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STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

IN RE: AUDIE GREER, DECEASED

PARCEL I.D. 45-16-08-153-033.000-042

AFFIDAVIT OF HEIRSHIP

Tex Onedita Lipke, being duly sworn upon her oath says:

1. That she is the daughter of Audie Greer who died intestate a resident of Lake County, Indiana on September 8, 2001. Death certificates attached and marked Exhibit A. No estate was opened for the decedent and none is contemplated. More than 45 days have passed since the decedent died.

2. That Audie Greer was survived by six (6) adult children as her sole and only heirs at law. They are; Tex Onedita Lipke, Joey A. Magiera, Vera Clarkson, Earl E. Greer, Steve M. Greer and Nellie Greer.

3. That Audie Greer was married to Earl F. Greer but he predeceased her, having passed away on May 23, 1984.

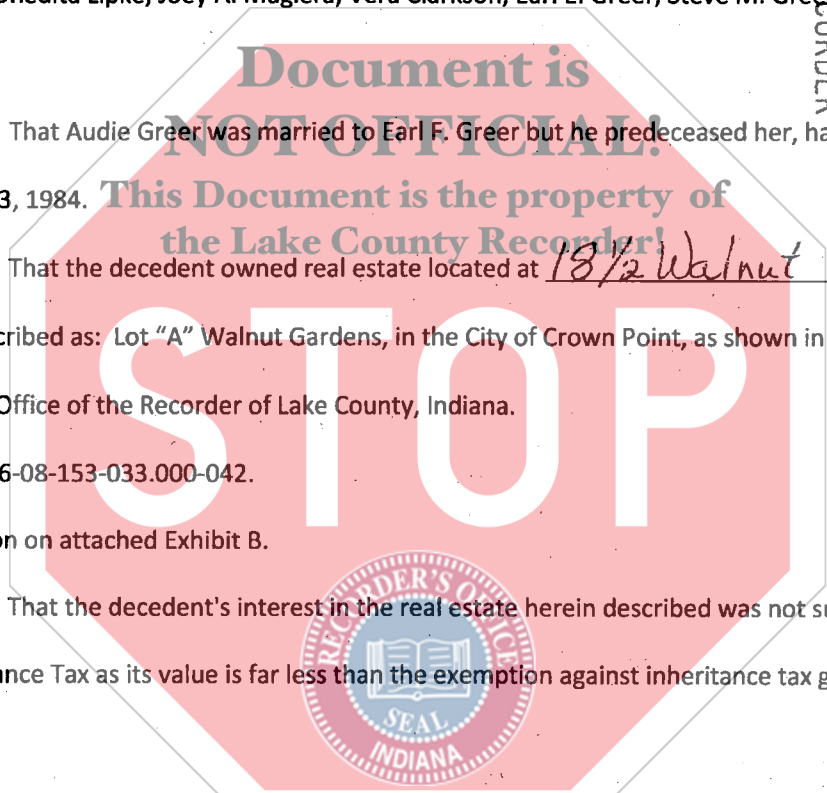
4. That the decedent owned real estate located at 18 1/2 Walnut Parkway and legally described as: Lot "A" Walnut Gardens, in the City of Crown Point, as shown in Plat Book 28, page 47 in the Office of the Recorder of Lake County, Indiana. Parcel I.D. 45-16-08-153-033.000-042. Legal description on attached Exhibit B.

5. That the decedent's interest in the real estate herein described was not subject to Indiana Inheritance Tax as its value is far less than the exemption against inheritance tax given to class A beneficiaries.

6. That the decedent left no unpaid debts and her estate was not subject to Federal Estate Taxes.

2013 05 15 38

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
MICHAEL J. BROWN
RECORDER
2013 JUL 25 PM 12:15



FILED

JUL 25 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

24548

\$16-
cash
noncomf
KC

7. That the individuals entitled to the real estate as a result of the decedent's death are her children; ; Tex Onedita Lipke, Joey A. Magiera, Vera Clarkson, Earl E. Greer, Steve M. Greer, and Myrtle Nellie Greer. Each is entitled to a 1/6 interest in said real estate, as tenants in common.

8. Statements made in this affidavit are true an complete, so far as affiant knows, and are made for the purpose of establishing the heirship of decedent and inducing the Auditor of Lake County, Indiana to show that ; Tex Onedita Lipke, Joey A. Magiera, Vera Clarkson, Earl E. Greer, Steve M. Greer, and Myrtle Nellie Greer, now are the owners of the decedent's real estate.

9. Affiant further requests that all future tax statements be sent to Steve M. Greer. The address is 400 North St., Crown Point, IN 46307.

Further affiant sayeth not.

Tex Onedita Lipke
TEX ONEDITA LIPKE

STATE OF INDIANA

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared: TEX ONEDITA LIPKE, which acknowledged the execution of the foregoing affidavit of heirship.

Witness my hand and notarial seal this 24 day of July, 2013.

