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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

TAX KEY NO: 45-12-03-251-023.000-030

2014 080846

2014 DEC 19 AM 11:50

ADDRESS OF REAL ESTATE:

830 E. 56th Avenue
Merrillville, IN 46410

STATE OF INDIANA)
COUNTY OF LAKE)

MICHAEL B. BROWN
SS RECORDER

AFFIDAVIT OF HEIRSHIP

RANDY RACE and WENDY RACE, of full legal age, being first duly sworn upon their oath, states as follows:

1. That the undersigned, RANDY RACE and WENDY RACE, are the parents of the ALEX RACE, deceased.

2. That they makes this Affidavit for the purpose of establishing the legal ownership of certain property located at 830 E. 56th Avenue, Merrillville, IN 46410, with the following legal description:

THE WEST 75 FEET OF LOT 7 IN BLOCK 4 IN SUBDIVISION OF BLOCK 4 IN GEORGIA HEIGHTS SUBDIVISION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 25 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. That the real estate is owned by ALEX RACE, deceased. Attached hereto and made a part hereof is an original death certificate of ALEX RACE, who passed away October 4, 2014.

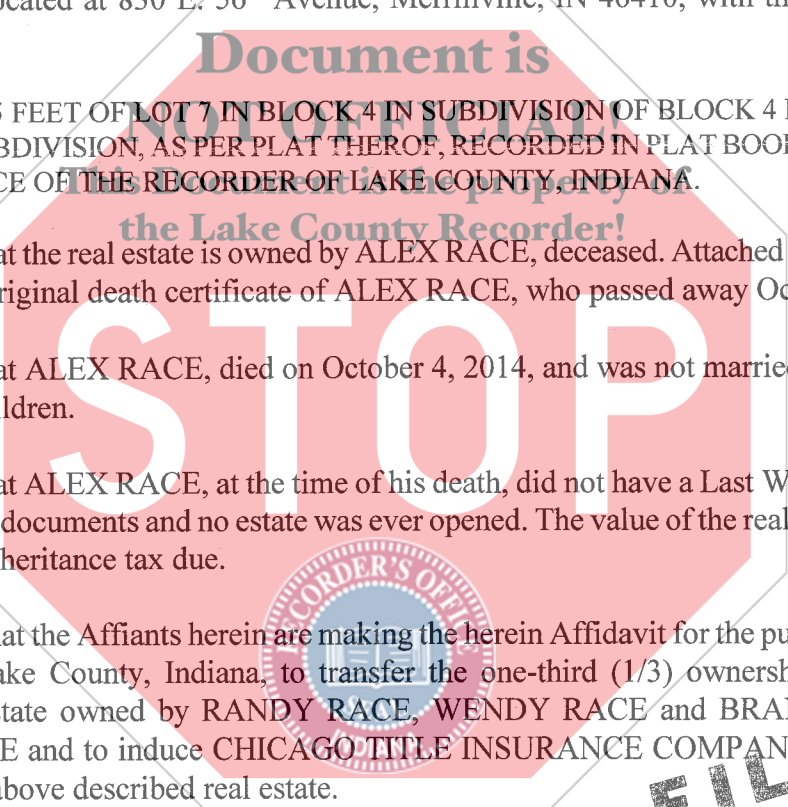
4. That ALEX RACE, died on October 4, 2014, and was not married and nor does he have surviving children.

5. That ALEX RACE, at the time of his death, did not have a Last Will and Testament or any other estate documents and no estate was ever opened. The value of the real estate is such that there will be no Inheritance tax due.

6. That the Affiants herein are making the herein Affidavit for the purpose of inducing the Auditor of Lake County, Indiana, to transfer the one-third (1/3) ownership of the above-mentioned real estate owned by RANDY RACE, WENDY RACE and BRANDON RACE to BRANDON RACE and to induce CHICAGO TITLE INSURANCE COMPANY to provide title insurance for the above described real estate.

CHICAGO TITLE INSURANCE COMPANY

1404695



FILED
DEC 17 2014 28814
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

16
Non Com
CT
NR

FURTHER AFFIANT SAYETH NOT

Randy Race
RANDY RACE

Wendy Race
WENDY RACE

STATE OF INDIANA)
)SS
COUNTY OF LAKE)

I, a Notary Public in and for said County and State, do hereby certify that RANDY RACE and WENDY RACE, personally known to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and Notarial Seal on November 20, 2014.

