STATE OF INDIACE
LAKE COUNTY
FILED FOR RECORD

2014 011603

2014 FEB 27 AM 11: 33

MICHAEL B. BROWN RECORDER

INDIANA SMALL ESTATE AFFIDAVIT – REAL ESTATE RE: BETTY SUE WALLACE, Deceased

I, Theresa D. Galloway, being first duly sworn upon my oath, state:

- 1. My post office and residence address is: 5216 N 300 E, La Porte, IN 46350.
- 2. The decedent, Betty Sue Wallace, died on June 4, 2013, and a copy of her death certificate is attached.
- 3. At least forty-five (45) days have elapsed since the death of the decedent.
- 4. The decedent died owning the following described real estate located in Lake County, Indiana:

Key No. 45-09-19-156-003.000-022

Lots Numbered 25, 26 and 27 in Block 6 in 6th Addition to New Chicago, as per plat thereof recorded in Plat Book 6, page 47 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 107 Tyler Street, New Chicago, IN 46342

- 5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 6. It appears that the decedent's gross probate estate, less liens and encumbrances does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration, and funeral expenses.
- 7. The name of each person that is entitled to at least a part interest in the real estate as a result of the decedent's death, the share to which each person is entitled, and whether the share is a divided or undivided interest, is as follows:



PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

010980

(145h) 1500 m.E Theresa D. Galloway 5216 N 300 E La Porte, IN 46350

1/3 undivided interest

Charles D. Wallace 517 W 400 N Valparaiso, IN 46385 1/3 undivided interest

Jerry Wallace 236 S. Linda Street Hobart, IN 46342 1/3 undivided interest

8. Each person's share was determined on the basis of the Last Will and Testament of Betty Sue Wallace dated August 26, 1988.

The foregoing statements are made under the penalties of perjury this 27day of 7ebusar, 2014.

NOT OFFICIAL.

STATE OF INDIANA)

SS:

This Documentheresa Dp Galloway, y the Lake County Recorder!

COUNTY OF LAKE

Subscribed and sworn to before me, a notary public, this 27 day of fely auch, 2014.

Notary Public

SEAL!

Official Seal
AMY J. LE JEUNE
Resident of Lake County, IN
My commission expires
August 7, 2014

