

STATE OF INDIANA
LAKE COUNTY
FILED FOR RE
2013 DEC 11 PM
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 071653

2013 SEP 27 PH 1:53

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
COUNTY OF LAKE)

IN RE: RICHARD M. GARCIA a/k/a
RICHARD MICHAEL GARCIA, Decedent

2013 000814

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Comes now YOLANDA GARCIA, who being duly sworn upon her oath, deposes and states as follows:

1. That Richard M. Garcia a/k/a Richard Michael Garcia died intestate on the 3rd day of March, 2013, while domiciled in Lake County, Indiana.

That more than forty-five (45) days have elapsed since the death of the decedent.

That to the best of her knowledge, no application or petition for the appointment of personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

That the following named persons are the only heirs at law of the decedent:

- a. Yolanda Garcia Spouse
839 E. 25th Ave.
Lake Station, IN 46405
- Richard M. Garcia II Adult Son
6924 Hemlock St.
Gary, IN 46403
- Nicholas M. Garcia Adult Son
640 Oswego Rd.
Valparaiso, IN 46385

5. That pursuant to Indiana Code Section 29-1-2-1, the intestate share of each listed heir is as follows:

FILED
NOV 04 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

27344
15444

FILED
SEP 27 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

M-C
afel \$19.00
#CASH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 DEC 14 PM 1:18
MICHAEL B. BROWN
RECORDER
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
16935

#18
CRA 4245
Iref

THIS DOCUMENT IS BEING RE-RECORDED TO ADD ADDITIONAL NAME OF DECEDENT WHO WAS TITLEHOLDER OF THE REFERENCED REAL ESTATE. DOCUMENT BEING RE-RECORDED TO CORRECT NAME OF GRANTOR.

\$18

CRA 4245
422

- a. Yolanda Garcia Fifty Percent (50%)
- b. Richard M. Garcia II Twenty-five Percent (25%)
- c. Nicholas M. Garcia Twenty-five Percent (25%)

6. That the value of the decedent's gross probate estate less liens and encumbrances and the costs and expenses of administration and reasonable funeral expenses does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by I.C. 29-1-8-3.

7. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent individually located in Lake County, Indiana, more particularly described as follows:

Ten (10) feet by parallel lines off the Southwesterly side of Lot 14 and 50 feet by parallel lines off the Northeasterly side of Lot 13 in Block "E" in Gary Beach Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 21, page 58, in the Office of the Recorder of Lake County, Indiana.

#45-0532-327-018.000-014

Commonly known as 6924 Hemlock St., Gary, IN 46403

8. That there are no creditors of the decedent known to the affiant which will remain unpaid after disposition of the property.

9. That the heirs, Yolanda Garcia, is entitled to a 50% interest in the above-described real estate and Richard M. Garcia II and Nicholas M. Garcia are each entitled to a 25% interest in the decedent's interest in the above-described real estate.

10. That the gross value of the estate of the decedent, Richard M. Garcia a/k/a Richard Michael Garcia, as determined for purposes of Federal Estate taxes, does not require the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

11. That the decedent's estate was not subject to Indiana Inheritance Tax as a result of the decedent's death.

FURTHER AFFIANT SAYETH NOT.

