3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 050072 2013 JUL 10 AM 11:17

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF SUCCESSION

ROBERT C. WOLFINGER, being first duly sworn, upon his oath states as follows:

1. His father and mother, Ignatius W. Wolfinger and Barbara C. Wolfinger, during their lifetimes by deed dated May 16, 1997, placed the following real estate into The Wolfinger Family Trust dated May 16, 1997:

That part of the North 1/2 of the Northeast 1/4 of Section 12, Township 34 North, Range 9 West of the 2nd P.M., lying West of the center line of Beaver Dam Ditch Lateral #8, excepting therefrom the West 1535.81 feet thereof, in Lake County, Indiana.
Property Address: 5105 W. 109th Avenue, Crown Point, Indiana 46307.
PARCEL NO.: 45-15-12-226-001.000-041

2. The primary beneficiaries of said Trust were, during their lifetimes, Ignatius W. Wolfinger and Barbara C. Wolfinger, husband and wife.

3. Ignatius W. Wolfinger died on November 7, 2002. Barbara C. Wolfinger died on June 18, 2013. Copies of their death certificates are attached and made a part hereof by reference.

4. The successor beneficiary to the trust real estate under the terms of said Wolfinger Family Trust was Robert C. Wolfinger, the affiant. He is also the Successor Trustee named in the Trust Agreement of said Trust, and holds the power of direction as well.

5. Further the affiant sayeth not.

FILED
JUL 10 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

ROBERT C. WOLFINGER

State of Indiana; County of Lake : SS:
Subscribed and sworn to before me, a Notary Public in and for said County and State, this 8th day of July, 2013.

My Commission Expires:
May 1, 2015
Resident: Lake County, Indiana

JAMES R. BIELEFELD, NOTARY PUBLIC

This instrument prepared by: James R. Bielefeld, Attorney at Law.

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.

James R. Bielefeld, Attorney

SEND TAX STATEMENTS TO: Robert C. Wolfinger, Trustee, 5105 W. 109th Ave., Crown Point, IN 46307
RETURN TO: " " " "

004099

15
CS
nw

& Bt Vet

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

Local No. 2614-02

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED - NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
IGNATIUS	W	WOLFINGER	Male	1:00 P.M.	November 7, 2002

4. *SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo., Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
361-16-8907	76			May24,1926	CHICAGO Illinois

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one See instructions)	
Yes	1946	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
5105 W 109TH	CROWN POINT	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Married	BARBARA	FIREMAN	CITY OF CHICAGO

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	LAKE	CROWN POINT	5105 W 109TH

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE — American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46307	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	10	N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
IGNATIUS WOLFINGER	MARY UNGER

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
BARBARA WOLFINGER	5105 W 109TH, CROWN POINT, IN 46307	WIFE

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	November 9, 2002 N.W. Ind. Cremation Services	Crown Point,, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
N/A	N/A	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Terrence P. Burns	FD1013890	BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana

CAUSE OF DEATH

26. PART I — Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Neuroendocrine Carcinoma	
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
R Drasg	01031484	NOVEMBER 11, 200

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

DR. RAY DRASGA 8127 MERRILLVILLE ROAD, MERRILLVILLE, INDIANA, IN

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE

Susan J Best MD

32. DATE FILED (Month, Day, Year)

NOV 13 2002

I CERTIFY THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

NOV 13 2002

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.
November 7, 2002	

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002089 **EDR No** 000000329274 **State No** 028369

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
BARBARA C WOLFINGER	TESSMAN	FEMALE	12:51 PM	06/18/2013

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
396-20-3192	85					07/17/1927	SULLIVAN, WI

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

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): 5105 WEST 109TH AVENUE

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
CROWN POINT, IN, 46307	LAKE	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
		HOMEMAKER	HOME

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	CROWN POINT

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
5105 WEST 109TH AVENUE		46307	☐ Yes ☒ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
SOME COLLEGE CREDIT, BUT NOT A DEGREE	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
EDWARD E TESSMAN	AGNES M TESSMAN	BECK

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
ROBERT WOLFINGER	SON	5105 WEST 109TH AVENUE, CROWN POINT, IN 46307

25. Place Of Disposition

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)	KELLY-CARROLL CREMATION SVS	CROWN POINT, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307	FH83002445

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
JAMES E. BURNS , BY ELECTRONIC SIGNATURE	FD20700059

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death) A. PANCREATIC CANCER — Due to (Or As A Consequence Of): — MONTHS

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. — Due to (Or As A Consequence Of):

C. — Due to (Or As A Consequence Of):

D.

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JUN 19 2013
Susan W Best, MD
LAKE COUNTY HEALTH OFFICER

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I: DIABETES, HYPERTENSION, CORONARY ARTERY DISEASE

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
SUSAN W. BEST , BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
SUSAN W. BEST , 2050 N MAIN STREET SUITE F, CROWN POINT, IN 46307	02002150A	06/18/2013

46. Additional Funeral Service Provider:	47. *Akas:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	JUN 19 2013

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.