STATE OF INDIANA COUNTY OF LUIL.

SS:

2012 042390

2012 JUN 27 AM 9: 16

AFFIDAVIT OF HEIRSHIP

Alan Janes deposes and says:

MICHELLE R. FAJMAN RECORDER, of full legal age, being first duly sworn upon his/her oath,

1. That he/she resides at

3243 N Lake Park 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

PEGGY HOLINGA KATONA PEGGY HOLINGA AUDITOR PEGGY HOLINTY AUS PEAKE COUNTY AUS from all the lawful heirs of

said

commonly known as:

is proposed to be

• •			24118
3. The decedent, Roger died on the Lake Station,	Dodareent	is	24110
died on the	in day of June , 2	OCT at the age of 46, as a	resident of
Lake Station, I	, and was survived by	lizabeth Janes	
	on . The	, who	said
acocaciia	Document is the pr		
	e Lake County Red		
4. That he/she is the Drown	of the decedent and	was acquainted with the deced	ent for
years until the decedent's deat	<ul> <li>h. The decedent acquired a</li> </ul>	interest	of the at
Instrument Number	by a recorded deed as record in the office of the	Recorder of	County,
Indiana.	in the onice of the	1.000, 0.0	<b>J.</b>
resided therein with			
until decedent's death.			
5. (A) V That decedent left	will, no issue, or no collate ritance tax or claims, except th	eral heirs other than those name	d nerein:, and no
	TRAILER LAN OF CHAIRING, CACCOR III	Relationship	
Address:		- Kolduolisii P	
Current Age:	59.		
Name:	- Walled to be a second	Relationship	:
Address:	E SEAL !		
Current Age:	Married to: VDIANA		
Name:	Warned to.	Relationship	
		Keladolisinp	
Address:	Marriadta		
Current Age:	iviarried to:		13
		AMOUNT \$	14

TITLE COMPANY 92012-1111

CASH\_\_\_CHARGE CHECK# OVERAGE. COPY\_ NON-CONF\_ **DEPUTY\_** 

	Name:	Relationship
	Current Age: 1	Married to:
	Name:	Relationship
		And the second s
	Current Age:	Married to:
	Name:	Relationship
	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 claims, except those sta	no collateral heirs other than those named herein, and no unpaid debts or ated below. All funeral expenses and debts of the estate have been paid.
(C)	_ The total value of	the state of the second and any interest in injustic powered
	es property, and was not la	state, including proceeds of life insurance and any interest in jointly owned arge enough to be subject to Federal Estate Tax.
		Document is
to transfe	er ownership of the above-	e of inducing the Auditor of A LWL County, Indiana described Real Estate on the transfer records to and to induce ANCE to provide title insurance for the above described
Further Affiant sa	aith not.	Kohert allan Janes.
STATE OF INDIA	ANA, COUNTY OF	SS:
Subscribed and	sworn before me, a Notary	Public on this 15 day of May, 2012
		Signature ) W Muden
My Con My Con	SUSAN MIEDEMA Lake County My Commission Expires August07, 2014	Printed Notary Name  Notary Name
County of Reside	ence: Land	
This Document I	Prepared By:	hert A Scenes
I affirm, under th	e penalties for perjury, tha	t I have taken reasonable care to redact each Social Security number in

