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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA
COUNTY OF Lake

SS: **2012 042390**

2012 JUN 27 AM 9:16

AFFIDAVIT OF HEIRSHIP

MICHELLE R. FAJMAN
RECORDER

Robert Alan James, of full legal age, being first duly sworn upon his/her oath,
deposes and says:

1. That he/she resides at 3243 N Lakopark Ave Hobart IN 46342.
2. That he/she makes this affidavit for the purpose of establishing the legal ownership of certain described as follows:

See Attached

FILED

JUN 22 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

said _____ commonly known as:
_____ is proposed to be _____ by _____
from all the lawful heirs of _____

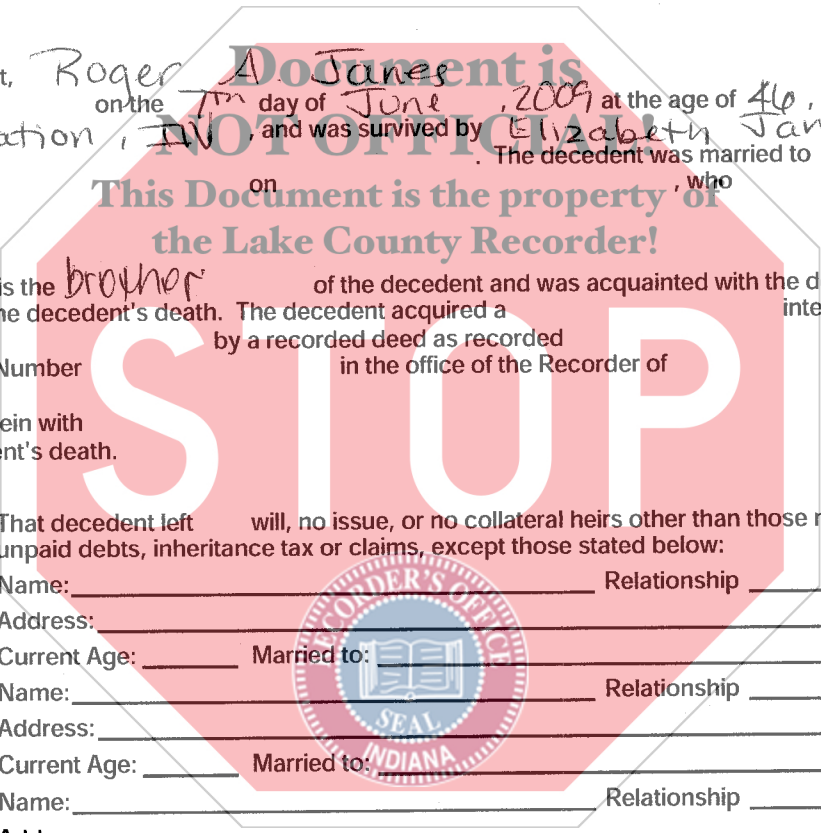
3. The decedent, Roger A James died on the 7th day of June, 2009 at the age of 46, as a resident of Lake Station, IN and was survived by Elizabeth James. The decedent was married to _____, who _____ said _____ decedent.

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4. That he/she is the brother of the decedent and was acquainted with the decedent for _____ years until the decedent's death. The decedent acquired a _____ interest of the _____ at _____ by a recorded deed as recorded in the office of the Recorder of _____ County, _____ Instrument Number _____ Indiana. _____ resided therein with _____ until decedent's death.

5. (A) That decedent left _____ will, no issue, or no collateral heirs other than those named herein; and no unpaid debts, inheritance tax or claims, except those stated below:

Name: _____ Relationship _____
Address: _____
Current Age: _____ Married to: _____
Name: _____ Relationship _____
Address: _____
Current Age: _____ Married to: _____
Name: _____ Relationship _____
Address: _____
Current Age: _____ Married to: _____



