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Mail Tax Bills To:

Sylvia J. Payan

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NAMIL!

4104 Magoun Avenue

STATE OF INDIANA

COUNTY OF LAKE

East Chicago, Indiana 46312

IN RE:

DECEDENT

)(

)SS:

EMILIO IBARRA

AFFIDAVIT FOR TRANSFER OF REAL ESTATE

Comes now, Sylvia J. Payan, of 4104 Magoun Avenue, East Chicago, Indiana 46312, who being first duly sworn deposes and says:

- 1) That she is the daughter and heir of the decedent, EMILIO IBARRA, who died on October 18, 2011.
- 2) That the decedent left no surviving spouse and five (5) surviving children by the names of Emilio Ibarra Jr, Cynthia Ibarra, James Ibarra, Sylvia J. Payan, and Sophia Ibarra. The five (5) said surviving children are therefore the heirs at law and are each entitled to an individual one-fifth (1/5) interest to ownership of the Lake County, Indiana, real estate described as follows:

LOTS 5 AND 6, IN BLOCK 28, MANUFACTURER'S ADDITION TO THE CITY OF HAMMOND AS PER PLAT BOOK 2, PAGE 24 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 6712 IDAHO AVENUE,
HAMMOND, INDIANA 46323.

3) That the decedent died with the entire fee simple interest in the aforementioned property contained herein in paragraph 2.

25662

PEGGY HOLINGA KATONA LAKE COUNTY AUDITUR

16.00 hon Conb Cash LR

- 4) That the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses.
- 5) That by reason of the above-stated matters, the affiant requests that the abovedescribed real estate of the decedent, be transferred to five (5) surviving children by the names of Emilio Ibarra Jr., Cynthia Ibarra, James Ibarra, Sylvia J. Payan, and Sophia Ibarra.

Sylvia J. Payan

STATE OF INDIANA

COUNTY OF LAKE

a Notary Public in and for said county and Subscribed and sworn to before me. state, this 15th day of Agastent, 2012e property of

the Lake County Recor

STEVE HADDAD Notary Public- Seal State of Indiana fly Commission Expires Oct 18, 2017

Printed: Steve E. Haddad, Notary Public Residing in Lake County, Indiana My Commission Expires: 10/18/2017

