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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

IN THE LAKE SUPERIOR COURT  
PROBATE DIVISION  
HAMMOND, INDIANA  
CAUSE NO. 45D01-1108-EM-00058

IN THE MATTER OF THE ESTATE )  
OF JEANETTE A. GLOFF, Deceased )

**AFFIDVIT OF HEIRSHIP**

Comes now Christian J. Gloff, being duly sworn upon oath and states as follows:

1. That Ralph G. Gloff and Jeanette A. Gloff were married and had two (2) children born as a result of their marriage, namely, Christopher H. Gloff and Christian J. Gloff.

2. That Ralph G. Gloff and Jeanette A. Gloff owned real estate, as husband and wife, described as follows:

Lot 4 in Block 2 of the Fairmeadow 9<sup>th</sup> Addition as marked and laid down on the recorded plat to the Town of Munster, in Lake County, Indiana, as the same appears of record in Plat Book 37, page 95, in the Office of the Recorder of Lake County, Indiana.

Parcel No.: 45-07-30-403-004.000-027

Commonly known as: 9341 Elmwood Drive, Munster, Indiana 46321

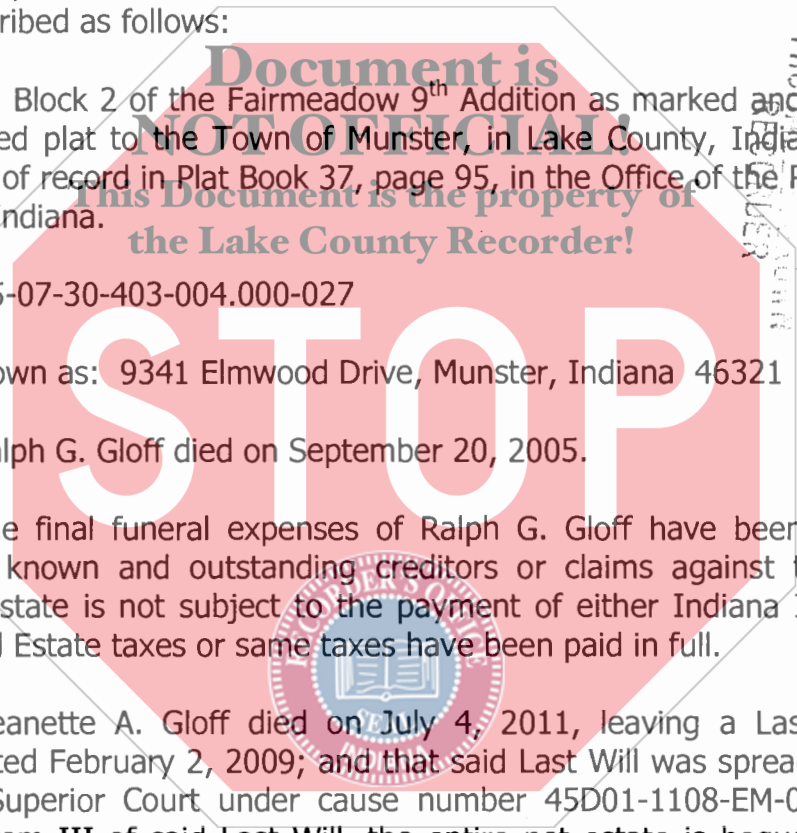
3. That Ralph G. Gloff died on September 20, 2005.

4. That the final funeral expenses of Ralph G. Gloff have been paid plus there are no known and outstanding creditors or claims against the estate. Further, the estate is not subject to the payment of either Indiana Inheritance and/or Federal Estate taxes or same taxes have been paid in full.

5. That Jeanette A. Gloff died on July 4, 2011, leaving a Last Will and Testament dated February 2, 2009; and that said Last Will was spread of record in the Lake Superior Court under cause number 45D01-1108-EM-00058; and pursuant to Item III of said Last Will, the entire net estate is bequeathed and devised to Christopher H. Gloff and Christian J. Gloff.

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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

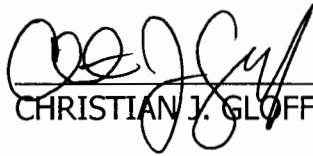
FIDELITY NATIONAL  
TITLE COMPANY

92013-3788

6. That the final funeral expenses of Jeanette A. Gloff have been paid plus there are no known and outstanding creditors or claims against the estate. Further, the estate is not subject to the payment of either Indiana Inheritance and/or Federal Estate taxes or same taxes have been paid in full.

7. That this Affidavit is made for the purpose of showing the death of Ralph G. Gloff on September 20, 2005 and the passing of title to the subject real estate to his surviving spouse, Jeanette A. Gloff; the subsequent death of Jeanette A. Gloff on July 4, 2011; the conveyance and transfer of title of her probate estate, both real and personal, pursuant to the terms of her Last Will and Testament in equal shares to Christopher H. Gloff and Christian J. Gloff, as tenants in common.

FURTHER AFFIANT SAYETH NOT.

  
CHRISTIAN J. GLOFF

STATE OF INDIANA )

COUNTY OF LAKE )

SS: Document is

NOT OFFICIAL!

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 2<sup>nd</sup> day of January, 2018.

This Document is the property of the Lake County Recorder!



NOTARY PUBLIC Lori A. Moseley  
My Commission Expires: 1-7-21  
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. Joseph P. Allegretti  
Prepared by: Joseph P. Allegretti, Attorney No.: 2360-45  
303 Ridge Road, Munster, Indiana 46321/PH: (219) 836-0222



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**



Local No 002092

EDR No 00000208048

State No 030003

1. Decedent's Legal Name (First, Middle, Last) <b>JEANETTE ARLENE GLOFF</b>				1a. Maiden Name (If female) <b>TOROK</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>08:28 AM</b>	4. Date Of Death (Month/Day/Year) <b>07/04/2011</b>		
5. Social Security Number		6a. Age - Yrs <b>74</b>	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) <b>10/10/1936</b>		8. Birthplace (City and State or Foreign Country) <b>NA, NJ</b>	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) <b>MUNSTER COMMUNITY HOSPITAL</b>										
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46320</b>					13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOUSEWIFE</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>MUNSTER</b>			18d. Apt. No.	18e. Zip Code <b>46321</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>JOHN TOROK</b>				23. Mother's Name (First, Middle, Last) <b>MARY TOROK</b>			23a. Mother's Maiden Last Name <b>SYLVANY</b>			
24. Informant's Name <b>CHRIS GLOFF</b>			24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1231 FISHER LANE, MUNSTER, IN 46321</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>REGIONAL CREMATION</b>			25c. Location - City, Town, And State <b>MUNSTER, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321</b>					27a. Funeral Home License Number: <b>FH10700038</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>KEVIN W. KISH, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01021590</b>				
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. <b>CARDIOPULMONARY ARREST</b> Due to (Or As A Consequence Of): <b>SECONDS</b>										
B. <b>ACUTE PULMONARY EDEMA</b> Due to (Or As A Consequence Of): <b>MINUTES</b>										
C. <b>END STAGE RENAL DISEASE</b> Due to (Or As A Consequence Of): <b>YEARS</b>										
D.										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I										
<b>METASTATIC BREAST CANCER</b>										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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, Wooden Area) <b>LAKE COUNTY HEALTH DEPARTMENT</b>				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <b>JOHN ALLEN HOEHN, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JOHN ALLEN HOEHN, 505 W LINCOLN HWY, SCHERERVILLE, IN 46375</b>						44. License Number <b>02000872A</b>		45. Date Certified <b>07/08/2011</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 12 2011</b>				
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>										