**FIDELITY NATIONAL
TITLE COMPANY**

92012-1177

HEIRAFF 7/98 SB

AMOUNT \$ 18
 CASH _____ CHARGE PN
 CHECK# _____
 OVERAGE _____
 COPY _____
 NON-CONF _____
 DEPUTY _____ aw

Name: _____ Relationship _____
 Address: _____
 Current Age: _____ Married to: _____
 Name: _____ Relationship _____
 Address: _____
 Current Age: _____ Married to: _____
 Name: _____ Relationship _____
 Address: _____
 Current Age: _____ Married to: _____

- (B) _____ That he/she has made a careful inquiry and that to the best of his/her knowledge and belief, left will, no issue or no collateral heirs other than those named herein, and no unpaid debts or claims, except those stated below. All funeral expenses and debts of the estate have been paid.
- (C) _____ The total value of _____ estate, including proceeds of life insurance and any interest in jointly owned property, and was not large enough to be subject to Federal Estate Tax.

UNPAID DEBTS, TAXES OR CLAIMS:

6. This affidavit is also made for the purpose of inducing the Auditor of Lake County, Indiana to transfer ownership of the above-described Real Estate on the transfer records to FIDELITY NATIONAL TITLE INSURANCE and to induce _____ to provide title insurance for the above described

Further Affiant saith not.

Robert Alan Jones.

STATE OF INDIANA, COUNTY OF _____

SS: _____

Subscribed and sworn before me, a Notary Public on this 15 day of May, 2012.

Signature _____

Susan Miedema

Printed _____

Notary Name _____

SUSAN MIEDEMA



My Commission Expires _____

County of Residence: Lake

This Document Prepared By: Robert A Jones

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. SUSAN MIEDEMA

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EXHIBIT A

Lot 24, in Block 9, in Lloyds Deepriver Subdivision as per plat thereof, recorded in Plat Book 22, page 71 in the Recorder's Office of Lake County, Indiana.

Property No.(s).: 45-08-24-207-024.000-020

Property Address: 4144 Park Avenue, Lake Station, IN 46405



8LC

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 2113-09

State No.

1. Decedent's Legal Name (First, Middle, Last) ROGER A. JANES				1a. Maiden Last Name (if Female) N/A		2. Sex Male	3. Time Of Death 8:14am	4. Date Of Death (Month/Day/Year) June 7, 2009	
5. Social Security Number		6a. Age - Yrs 46	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) December 31, 1962		8. Birthplace (City And State Or Foreign Country) Gary, Indiana
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 checked="" 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) St. Mary Medical Center									
12. City Or Town, State, And Zip Code Hobart				13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name Elizabeth Janes			15a. (If Wife) Give Maiden Last Name Wydmon		16. Decedent's Usual Occupation Disabled		17. Kind Of Business/Industry DISABLED		
18. Residence - State IN		18a. County Lake		18b. City Or Town Lake Station					
18c. Street And Number 4000 Liverpool Road				18d. Apt. No.		18e. Zip Code 46405		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School Graduate or GED		20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Robert A. Janes, Sr.				23. Mother's Name (First, Middle, Last) Letty B. Janes			23a. Mother's Maiden Last Name Collier		
24. Informant's Name Elizabeth Janes		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 4000 Liverpool Road, Lake Station, IN 46405					
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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) Calvary Cemetery			25c. Location - City, Town, And State Portage, IN 46368				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, Olson Chapel, 5341 Central Ave., Portage, Indiana 46368					27a. Funeral Home License Number: FH83005613		
27b. Signature Of Indiana Funeral Service Licensee: <i>James T. Barclay</i>						27c. License Number (Of Licensee): FD20100023			
<p>Cause Of Death (See Instructions And Examples)</p> <p>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.</p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Acute Myocardial Infarct</u> Due To (Or As A Consequence Of):</p> <p>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>Type II DM</u> Due To (Or As A Consequence Of):</p> <p>C. _____ Due To (Or As A Consequence Of):</p> <p>D. _____ Due To (Or As A Consequence Of):</p> <p>Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I</p>									
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 checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days 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				
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>John E. Carter</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: John E. Carter MD, 164 Bracken Parkway, Hobart, IN 46342						44. License Number 01039453		45. Date Certified 6/9/09	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): June 10, 2009			