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

Printed Name: Steve E. Haddad

Instrument Prepared By and Mailed to: Steve E. Haddad, Attorney at Law, 6949 Kennedy Avenue Suite D, Hammond, Indiana 46323.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003200			EDR No 000000224581			State No 045518				
Decedent's Legal Name (First, Middle, Last)			1a Maiden Nai	me (If female)	2 Se	(3 Tr	me Of Death	4 Date	Of Death (Month/Day/Year)	
MILIO IBARRA)4 45 AM	<u> </u>	10/18/2011	
Social Security Number 6a Age - Yrs 6b	Under 1 Year	6c Under 1 Mont	th 6d Under 1 Day	6e Under 1 Hour 7	Date of Birth (M	onth/Day/Year)	8 Birthplace (Ci	ty and State	or Foreign Country)	
TOZ-TO-0110 11	nths	Days	Hours	Minutes	03/21/		CORPUS	CHRIST	I, TX	
Ever in U.S. Armed Forces? 10 If Death Oc	curred In A Hosp	pital		10a If Death Occurred Hospice Facility	d Somewhere Oth Decedent's H		l ing Home/Long-tei	m Care Fac	ility	
Yes 🛭 No 🗋 Unknown 🔼 Inpatient 🗆	Emergency D	epartment Outpatiei	nt 🔲 Dead on Arriva	Other (Specify)	_	_			-	
1 Facility Name (If Not Institution, Give Street and IUNSTER COMMUNITY HOSPIT										
2 City Or Town, State, And Zip Code	<u> </u>			13 County Of I	Death		14 Mantal St	atus At Time	e Of Death	
W.W.O.T.E.D. W. 40000				LAKE					But Separated Divorce ver Marned Unknown	
IUNSTER, IN, 46320 5 Surviving Spouse's Name		15	5a (If Wife)Give Maid	LAKE en Last Name	16 Dece	dent's Usual Occi			1 Of Business/Industry	
• .									D STEEL	
8 Residence - State	18a	County		18b City Or Town	CRAN	<u>MAN</u>		COMP	'ANY	
		-								
NDIANA Bic Street And Number	LAK	<u> </u>		<u> </u>		18d Apt No	18e Zır	Code	18f Inside City Limits	
									Yes No	
712 IDAHO AVENUE	- 1.00	December Of the		Tát Dao	edeato Dono		46	323		
9 Decedent's Education		Decedent Of Hisp EXICAN, ME	anic Orgin XICAN AMER		edent's Race					
TH GRADE OR LESS 2 Father's Name (First, Middle, Last)		HICANO		White 23 Mother's Name (Fire	et Middle Laet)		220	Mother's Mr	aiden Last Name	
2 Father's Name (First, Middle, Last)				23 Would's Name (Fils	st, Milouie, Last)		234	WOULE S IN	ander Last Name	
ALVADOR IBARRA				MARIA IBARRA				RTINEZ		
4 Informant's Name		24a Relationship	To Decedent	24b Mailing Address (,			
YNTHIA D IBARRA		DAUGHT <u>E</u> F		4729 CAREY S	TREET, EA	ST CHICAG	O, IN 4631	2		
5a Method Of Disposition	25b Pla	ice Of Disposition (I	25 Pla Name Of Cemetery, C	ace Of Disposition rematory, Other Place)	25c Location - C	ty, Town, And Sta	te			
Bunal ☑ Cremation ☐ Donation ☐ Entomb	ment				_ \					
Removal From State Other (Specify)	REGI	ONAL CREM	ATION SERV	ices ent	MUNSTER,	IN				
		Address Of Funera						27a Fu	neral Home License Number	
☐ Yes ☑ No	TINERAL	HOME INC	4201 INDIAN	APOLIS BLVD,	EAST CHIC	AGO IN 46	312	EH830	001512	
7b Signature Of Indiana Funeral Service Licensee			, 1201 1110011	AI OLIO DEVD,		27c License Nun	nber (Of Licensee)			
OHN P FIFE , BY ELECTRONIC	SIGNATO		ause Of Death (Se	e Instructions And Ex		FD0102036	0		Approximate	
28 Part I Enter The <u>Chain Of Events</u> - Disea Such As Cardiac Arrest, Respiratory Arrest, Or A Line Add Additinal Lines if Necessary	ses, Injuries, C Ventricular Fi	or Complications - brillation Without 5	That Directly Caused Showing The Etiology	The Death, Do Not En Oo Not Abbreviate Er	ter Terminal Eve nter Only One Ca	nts use On			Interval Onset To Death	
Immediate Cause (Final Disease Or Condition	Resulting In D	eath) A	RIGHT HIP FRAC	TURE	ue to (Or As A Conseque			_	3 DAYS	
			BOSSIBI E EAT O	R PULMONARY EMBO		ica Oij			MINUTES	
Sequentially List Conditions, If Any, Leading 1 Line A Enter The Underlying Cause (Disease			POSSIBLE FAI O		LI SIVI Le to (Or As A Conseque	nce Of)	-		MINOTES	
The Events Resulting In Death) Last		С		Do	ue to (Or As A Conseque	nga Qf)				
		D								
Part II Enter Other Significant Conditions Contribution	o to Death But I		e Underlying Cause Gr	vin In Part I 2	9 Was An Autop	y Performed?	☐ Yes	⊠ No)	
art ii Eriter Other <u>Signilicant Contitions Contitiousi</u>				3	Were Autonsy	Finding Available	To Complete The			
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State Form 53395 ATTENTION ESTATE The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal