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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 010687

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RECORDER

FEB 21 2014

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

SMALL ESTATES, HEIRSHIP AND AFFIDAVIT TO TRANSFER REAL ESTATE

1. That **William R. Broderick** ("decedent"), died on the 12th day of February, 2012, intestate, while domiciled in Lake County, Indiana.
2. That affiant is one of the decedent's children and an heir at law to his estate.
3. That more than 45 days have elapsed since the death of the decedent and that no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
4. That the value of the decedent's gross probate estate (less liens and encumbrances) does not exceed fifty thousand dollars (\$50,000).
5. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return and an I.H. 6 Indiana Inheritance Tax Return is not required as no Indiana Inheritance tax is due as a result of the death of the decedent.
6. That the decedent was the owner of fee simple title to the real estate located in Lake County, State of Indiana, commonly known as **545 N. Raymond, Griffith, Indiana 46319**, and more particularly described as follows:

The North 35 feet of Lot 16 and the South 20 feet of Lot 17 in Block 3 in Manor Park First Addition to the Town of Griffith, as per plat thereof, recorded in Plat Book 28, page 94, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-07-34-277-008.000-006

7. That pursuant to the laws of intestacy in the State of Indiana, and including any and all encumbrances by the surviving spouse, the following individuals are the decedent's heirs at law and the shares of the estate to which they are entitled to said real estate:

010870

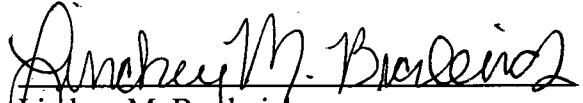
<u>Relation</u>	<u>Name</u>	<u>Address</u>	<u>Entitlement</u>
Daughter	Lindsey M. Broderick	545 N. Raymond, Griffith, IN 46319	50%
Son	Patrick M. Broderick	310 N. Lindsey, Griffith, IN 46319	50%

CK# 2060
\$ 1.5
GA

8. That said decedent left no other child or children or descendants of any other predeceased child or children, and that all survivors are competent adults who have been notified by the affiant as to their respective shares and that title to the decedent's real estate now vests fee simple in the percentages listed above in the heirs-at-law of William R. Broderick, namely: Lindsey M. Broderick and Patrick M. Broderick.
9. That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing heirship of William R. Broderick, deceased, the ownership of the real estate described above, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Lindsey M. Broderick and Patrick M. Broderick, whose mailing address for real estate tax purposes is c/o Lindsey M. Broderick, 545 N. Raymond, Griffith, IN 46319.**

This Affidavit will hold harmless Chicago Title Company for its reliance on this document.

Dated this 22 day of July, 2013.


 Lindsey M. Broderick
 545 N. Raymond, Griffith, IN 46319

STATE OF INDIANA

COUNTY OF LAKE

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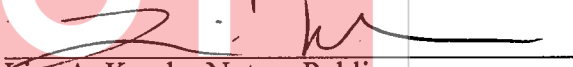
Before me, the undersigned, a Notary Public in and for said county and state, personally appeared Lindsey M. Broderick, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Additionally, I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Subscribed and sworn to before me this 22 day of July, 2013.

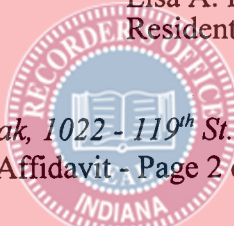
My Commission

Expires: 11/7/2017


 Lisa A. Kmak, Notary Public,
 Resident of Lake County

Prepared by: Attorney Lisa A. Kmak, 1022 - 119th St., Whiting, IN 46394. (219) 659-1355.

Affidavit - Page 2 of 2





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000445

EDR No 00000244470

State No 006322

1. Decedent's Legal Name (First, Middle, Last) WILLIAM BRODERICK				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 01:31 PM	4. Date Of Death (Month/Day/Year) 02/12/2012		
5. Social Security Number		6a. Age - Yrs 53	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) 10/24/1958		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	
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) COMMUNITY HOSPITAL									12. City Or Town, State, And Zip Code MUNSTER, IN, 46321	
				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 CLERK TREASURER		17. Kind Of Business/Industry TOWN OF GRIFFITH		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH				18d. Apt. No.	18e. Zip Code 46316	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 545 NORTH RAYMOND STREET			19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) WILLIAM BRODERICK				23. Mother's Name (First, Middle, Last) JULIA MARIE BRODERICK			23a. Mother's Maiden Last Name SPARKS			
24. Informant's Name PATRICK BRODERICK		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1449 WEST BELMONT AVENUE APT 2, CHICAGO, IL 60657						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) RIDGELAWN CEMETERY			25c. Location - City, Town, And State GARY, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319						27a. Funeral Home License Number: FH10600026		
27b. Signature Of Indiana Funeral Service Licensee: RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700086				
28. Part I. Enter The <u>Chain Of Events</u> - 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.									Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. <u>CARDIOPULMONARY ARREST</u> Due to (Or As A Consequence Of):							
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. <u>INTRACRANIAL HEMORRHAGE</u> Due to (Or As A Consequence Of):							
			C. <u>RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of):							
			D. <u>RENAL FAILURE</u>							
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? <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 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, Wooded Area)			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: SHAHEEN PARVEZ, BY ELECTRONIC SIGNATURE						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: SHAHEEN PARVEZ, 1640 - 45TH STREET, MUNSTER, IN 46321						44. License Number 01039726 A	45. Date Certified 02/14/2012			
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): FEB 14 2012				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										