STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2013 055032

2013 JUL 29 PM 12: 05

MICHAEL B. BROWN RECORDER

Parcel Number:

45-07-16-126-002.000-023

Mail Tax Statements to: Charles V. Pettersen 7317 McCook Avenue Hammond, IN 46323-2629

## **HEIRSHIP AFFIDAVIT**

State of Indiana )
SS:
County of Lake )

Comes now Charles V. Pettersen, the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

- 1. Charles V. Pettersen is an adult resident of Lake County, Indiana, and has personal knowledge of the facts stated in this Heirship Affidavit, as the son of Mary J. Pettersen, deceased.

  This Document is the property of
- 2. Mary J. Pettersen was the record title holder of the following described real estate located in Lake County, Indiana:

The West 36 feet of Tract 1 in Suburban Park Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 23, page 15, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 2614 173<sup>rd</sup> Street

Hammond, IN 46323-2153

Tax Parcel Number:

45-07-16-126-002.000-023

3. Mary J. Pettersen obtained title to said real estate by virtue of the Special Warranty Deed

(Heirship Affidavit - Page 1 of 3)



14003

JUL 2 9 2013

PEGGYHOLINGAKATONA I AKE COUNTY AUDITOR T. K.

from the Secretary of Housing and Urban Development dated October 29, 1993, and recorded November 29, 1993, as document number 93079002, in the Office of the Recorder of Lake County, Indiana.

- 4. Mary J. Pettersen, also known as Mary Jean Pettersen, died testate, on May 11, 2013, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Mary J. Pettersen is attached to this Heirship Affidavit as Exhibit "A" and made a part of this Heirship Affidavit by reference.
- 5. The Last Will and Testament of Mary J. Pettersen, under which Charles V. Pettersen was the sole devisee, was spread of record by the Order of Probate of Will Without Administration (Will Spread of Record), entered on July 3, 2013, by the Lake Superior Court, Probate Division, sitting at Hammond, Indiana, under Cause No. 45D05-1307-EM-00019.
- 6. The probate value of Mary J. Pettersen's probate estate does not exceed the sum of \$50,000.00.
- 7. There were no Federal Estate or State Inheritance taxes due by reason of Mary J. Pettersen's death.
- 8. All funeral expenses and the expenses of the last illness of Mary J. Pettersen have been paid.

  This Document is the property of
- 9. Mary J. Pettersen died leaving no surviving spouse.
- 10. Mary J. Petteren left only one heir at law surviving her, namely, Charles V. Pettersen, her adult son.
- 11. The purpose of this Heirship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Charles V. Pettersen is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Charles V. Pettersen is the sole owner of said real estate.

Further Affiant saith not.

IN WITNESS WHEREOF, Charles V. Pettersen, the Affiant, has executed this Heirship Affidavit on this 26th day of July, 2013.

Charles V. Pettersen

(Heirship Affidavit – Page 2 of 3)

State of Indiana	)
	) SS:
County of Lake	)

Before me, the undersigned Notary Public in and for said County and State, personally appeared Charles V. Pettersen, and acknowledged the execution of the foregoing Heirship Affidavit, and having been duly sworn upon his oath, stated that the facts alleged therein are true.

Witness my hand and Notarial Seal this 26<sup>th</sup> day of July, 2013.



Hundley Auf Jelle Kimberly Inn Nelson, Notary Public

My County of Residence: Porter

My Commission Expires: June 17, 2018

ocument is

After Recording Return to: Chris Fox

This Attorney at Law is the property of 1516 E 86<sup>th</sup> Ave. nty Recorder!
Merrillville, IN 46410-6213

Mailing address of Affiant: Charles V. Pettersen 7317 McCook Avenue

7317 McCook Avenue Hammond, IN 46323-2629

The foregoing Heirship Affidavit was prepared by Chris Fox, Attorney at Law, Indiana Bar License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366).

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. Chris Fox

(Heirship Affidavit – Page 3 of 3)