My commission expires: 7-01-17

Ervin C. Carstensen
ERVIN C. CARSTENSEN, Notary Public

Resident of Lake County

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.

Ervin C. Carstensen
ERVIN C. CARSTENSEN, Attorney at Law

PREPARED BY: ERVIN C. CARSTENSEN, I.D.#3141-45, tel: 219-942-1096
503 Main Street, Hobart, IN 46342

NOTION ESTATE: Disclosure of the need to pursue our responsibilities voluntarily and there will be no penalty for refusal.

600's EXA INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH State No.....

Local No. 2003-01

128816 TYPE/PRINT IN PERMANENT BLACK INK

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

DECEDENT

1. DECEASED - NAME (First, Middle, Last) Audie T Greer 2. SEX Female 3a. TIME OF DEATH 3:21 AM 3b. DATE OF DEATH (Month, Day, Yr) September 8, 2001 4. SOCIAL SECURITY NUMBER [REDACTED] 5a. AGE - Last Birthday (Years) 77 5b. UNDER 1 YEAR UNDER 1 DAY 5c. UNDER 1 DAY 5d. DATE OF BIRTH (Mo., Day, Yr) March 30, 1924 7. BIRTHPLACE (City and State or Foreign Count) Chenoa Kentucky 6a. U.S. VETERAN? No 6b. YEAR LAST SERVED IN U.S. ARMED FORCES? - 8. PLACE OF DEATH (CHECK ONLY ONE - See INSTRUCTIONS) HOSPITAL: [] Inpatient [] ER/Outpatient [] DOA [] Residence [] Nursing Home [] Other (Specify) 9a. FACILITY NAME (If not institution, give street and number) 18 1/2 Walnut Parkway 9b. CITY, TOWN, OR LOCATION OF DEATH Crown Point 9c. COUNTY OF DEATH Lake 10. MARITAL STATUS (Specify) Widowed 11. SURVIVING SPOUSE (If wife, give maiden name) N/A 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of occupation. Do not use retired.) Homemaker 12b. KIND OF BUSINESS/INDUSTRY HOME 13a. RESIDENCE - STATE Indiana 13b. COUNTY Lake 13c. CITY, TOWN OR LOCATION Crown Point 13d. STREET AND NUMBER 18 1/2 Walnut Parkway 13e. ZIP CODE 46307 13f. INSIDE CITY LIMITS [] No [X] Yes 13g. ON A FARM? [] No [X] Yes 14. CITIZEN OF WHAT COUNTRY? USA 15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE - American Indian, Black, White, etc. (Specify) White 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 8 College (1-4 or 5+) N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last) MARION MARTIN HEAD 19. MOTHER'S NAME (First, Middle, Maiden Surname) MYRTLE CHEEK HEAD

INFORMANT

20a. INFORMANT'S NAME (Type/Print) TexOnedita Lipke 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 636 Lake St., Hobart, IN 46342 20c. Relationship Daughter

DISPOSITION

21a. METHOD OF DISPOSITION [X] Burial [] Cremation [] Removal from State [] Donation [] Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 12, 2001 GREEN HILLS CEMETERY 21c. LOCATION - City or Town, State MIDDLESBORO Kentucky 22a. EMBALMER'S NAME CRAIG B. MALONE 22b. EMBALMER'S LICENSE NO. FD01022392 23. WAS DEATH REPORTED TO CORONER? [X] No [] Yes 24a. SIGNATURE OF FUNERAL DIRECTOR James F. Burns 24b. LICENSE NUMBER (of License) FD01009461 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME & FH8300244! 10101 Broadway, Crown Point, Indiana 46307-8801

CAUSE OF DEATH

26. PART I Enter the disease, injury, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Colon Carcinoma 3ma DUE TO (OR AS A CONSEQUENCE OF): b. c. d. Conditions, if any, which gave rise to the immediate cause stating the underlying cause last.

CERTIFIER

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) No 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 28a. CERTIFIER (Check only one) [X] 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. 28b. SIGNATURE AND TITLE OF CERTIFIER J.A. Kacmar, M.D. 28c. MEDICAL LICENSE NO. 01027085 28d. DATE SIGNED (Month, Day, Yr) 9/10/01

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28f) (see P&G) JOSEPH A KACMAR M.D. 123 N. Court LAKE CROWN, IN 46307 31. HEALTH OFFICER'S SIGNATURE Susan J. Best 32. DATE FILED (Month, Day, Year) September 10, 2001

33. MANNER OF DEATH [] Natural [] Pending investigation [] Accident [] Suicide [] Homicide [] Could not be Determined 34a. DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c. INJURY AT WORK? (Y/N or U) 34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 34f. DATE PRONOUNCED DEAD (Month, Day, Year) September 8, 2001 34g. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS FILED WITH THE HEALTH DEPARTMENT IN HEALTH DEPARTMENT INDIANA MAR 08 2008