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last) BETTY S WALLACE 5. Social Security Number	Days ad In A Hospital: nergency Department mber) 18a. County PORTER	nt Outpatient	1a. Maiden Nam TROTTER 6d. Under 1 Day Hours Dead on Arrival (If Wife)Give Maide	6e. Under Minutes 10a. If C Hosp Other	eath Occurred Som ce Facility [[(Specify)]	2. Sex FEMAL e of Birth (Month/l 04/16/192: ewhere Other The Decedent's Home	Oay/Year) 8. E	45 PM Birthplace (Cil OLBERT come/Long-ter	ty and State COUNT m Care Facil atus At Time	Of Death		
5. Social Security Number 8a. Age - Yrs 6b. University of the security Number 8a. Age - Yrs 6b. University of the security Number 8a. Age - Yrs 6b. University of the security	Days ad In A Hospital: nergency Department mber) 18a. County PORTER	nt Outpatient	6d. Under 1 Day Hours Dead on Arrival	Minutes 10a. If C Hosp Other	eath Occurred Somice Facility (Specify) County Of Death	of Birth (Month/l 04/16/192 ewhere Other Tha	Oay/Year) 8. E	Sirthplace (Cit OLBERT come/Long-ter	COUNT m Care Facil	or Foreign Country) Y, AL lity Of Death		
Months 9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown ☒ inpatient ☐ Er ☐ TMARY MEDICAL CENTER INC ☐ City Or Town, State, And Zip Code ☐ HOBART, IN, 46342 ☐ Surviving Spouse's Name ☐ Residence - State NDIANA ☐ Street And Number ☐ Street And Number ☐ OPPLOMA	Days ad In A Hospital: nergency Department mber) 18a. County PORTER	nt Outpatient	Hours Dead on Arrival	Minutes 10a. If C Hosp Other	eath Occurred Somice Facility (Specify) County Of Death	04/16/1929 ewhere Other Tha	O CI	OLBERT ome/Long-ter	COUNT m Care Facil	Y, AL		
3. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown ☒ inpatient ☐ Er I.1. Facility Name (If Not Institution, Give Street and Nur I.2. City Or Town, State, And Zip Code HOBART, IN, 46342 I.5. Surviving Spouse's Name I.6. Residence - State NDIANA I.8c. Street And Number I.9. Decedent's Education ITH - 12TH GRADE, NO DIPLOMA	nergency Department (name) 18a. County PORTER	nt Outpatient	☐ Dead on Arrival	10a. If C Hosp	(Specify) [[County Of Death	ewhere Other Tha	in A Hospital Nursing H	ome/Long-ter	m Care Facil	Of Death		
11. Facility Name (If Not Institution, Give Street and Nur ST MARY MEDICAL CENTER INC 12. City Or Town, State, And Zip Code 13. City Or Town, State, And Zip Code 14. City Or Town, State, And Zip Code 15. Surviving Spouse's Name 16. Residence - State NDIANA 16c. Street And Number 17. Spool LUTE ROAD 17. Decedent's Education 17. CITY OF TOWN 18. ROAD 19. Decedent's Education	18a. County PORTER			Other	(Specify) County Of Death	Decedent's Home		14. Marital St	atus At Time	. Of Death		
AT MARY MEDICAL CENTER INC 12. City Or Town, State, And Zip Code 10BART, IN, 46342 15. Surviving Spouse's Name 18. Residence - State NDIANA 18c. Street And Number 1909 LUTE ROAD 19. Decedent's Education 11TH - 12TH GRADE; NO DIPLOMA	18a. County PORTER	15a.	(If Wife)Give Maide	LA	KE.		·					
S. Surviving Spouse's Name 8. Residence - State NDIANA 8c. Street And Number 909 LUTE ROAD 9. Decedent's Education TH - 12TH GRADE; NO DIPLOMA	PORTER	15a.	(If Wife)Give Maide	LA	KE.		·					
15. Surviving Spouse's Name 18. Residence - State NDIANA 18c. Street And Number 1909 LUTE ROAD 9. Deceden's Education 1TH - 12TH GRADE; NO DIPLOMA	PORTER	15a.	(If Wife)Give Maide				I .			14. Marital Status At Time Of Death Married Married, But Separated Divon Widowed Never Married Unknow.		
18. Residence - State NDIANA 18c. Street And Number 5909 LUTE ROAD 19. Decedent's Education ITH - 12TH GRADE, NO DIPLOMA	PORTER					16. Decedent's	Usual Occupation			or Married Unknown Of Business/Industry		
NDIANA 18c. Street And Number 1909 LUTE ROAD 19. Decedent's Education 1TH - 12TH GRADE; NO DIPLOMA	PORTER		·									
18c. Street And Number 5909 LUTE ROAD 19. Decedent's Education 0TH - 12TH GRADE; NO DIPLOMA				18b. (City Or Town	HOMEMA	KER ·		HOME			
