AND TESTAMENT.

Subscribed and sworn to this

197<u>/</u>, before me

NOT OFFICIAL!

My commission expires on of this Document is the property of

the Lake County Recorder!