RHETT L. TAUBER, ESQ. TAUBER LAW OFFICES 1415 EAGLE RIDGE DRIVE SCHERERVILLE, IN 46735

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STATE OF INDIANA
)
) SS: IN RE KAREN E. RUSKOWSKY,
COUNTY OF LAKE
) A/K/A KAREN A. RUSKOWSKY, DECEDEN

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- 1. That the above-named decedent died testate on March 11, 2013, while domiciled in Lake County, Indiana, and a copy of her Death Certificate is attached this affidavit as Exhibit "A".
 - 2. That forty five (45) days have elapsed since the death of the decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemptated to be filed.

That the following named persons are the only heirs of the decedent: • 4. Jocument is Gregory S. Ruskowsky, Jr. Seth Ruskowsky 640 - 139th Street 405 N. Calvert Hammond, IN 46327 Muncie, IN 47303 Adult Son e Adult Son the Lake County Recorder! Mark Ruskowsky EGGY HOLINGA KATOMA 9311 Amberleigh Drive Plainfield, IN 46168 Adult Son

and the interest of the decedent's real property to which each of them is entitled are as follows: each of them is entitled to an undivided one-twelfth (1/12) of the real property. All of these individuals have been notified of this affidavit by the affiant.

- 5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.
- 6. That among the decedent's probate assets is an undivided one-fourth (1/4) interest in a parcel of real estate which was owned by the Decedent and others and located in Lake County, Indiana, more particularly described as follows:

004363

AD C/=21607 INC

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Lot Two (2), and the South 10 feet of the Lot One (1), Block Eight (8), Sheffield, in the city of Hammond, as shown in Plat Book 14, page 6, in Lake County, Indiana.

Property No. 45-03-07-102-016.000-023 Commonly known as 1710 Stanton Avenue, Whiting, IN 46394.

7. That the following list of persons, firms or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the Affiant:

<u>Name</u>	<u>Address</u>	Amount Due
The University of Chicago Medical Center	15965 Collections Center Drive Chicago, IL 60693	\$120.00
Bank of America	P.O. Box 851001 Dallas, TX 75285-1001	\$\$2,049.52
Farm Bureau Bank Docu	Card Services P.O. Box 13337 Philadelphia, PA 19101-3337	\$1,782.02
Carson Pirie Scotts Document the Lake Co	P.O. Box 659813 San Antonio, TX 78265-9113	\$754.43
Bank Card Services	P.O. Box 94012 Palatine, IL 60094-4012	\$298.61

8. That the individuals entitled to the undivided one-fourth (1/4) interest in the real estate as a result of the decedent's death are the following devisees listed under Item IV of the decedent's Last Will and Testament, namely:

Gregory S. Ruskowsky, Jr. Seth Ruskowsky
640 - 139th Street
Hammond, IN 46327
Adult Son

Mark Ruskowsky

Mark Ruskowsky 9311 Amberleigh Drive Plainfield, IN 46168 Adult Son

each as to an undivided one-twelfth (1/12).

- 9. That by reason of the above-stated matters, the affiant requests that the undivided one-fourth (1/4) interest of the above real estate of the decedent, Karen E. Ruskowsky a/k/a Karen A. Ruskowsky, be transferred to them in accordance with the provisions of the decedent's Last Will and Testament, and in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.
- 10. Each person's distributive share has been calculated as follows: Gregory S. Ruskowsky, Jr., Mark Ruskowsky and Seth Ruskowsky, each as to an undivided one-twelfth (1/12), as tenants in common.

GREGORY S. RUSKOWSKY, JR.

STATE OF INDIANA)) SS
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared GREGORY S. RUSKOWSKY, JR., and acknowledged the execution of said Affidavit for Transfer of Real Property to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 21st day of May, 2013.

Jared R. Tauber, Notary Public

My Commission Expires: 05/06/16
County of Residence: Lake

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Spend Security Number in this document, unless required by law. (Rhett L. Tauber, Esq.)

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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Decedent's Legal Name	(First, Middle, Last)					ien Name			2. Sex	3. Tim	e Of Death	4. Date	Of Death (Month/Day/Year)	
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5. Social Security Number		6b. Under 1	Year	6c. Under 1 I			6e. Under 1 Ho	ır 7. Date				ty and State	or Foreign Country)	
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WILLIAM R YODE	R						ANN YODE					MPIER		
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25a. Method Of Disposition			5b. Plac	e Of Dispositi	on (Name Of Ceme	etery, Crem	natory, Other Pla	ce) 25c.	Location - Cit	y, Town, And State				
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state per pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.