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STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: IN RE: ANTON STOCK, DECEDENT

2014 043799

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on August 17, 1968 while domiciled in Gary, Indiana. (Exhibit A)
2. That forty-five (45) days have elapsed since the death of the decedent.
3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.
4. That the following named persons are the only heirs of the decedent

Anna Massette, daughter, 912 North County Line Road, Westville, Indiana 46391 and Hil Stock, daughter, 912 North County Line Road, Westville, Indiana 46391.

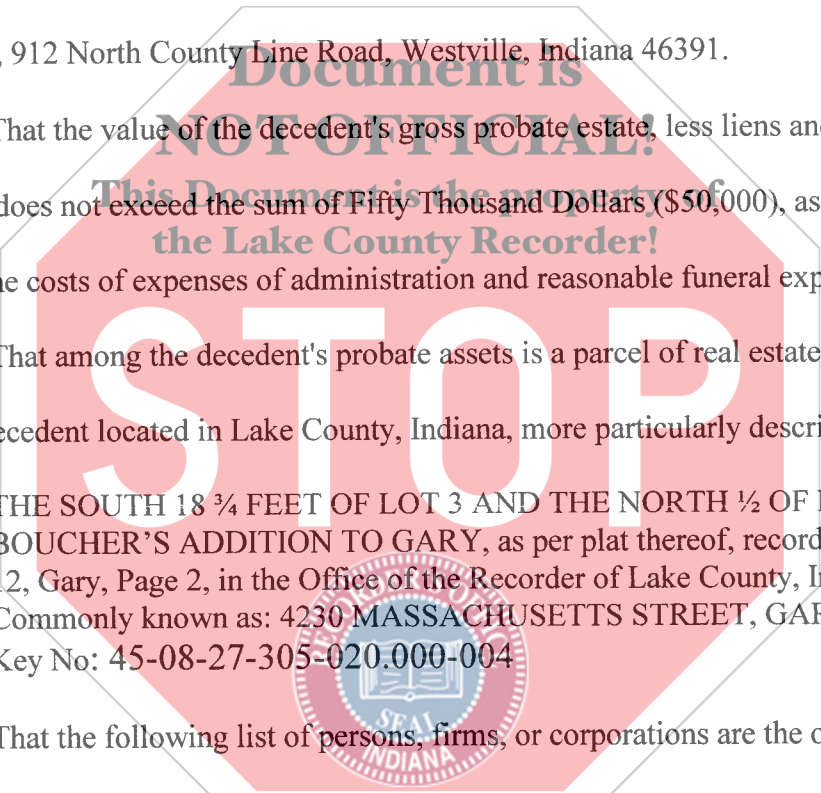
5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

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

THE SOUTH 18 ¾ FEET OF LOT 3 AND THE NORTH ½ OF LOT 4 , IN BOUCHER'S ADDITION TO GARY, as per plat thereof, recorded in Plat Book 12, Gary, Page 2, in the Office of the Recorder of Lake County, Indiana. Commonly known as: 4230 MASSACHUSETTS STREET, GARY INDIANA Key No: 45-08-27-305-020.000-004

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: NONE

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 JUL 24 AM 9:30
MICHAEL S. BROWN
RECORDER



FILED

24829

JUL 23 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 18-
 CASH _____ CHARGE _____
 CHECK# 3805
 OVERAGE 200
 COPY _____
 NON-CONF ✓
 DEPUTY SD

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AFFIDAVIT FOR TRANSFER OF REAL PROPERTY cont'd

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TYPE OR PRINT
PLAINLY WITH
UNFADING INK

PERMANENT
RECORD

State for State Office Use

Local No. **68-1197**

INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH

State No. _____

PERMANENT INK DECEASED—NAME **ANTON** FIRST MIDDLE LAST SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **August 17, 1968**

1. RACE **White** AGE **51** UNDER 1 YEAR **0** HOURS **0** MIN. **0** DATE OF BIRTH (MONTH, DAY, YEAR) **Jan. 31, 1917** COUNTY OF DEATH **Lake**
 2. CITY, TOWN, OR LOCATION OF DEATH **White** INSIDE CITY LIMITS (SPECIFY YES OR NO) **Yes** HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER) **3876 Virginia Street**

3. DECEASED **GARY** STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **U.S.A.** CITIZEN OF WHAT COUNTRY? **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Separated** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **None**
 4. RESIDENCE—STATE **Indiana** COUNTY **Lake** CITY, TOWN OR LOCATION **Calumet** INSIDE CITY LIMITS (SPECIFY YES OR NO) **Yes** KIND OF BUSINESS OR INDUSTRY **IS U.S.S.C.**

5. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Steel Worker** 6. USUAL RESIDENCE WHEN DECEASED (GIVE STREET AND NUMBER) **3876 Virginia Street** 7. RESIDENCE BEFORE ADMISSION **3876 Virginia Street** 8. IS RESIDENCE ON A FARM? **No**

9. FATHER—NAME **Anton** FIRST MIDDLE LAST RELATIONSHIP **Stoek** 10. MOTHER—MAIDEN NAME **Unknown** 11. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **3935 Monroe Street**

12. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 (a) IMMEDIATE CAUSE **Acute myocardial infarction**
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

13. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
 14. CONDITIONS CON- TRIBUTING TO DEATH, BUT NOT HELD TO BE THE IMMEDIATE CAUSE GIVEN IN PART 1 (A).
 15. APPROXIMATE INTERVAL BETWEEN ONSET OF DEATH AND TIME OF EXAMINATION **12:30 P.M.**

CERTIFICATION—HEALTH OFFICER **P. J. Rosenbloom M.D.**
 16. AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSES STATED (TYPE OR PRINT NAME AND SIGN) **P. J. Rosenbloom M.D.**

17. MORTUARY (TYPE OR PRINT NAME AND SIGN) **P. J. Rosenbloom M.D.**
 18. MORTUARY (TYPE OR PRINT NAME AND SIGN) **P. J. Rosenbloom M.D.**

19. MORTUARY (TYPE OR PRINT NAME AND SIGN) **P. J. Rosenbloom M.D.**
 20. MORTUARY (TYPE OR PRINT NAME AND SIGN) **P. J. Rosenbloom M.D.**

21. MORTUARY (TYPE OR PRINT NAME AND SIGN) **P. J. Rosenbloom M.D.**
 22. MORTUARY (TYPE OR PRINT NAME AND SIGN) **P. J. Rosenbloom M.D.**

Disposition Permit Issued / Provisional Certificate Yes No

FUNERAL DIRECTOR'S LICENSE No. _____

EMBALMER'S NAME _____

LICENSE No. _____