Yolanda Garcia

 YOLANDA GARCIA

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

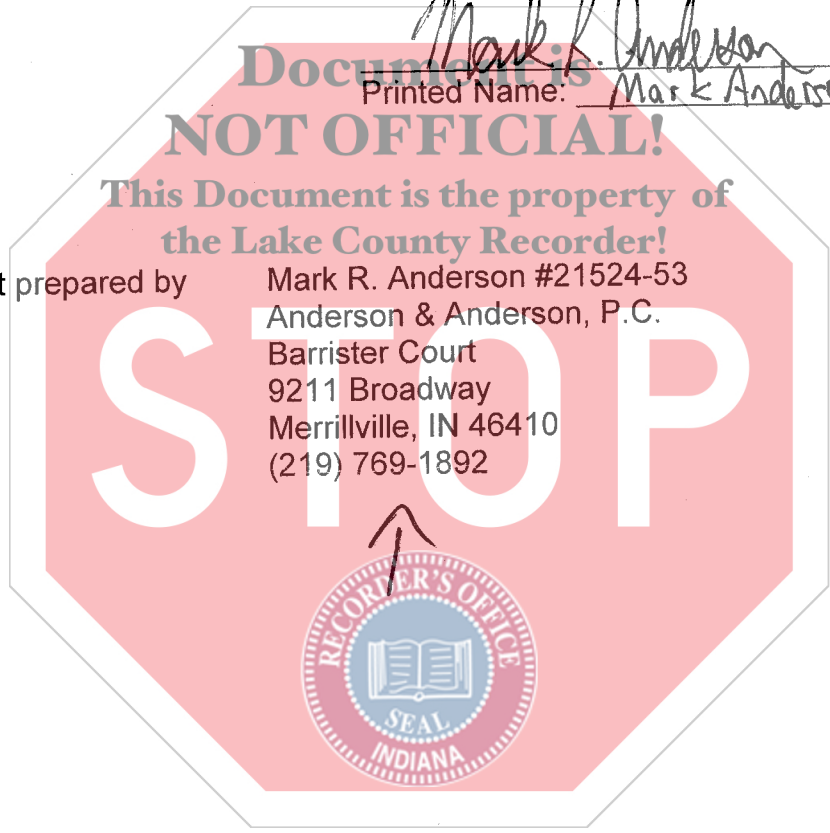
Subscribed and sworn to before me, a Notary Public in and for said County and State, this 18th day of September, 2013.

Mary Kay Long
Notary Public
Printed Name: Mary Kay Long

My Commission Expires: 4-3-16
County of Residence: Lake

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.

Mark R. Anderson
Printed Name: Mark Anderson



This instrument prepared by

Mark R. Anderson #21524-53
Anderson & Anderson, P.C.
Barrister Court
9211 Broadway
Merrillville, IN 46410
(219) 769-1892



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000803

EDR No 00000310793

State No 010754

1. Decedent's Legal Name (First, Middle, Last) RICHARD MICHAEL GARCIA
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 09:10 AM
4. Date Of Death (Month/Day/Year) 03/03/2013
5. Social Security Number
6a. Age - Yrs 60
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 10/29/1952
8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) 839 EAST 25TH AVENUE
12. City Or Town, State, And Zip Code LAKE STATION, IN, 46405
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name YOLANDA GARCIA
15a. (If Wife) Give Maiden Last Name TELLEZ
16. Decedent's Usual Occupation CARPENTER
17. Kind Of Business/Industry CONSTRUCTION
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town LAKE STATION
18c. Street And Number 839 EAST 25TH AVENUE
18d. Apt. No.
18e. Zip Code 46405
18f. Inside City Limits?
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin MEXICAN, MEXICAN AMERICAN, CHICANO
21. Decedent's Race MEXICAN
22. Father's Name (First, Middle, Last) LUIS GARCIA
23. Mother's Name (First, Middle, Last) GABRIELA BENITA GARCIA
23a. Mother's Maiden Last Name PENA
24. Informant's Name YOLANDA GARCIA
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 839 EAST 25TH AVENUE, LAKE STATION, IN 46405
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) SAINT JOHN-SAINT JOSEPH CATHOLIC CEMETERY
25c. Location - City, Town, And State HAMMOND, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME BRADY CHAPEL, 3781 CENTRAL AVE, LAKE STATION, IN 46405
27a. Funeral Home License Number: FB41200015
27b. Signature Of Indiana Funeral Service Licensee: CHARLES D. SCHEUER, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01006049
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 Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. COLON CANCER Due to (Or As A Consequence Of): 6 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.
C.
D.
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Railroad, Woods, etc.) LAKE COUNTY HEALTH DEPARTMENT
37. Injury At Work?
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:
41. Signature, Of Person Certifying Cause Of Death: GHASSAN JANO, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GHASSAN JANO, 200 E. 89TH AVE, 2A, MERRILLVILLE, IN 46410
44. License Number 01040756A
45. Date Certified 03/04/2013
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): MAR 05 2013