## **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



DUC

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No							St	ate No			
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Last N	ame (If Female)		2. Sex	1	Of Death	1	Death (Month/Day/Year)	
ROGER A. JANES  5. Social Security Number   6a. Age - Yrs   6b. U	Inder 1 Year	6c Under 1 Month	N/A 6d. Under 1 Day	6e. Under 1 Ho	ur 7. Date	Male Of Birth (Month/Da	1	4am  8. Birthplace (Cit		7, 2009 Foreign Country)	
46 Month	ns	Days	Hours	Minutes	Dece	ember 31.	1962	Gary In	diana		
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital:					Minutes December 31, 1962   Gary, Indiana  10a. If Death Occurred Somewhere Other Than A Hospital.						
☐ Yes ☑ No Unknown ☐ ☐ Inpatient ☑  11. Facility Name (If Not Institution, Give Street And Numl		rtment Outpatient 🔲 [	Dead On Arrival	☐ Hospice F	acility Decedent's I	Home  Nursing	Home/Long-1	erm Care Facility	Other (Spe	cify)	
St. Mary Medical Center	,										
12. City Or Town, State, And Zip Code									arital Status At Time Of Death		
Hobart				Lake				Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name		15a. (If Wife)Giv	e Maiden Last Name	1	5. Decedent's Usual O	ecupation	1	17. Kind Of E	Business/Indus	try	
Elizabeth Janes		Wydmo	n	1	Disabled			DISA	BLED		
18. Residence – State		County		18b. City							
18c. Street And Number	La	ke		Lake	e Station	18d. <i>F</i>	Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
4000 Liverpool Road						1		464	05	A Yes □ No	
19. Decedent's Education	20	). Decedent Of Hispan	ic Origin		21. Decedent's Rac	ie I		1		<del></del>	
High School Graduate or G	ED N	lo not Spani	ish/Hispani		White						
22. Father's Name (First, Middle, Last)				l .	Name (First, Middle, La	ast)				den Last Name	
Robert A. Janes, Sr.		24a. Relationship T	o Decedent		3. Janes Address (Street And No	umber City State	Zip Code)	Co	ollier		
Elizabeth Janes		Wife I	Deceasin	1	iverpool			Station.	IN 46	405	
				lace Of Dispos	sition			,			
25a. Method Of Disposition.  ✓ Burial ☐ Cremation ☐ Donation ☐ Entombment	25b. Place Of	Disposition (Name Of	Cemetery, Cremator	y, Other Place)	25c. Location	on - City, Town, Ar	id State				
Removal From State	Calva	ry Cemet	erv		Porta	ge, IN	46368	3			
Other (Specify): 26. Was Coroner Contacted?  27. Name Ar		ress Of Funeral Facility		is the	e prope	erty o	f		27a. Fune	ral Home License Number:	
□ Yes 1 No Rees I	Funeral F	lome, Olso	n Chapel,	5341 Ce	ntral Ave.	Portage, l	Indiana	46368	FH83	005613	
27b. Signature Of Indiana Funeral Service Licensee:		) . (				İ		Of Licensee):			
pmes!	. 0	ليت	يال	1 ( 1			20100	)023			
28. Part I. Enter The Chain Of Events—Disease	es, Injuries, Or	Complications—TI	hat Directly Cause	ed The Death,	Do Not Enter Tem	ninal Events				Approximate	
Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary.	Ventricular Fibr		^			. /	1			Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition R	Resulting In Dea	ath A. A	, ACOUNT	1000	ENVINE TO COLAR	A Consequence Off:					
					Due to (Cr As						
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C	The Cause Lis	ted On B.	Type	<u>- II  </u>	Due To (Or As	A Consequence Of):					
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C The Events Resulting In Death) Last	The Cause Lis or Injury That In	ted On B. nitiated C	Type		0.000	A Consequence Of):					
Line A. Enter The Underlying Cause (Disease C	Or Injury That In	nitiated C			Due To (Or As	, constitution of	d?	Tyes 77 No			
Line A. Enter The Underlying Cause (Disease C The Events Resulting In Death) Last	Or Injury That In	nitiated C			Due To (Or As	A Consequence Of):		Yes No		☐ Yes ☑ No	
Line A. Enter The Underlying Cause (Disease C The Events Resulting In Death) Last  Part II. Enter Other Significant Conditions Contributing To  31. Did Tobacco Use Contribute To Death?	Death But Not R	C  D  esulting In The Underly	ying Cause Given In F	Pertino	Due To (Or As 29. Was An 30. Were A	A Consequence Of):  n Autopsy Performe utopsy Findings Av	ailable To Co	eath;	e Of Death?		
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