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STATE OF INDIANA )  
 ) SS: IN RE: EVA STOCK, DECEDENT  
COUNTY OF LAKE )

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

- 1. That the above-named decedent died intestate on December 13, 2007 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 Heidi 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.

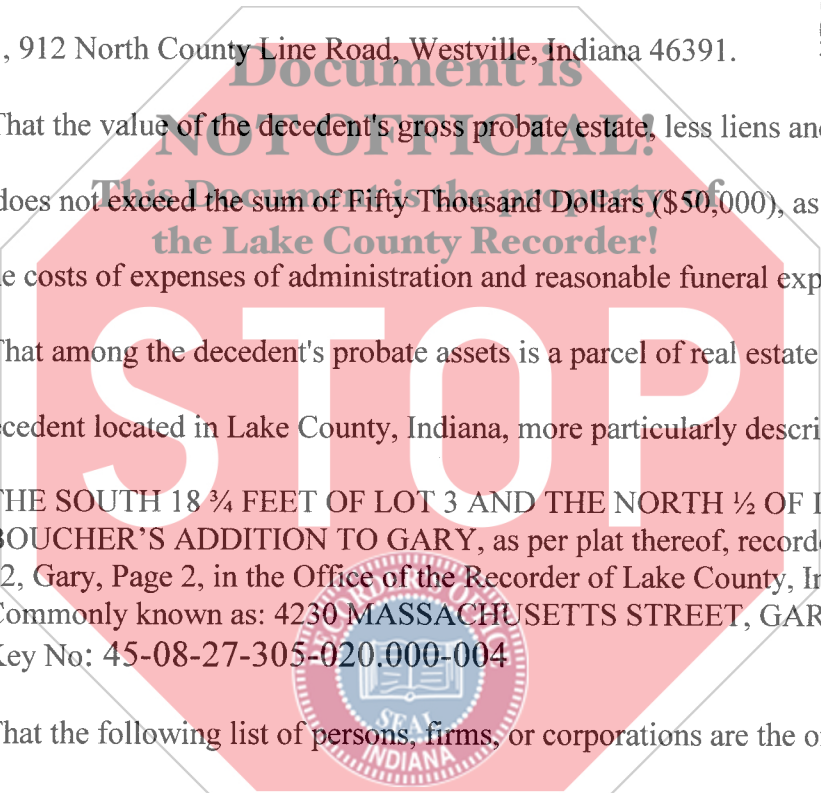
6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

THE SOUTH 18 3/4 FEET OF LOT 3 AND THE NORTH 1/2 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.

2014 043800

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL BROWN  
RECORDER  
2014 JUL 23 AM 9:30



**FILED**

JUL 23 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

24830

AMOUNT \$ 18-  
CASH      CHARGE       
CHECK# 3805  
OVERAGE       
COPY       
NON-CONF   
DEPUTY SS

E



**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY cont'd**

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Phone: (219) 944-2755



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 07-0680

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT INK

DECEASED

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

1. DECEASED-NAME (First, Middle, Last) <b>EVA STOCK</b>				2. SEX <b>Female</b>	3a. TIME OF DEATH <b>2:47 P.M.</b>	3b. DATE OF DEATH (Month, Day, Year) <b>December 13, 2007</b>	
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) <b>90</b>	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) <b>May 08, 1917</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Yugoslavia</b>
8a. WAS DECEASED A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>4230 Massachusetts Street</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
13a. RESIDENCE - STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Gary</b>		13d. STREET AND NUMBER <b>4230 Massachusetts Street</b>	
13e. ZIP CODE <b>46409</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) <b></b>					
18. FATHER'S NAME (First, Middle, Last) <b>Ivan Kop</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Apolonija Knebl</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Mary V. Stock</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>4230 Massachusetts Street, Gary, Indiana 46409</b>			20c. Relationship <b>Daughter</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>December 17, 2007 Calumet Park Cemetery</b>			21c. LOCATION—City or Town, State <b>Merrillville, Indiana 46410</b>	
22a. EMBALMER'S NAME: <b>Jonathon R. Christiansen</b>			22b. EMBALMER'S LICENSE NO. <b>FD20200095</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR 			24b. LICENSE NUMBER (of Licensee) <b>1009893</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>PRUZIN BROTHERS FUNERAL SERVICE Lic. # FH 83002453 6360 Broadway, Merrillville, Indiana, 46410</b>		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> a. <b>Vascular collapse</b> b. <b>Due to arteriosclerotic heart and vascular disease</b> c. <b></b> d. <b></b> <b>Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last</b> <b></b>							Approximate Interval Between Onset and Death <b>Unknown</b>
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) <b>NO</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <b></b>
29. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <b>Chief Deputy</b>							
29a. SIGNATURE AND TITLE OF CERTIFIER 					29c. MEDICAL LICENSE NO. <b>N/A</b>		29d. DATE SIGNED (Month, Day, Year) <b>December 18, 2007</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>							
31. HEALTH OFFICER'S SIGNATURE 						32. DATE FILED (Month, Day, Year) <b>DEC 21 2007</b>	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could Not Be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED		
		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>December 13, 2007</b>			34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.				