18c. Street And Number 5909 LUTE ROAD 19. Decedent's Education 0TH - 12TH GRADE; NO DIPLOMA				POR	TAGE							
9. Decedent's Education TH - 12TH GRADE; NO DIPLOMA				,	IAGE	18	d. Apt. No.	18e. Zip	Code	18f. Inside City Limits		
TH - 12TH GRADE, NO DIPLOMA								46	368	⊠ Yes □ No		
	20. Decede	ent Of Hispanio	c Origin	-	21. Decedent	s Race		1 40	000			
2. Father's Name (First, Middle, Last)	NOT HI	SPANIC			White							
	•			23. Mothe	r's Name (First, Mid	die, Last)		23a.	Mother's Mai	iden Last Name		
GEETHER TROTTER 4. Informant's Name 24a. Relationship To Deced			Decedent	EMMA TROTTER 24b. Mailing Address (Street And Number, City, State, Zip Code)					LAND			
HERESA GALLOWAY			ORTH HIGH			•	ı	•				
· · · · · · · · · · · · · · · · · · ·		GHTER		ce Of Dispo	sition		·	114 10000	· · · · · · · · · · · · · · · · · · ·			
25a: Method Of Disposition ☑ Burial ☐ Cremation ☐ Donation ☐ Entombmen ☐ Removal From State		sposition (Nan	me Of Cemetery, Cre	ematory, Ot	ner Place) 25c. I	ocation - City, To	wn, And State					
Other (Specify):	CALVARY			me	NT POF	RTAGE, IN			107- F	N. S.		
D Vac M Na	INERAL HON	NIO	TOI	Feed	TO DE PIDO	E POLLOR	APT IN 46	342	FH830	neral Home License Numb		
27b. Signature Of Indiana Funeral Service Licensee:						270	icensa Number	Of Licensee)		03009		
JAMES J. KRAUSE , BY ELECTRON	IIC SIGNATU	Cau	ise Of Death (See	1S T	ons And Example	ert File	1006463 R A RUE	COPYO	F	Approximate		
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line. Add Additinal Lines If Necessary.	Injuries, Or Compl atricular Fibrillation	lications - Tha Without Sho	at Directly Caused owing The Etiology	The Death Do Not Al	Do Not Enter Te breviate. Enter O	THE CAUSE OF THE COLUMN THE COLUM	MTY HEALT	H DEPAR	THE TMENT	Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Res	ulting In Death)	A. F	AILURE TO THRI	VE	Dua M (Or	As A Consequence Of):	111 0 2	2012		WEEKS		
	2 111 12	В.			Due to (O)	A A Contraduant Col).	UL UZ	2013	,	4		
Sequentially List Conditions, If Any, Leading To Ti Line A. Enter The Underlying Cause (Disease Or	ne Cause Listed Or njury That Initiated				Due ti (Or	As A Consequence Of):		,	<i>,</i> ,			
The Events Resulting In Death) Last		c			Due to (Or	As A Consequence Of);	must		-	-		
		· D					UNTY HEA	LTH OFFI	CER			
Part II. Enter Other Significant Conditions Contributing to	Death But Not Resu	Iting In The Ur	nderlying Cause Giv	in In Part I		s An Autopsy Per re Autopsy Findin		Yes	⊠ No	ad ·		
IATURAL 31. Did Tobacoo Use Contribute To Death?	32. If Female;	•			30. ***		33. Manner Of D	'		Yes No		
☐ Yes ☐ Probably ☐ No ☒ Unknown	Not Pregnant Within P	_		THE R. P. LEWIS CO., LANSING		Days Of Death	Natural □ H	omicide 🔲	-	Pending Investigation		
34. Date Of Injury (Month/Day/Year)	Not Pregnant, But Pres 35. Time Of Injury	gnant 43 Days To 1			Pregnant Within The,Pas E.G., Decedent's H		Suicide C C			7. Injury At Work?		
										Yes No		
38. Location Of Injury - State	38a. City Or Town		38b. Si	treet & Num	ber			38c. Apt. I	No. 38	3d. Zip Code .		
39. Describe How Injury Occurred			E I	SEAV.	1	/i	10. If Transporta	 tion Injury, Sp Passenger ☐ F	ecify:	ther (Specify)		
11. Signature, Of Person Certifying Cause Of Death:			VIII.	VOIANE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	42. Certifie	r (Check Only O	ne)				
RUPESH J. SHAH, BY ELECTRONI 3. Name, Address And Zip Code Of Person Certifying C	C SIGNATUR ause Of Death:	KE \					ng Physician 44. License	Corone		Heath Officer Date Certified		
RUPESH J. SHAH , 202 E 86TH PLACE, MERRILLVILLE, IN 46411												
RUPESH J. SHAH , 202 E 86 IH PLA 46. Additional Funeral Service Provider:	NEKKIL	LVILLE,	IIN 40411				0200210 47. *Akas:			06/06/2013		
48. Signature of Local Health Officer:						49. For Regie	trar Only - Date	Filed (Month	/Day/Year)			
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 06 2013						
			T TO CERTIFICA	TE OF DE	TH (ENTRY OR	ORIGINAL)						

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.