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 0016	cal No 001677 EDR No 00000323160 State No 022735							nth/Day/Year)		
1. Décedent's Legal Name (First, Middle, Last)  1a. Maiden Nam							3. Time Of Death 4. Date Of Death (Month/Day/)			
MARY JEAN PETTERSEN  5. Social Security Number   6a. Age - Yrs   6b.	Under 1 Year   6c. Under	MILLER 1 Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date of B	FEMALE lirth (Month/Day	08:55 (Year) 8. Bi	thplace (City an	05/11/20 nd State or Foreign Co		
		Hours	Minutes	12	2/28/1928		UTH FORI	K TOWNSHIP	IN	
0	urred in A Hospital:	170475	10a. If Death Occurre	ed Somewhe	ere Other Than A	A Hospital		•		
		utpatient Dead on Arriva	Hospice Facility Other (Specify)		dent's Home	☐ Nursing Ho	me/Long-term C	are racincy		
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE  13. County Of Death 14. Marital Status At Time Of Death										
12. City Or Town, State, And Zip Code			13. County Of Death				☐ Married ☐ Married, But Separated ☒ Divorced			
MUNSTER, IN, 46321			LAKE Widowed Never Married Un						Unknown	
15. Surviving Spouse's Name 15a. (If Wife)Give Maide			en Last Name	, ,	. Decedents o	sual Occupation				
18. Residence - State	18a. County		18b. City Or Town		ACHER		<u> E</u>	DUCATION		
INDIANA 18c. Street And Number	LAKE		HAMMOND		18d.	Apt. No.	18e. Zip Coo	de 18f. Insid	e City Limits?	
7317 MCCOOK AVENUE							4632		s □ No	
19. Decedent's Education	20. Decedent (	Of Hispanic Origin	21. De	cedent's Rad	ce		1002			
DOCTORATE(PHD,EDD),  PROFESSIONAL(MD,DDS,DVM,L	LB.JD) NOT HISP	ANIC	White							
22. Father's Name (First, Middle, Last)			23. Mother's Name (Fi	irst, Middle, I	Last)		23a. Moti	her's Maiden Last Nar	ne	
DEWEY SAMPSON MILLER  24 Informant's Name			OPAL GENOV			State, Zip Code)	BECKE	<u>ER</u>		
24. Informant's Name 24a. Relationship To Decedent 24b. Mailing Address (Street And Number, City, State, Zip Code) CHARLES VINCENT PETTERSEN SON 7317 MCCOOK AVENUE, HAMMOND, IN 463						46323				
25a. Method Of Disposition	25b. Place Of Dispos	25. Platition (Name Of Cemetery, C	ace Of Disposition rematory, Other Place)	25c. Local	tion - City, Town	, And State				
☐ Burial ☐ Cremation ☐ Donation ☐ Entomb		Door	<b>22.021</b>	in						
☐ Other (Specify):  MOUNT HOPE  MAQUOKETA, IA										
26. Was Coroner Contacted? 27. Nam	e And Complete Address Of	Funeral Facility	RETCI	[A]			2	27a. Funeral Home Li	cense Number:	
		OME, INC., 6955 S	OUTHEASTER	AVEN				H11100004		
27b. Signature Of Indiana Funeral Service Licensee JAMES F. SEEBERG, BY ELECT	RONIC SIGNATU		t is the pr	ope	FD20	ense Number ( 900676 A	TRUE COP			
28. Part I. Enter The <u>Chain Of Events</u> - Disea Such As Cardiac Arrest, Respiratory Arrest, Or	ses, Injuries, Or Complica Ventricular Fibrillation Wi	Cause Of Death (Se tions - That Directly Cause thout Showing The Etiology	e Instructions And E: d The Death. Do Not E y. Do Not Abbreviate. E	xamples) nter Termin Enter Only (	THE Drie Cause on	RECORD COUNTY H	ON FILE V IEALTH DE	VITH THE APP EPARTMEN To I	roximate val: Onset eath	
A Line. Add Additinal Lines if Necessary.  Immediate Cause (Final Disease Or Condition		A. INTRACRANIAL F				MAN	AND THE PERSON ASSESSMENT OF THE PERSON ASSESS	7.00		
millionate dadd (i mai bisease of condition	resoluting in Bounty			Due to (Or As A	Col sequence Of):	MAI	1 5 201	3		
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease	o The Cause Listed On Or Injury That Initiated	В.		Due to (Or As A	Co. sequence Of);				<u> </u>	
The Events Resulting In Death) Last		C	Due to (O					Sist. so		
D						LAKE COUNTY HEALTH OFFICER				
Part II. Enter Other Significant Conditions Contributing	g to Death But Not Resulting	In The Underlying Cause Gi	vin In Part I		Autopsy Perfor		Yes mplete The Cau	No No		
31. Did Tobacoo Use Contribute To Death?	32. If Female:				33	. Manner Of De		SC OI DOULLIS	Yes □ No	
☐ Yes ☐ Probably ☒ No ☐ Unknown		ear Pregnant At Time Of Death t 43 Days To 1 year Before Death	Not Pregnant, But Pregna Unknown If Pregnant With				micide	cident	nvestigation	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		ace Of Injury (E.G., Dece					37. Injury At V		
38. Location Of Injury - State	38a. City Or Town	380	Street & Number				38c. Apt. No.	☐ Yes 38d. Zip Code	□ No	
38. Location Of Injury - State	Soa. City Of Town		Street & Nutriber				300. Apt. 140.	Sou. Zip Goud	•	
39. Describe How Injury Occurred		14.11.11	VOIANA		40	. If Transportat	on Injury, Specif Passenger Pede	fy: strian Other (Specify)		
41. Signature, Of Person Certifying Cause Of Deat		NICCIONATURE	WIIII W			(Check Only Or	e)	<b>-</b>		
LEONARD JOSEPH BUCCELLAT  43. Name, Address And Zip Code Of Person Certify		NIC SIGNATURE				Physician 44. License	Coroner Number	Heath Office 45. Date Certi		
LEONARD JOSEPH BUCCELLAT	O , 761 45TH ST	REET, 108, MUNS	TER, IN 46321			0105876	0A	05/13	/2013	
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer:  SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  49. For Registrar						-	Only - Date Filed (Month/Day/Year): MAY 14 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
Heirship Affidavit Exhibit										

sure is voluntary and there will be no penalty for refusal.

State Form 53395 ATTENTION ESTATE: The Social Security # is being