

2014 015422

STATE OF INDIAL

LAKE COUNTY
FILED FOR RECORD

2014 MAR 17 AM 8: 59

MICHAEL B. BROWN RECORDER FFIDAVIT

STATE OF INDIANA; COUNTY OF LAKE; SS:

LARRY D. STEINKRAUS and DEAN M. STEINKRAUS, being first duly sworn upon oath, depose and say:

- That Affiants' Mother, Norma J. Steinkraus, died intestate on September 17, 2013 at Munster, Indiana; that a certified copy of the Death Certificate of Norma J. Steinkraus, also known as Norma Jean Steinkraus, is affixed hereof, and that the social security number and date of birth of the Decedent have been redacted.
  - That the Affiants' Mother was the owner of the following described real estate:

Lot Fourteen (14), in Block One (1), in University Gardens in the City of Hammond, as per plat thereof recorded in Plat Book 29, Page 42 in the Office of the Recorder of Lake County, Indiana. **Jocument** is

Commonly known as: 7005 Northcote Avenue, Hammond, IN 46324 Tax Parcel No. 45-07-08-326-014.000-023

Tax Mailing Address: 7005 Northcote Avenue, Hammond, IN 46324

Grantees' Addresses: Larry D. Steinkraus, 8608 Monfort Drive, St. John, IN 46373 Dean M. Steinkraus, 7005 Northcote Avenue, Hammond, IN 46324

- That on January 30, 2009, Norma J. Steinkraus by Quit Claim Deed did convey the property to her 3. children, Larry D. Steinkraus and Dean M. Steinkraus, as Tenants in Common, reserving upon Norma J. Steinkraus, individually, a life estate, which document was recorded on January 30, 2009 as Document No. 2009 005515.
- That Affiants hereby present said Affidavit to the Recorder of Lake County, Indiana to transfer the real 4. estate from the name of Norma J. Steinkraus, individually, a life estate, to Larry D. Steinkraus and Dean M. Steinkraus, as Tenants in Common.
  - That all funeral expenses in connection with the death of Affiants' Mother have been paid in full 5.-

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LAKE COUNTY AUDITOR

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6. That all of the assets of Affiants' Mother which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on Decedent's life were not sufficient to necessitate payment of Federal Estate Tax; and that there were no probate assets of the Decedent.

Further Affiants sayeth not.

Fay	4 D. Akinkam	
LARRY D.	. STEINKRAUS, Affiant	

Dean M. Steinbraus
DEAN M. STEINKRAUS, Affiant

May 20, 2017

SUBSCRIBED AND SWORN to before me, a Notary Public, this 31 day of October

Docu Ordia d. Johnk Notary Public AL!

This Document is the property gal school

This Instrument Prepared by: the Lake County Requirement Prepared by: MARGO R. BABINEAUX #20775-45, Attorney at Law

MEINZER & BABINEAUX LLC 10115 Raven Wood Drive, Suite B

P. O. Box 111, St. John, IN 46373-111 Tel: (219) 365-4321; Fax: 219-365-9510

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.

go R. Babineaux, Attorney at Law

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	<u>。003</u>	UUI			EDR No 000		οU		Stat	e No	0426	049	
Decedent's Legal Name (First, N	fliddle, Last)				1a. Maiden Nar	ne (If female)		2. Sex	3.	Time O	f Death	4. Date	Of Death (Month/Day/Yea
NORMA JEAN STEINK					HOPP			FEM	ALE	04:3	6 AM		09/17/2013
5. Social Security Number 6a. A	ge - Yrs	6b. Under	1 Year 60	c. Under 1 I	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mo	nth/Day/Year)	8. Bi	rthplace (Ci	ty and State	or Foreign Country)
	<u> </u>	Months		ays	Hours	Minutes		11/10/1		HA	MMON	D, IN	
e. Ever in U.S. Armed Forces?	10. If Death	Occurred In	n A Hospital:	:		10a. If Death Occu		ewhere Other Decedent's Ho			moll one to	m Care Faci	II.
Yes 🛛 No 🗌 Unknown		t 🔲 Emer	gency Depar	rtment Outp	atient 🔲 Dead on Arriva	Other (Specify)	-	occoccin a ric	,ue [] (40	aranig ric	me/Long-ter	III Cale Faci	iity
11. Facility Name (If Not Institution		and Numbe	er)			<u> </u>							
12. City Or Town, State, And Zip C	ode				·	13. County (	Of Death			1.	4. Marital St	atus At Time	Of Death
ALINOTED IN 10004													out Separated   Divorci
MUNSTER, IN, 46321 15. Surviving Spouse's Name					15a. (If Wife)Give Maide	LAKE		16 Deced	ent's Usual O		☑ Widowed		or Married Unknown Of Business/Industry
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o. Residence - State			18a. Cou	inty		18b. City Or Tov	vn						
NDIANA 18c. Street And Number 1			LAKE			HAMMOND							
100. Street And Number 1									18d. Apt. N	0.	18e. Zip	Code	18f. Inside City Limits
7005 NORTHCOTE AV	ENUE										46	324	Yes 🗌 No
19. Decedent's Education HIGH SCHOOL GRADI	IATE OF	CED	20. De	cedent Of I	lispanic Origin	21. 🗅	ecedent's	Race		•		<u></u>	
COMPLETED	JA I E OI	(GED	NOT	HISPA	NIC	White	<u> </u>						
22. Father's Name (First, Middle, La	st)					23. Mother's Name (		dle, Last)			23a.	Mother's Mai	den Last Name
HELMUT HOPP						ELIZABETH F					חבונ		<u>.</u>
24. Informant's Name			24	a. Relations	hip To Decedent	24b. Mailing Address		And Number,	City, State, Zi	p Code)	KEI	CHARD	
ARRY STEINKRAUS			s	NC		8608 MONFO	RT DE	RIVE SA	INT IOH	N IN	46373		
25a. Method Of Disposition					25. Pla	ce Of Disposition					40010		
☐ Burial 🔯 Cremation 🔲 Dona	tion 🔲 Ento		!5b. Place O	of Dispositio	n (Name Of Cemetery, Cre	ematory, Other Place)	25c. L	ocation - City,	Town, And S	tate			
Removal From State		_		/	Docu	ment	is						
Other (Specify): 26. Was Coroner Contacted?	27. N				MATION SERVI Deral Facility	CE	MUN	ISTER, I	N			To	
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7b. Signature Of Indiana Funeral S	KISI	I FUNE	RAL HO	OME, 10	0000 CALUMET A	AVE, MUNSTE	R, IN 4					FH107	00038
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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.