My Commission Expires:
03/26/17

Wendell W. Goad II
Wendell W. Goad II Notary Public
Resident of Lake County, Indiana

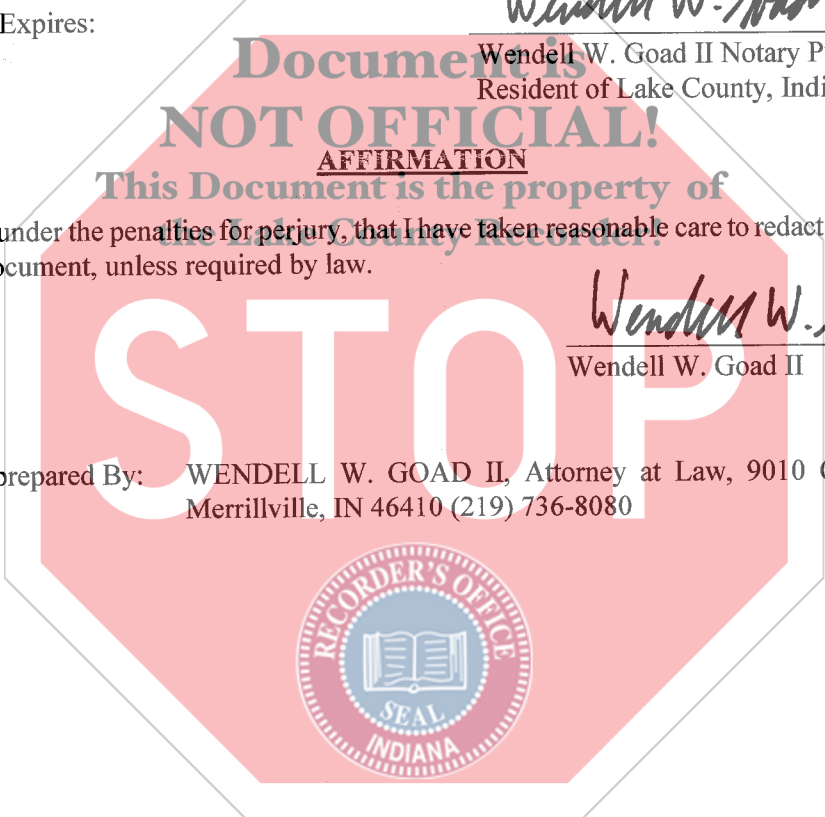
Document is NOT OFFICIAL!
AFFIRMATION

This Document is the property of the Lake County Recorder.

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.

Wendell W. Goad II
Wendell W. Goad II

This Instrument prepared By: WENDELL W. GOAD II, Attorney at Law, 9010 Connecticut Drive, Merrillville, IN 46410 (219) 736-8080





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No _____ EDR No 000000408369 State No _____

1. Decedent's Legal Name (First, Middle, Last): **ALEX JAMES RACE**

2. Sex: **MALE**

3. Time of Death: **18:15 PM**

4. Date of Death (Month/Day/Year): **10/04/2014**

5. Social Security Number: **21**

6a. Age - Yrs: **21**

6b. Under 1 Year: _____

6c. Under 1 Month: _____

6d. Under 1 Day: _____

6e. Under 1 Hour: _____

7. Date of Birth (Month/Day/Year): **02/06/1993**

8. Birthplace (City and State or Foreign Country): **HAMMOND, INDIANA**

9. Ever in U.S. Armed Forces? Yes No Unknown

10. If Death Occurred in a Hospital: Hospital Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify): _____

11. Facility Name (If Not Institution, Give Street and Number): **830 EAST 56TH AVENUE**

12. City or Town, State, and Zip Code: **MERRILLVILLE, INDIANA, 46410**

13. County of Death: **LAKE**

14. Marital Status at Time of Death: Married Widowed Never Married Divorced Unknown

15. Burial and/or Interment Name: _____

15a. If Not Institution, Give Street and Number: _____

16. Decedent's Usual Occupation: **TRANSPORTATION ASSISTANT**

17. Kind of Business/Industry: **NEWSPAPER**

18. Residence - State: **INDIANA**

18a. County: **LAKE**

18b. City or Town: **MERRILLVILLE**

18c. Street and Number: **830 EAST 56TH AVENUE**

18d. Apt. No.: _____

18e. Zip Code: **46410**

18f. Inside City Limits? Yes No

19. Decedent's Education: **HIGH SCHOOL GRADUATE OR GED COMPLETED**

20. Decedent's Hispanic Origin: **Not Hispanic**

21. Decedent's Race: **White**

22. Father's Name (First, Middle, Last): **RANDY RACE**

23. Mother's Name (First, Middle, Last): **WENDY RACE**

23a. Mother's Maiden Last Name: **FAITAK**

24. Informant's Name: **RANDY RACE**

24a. Relationship to Decedent: **FATHER**

24b. Mailing Address (Street and Number, City, State, Zip Code): **13150 WEST 90TH STREET, SAINT JOHN, INDIANA, 46373**

25. Place of Disposition: **KELLY CARROLL CREMATION SERVICES, GARY, INDIANA**

25a. Method of Disposition: Burial Cremation Donation Entombment Removal From State Other (Specify): _____

25b. Place of Disposition (Name of Cemetery, Crematory, Other Place): _____

25c. Location (City, Town, and State): _____

26. Use Driver's Contacts? Yes No

27. Name and Complete Address of Funeral Facility: **FAGEN-MILLER FUNERAL GARDENS, INC., SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, INDIANA, 46373**

27a. Funeral Home License Number: **FH10200006**

27b. Signature of Indiana Funeral Service Licensee: **LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE**

27c. License Number (If Licensed): **FD01006015**

28. Part I. Enter the **Chain of Events** - 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.

Immediate Cause (Final Disease or Condition Resulting in Death): **PENDING INVESTIGATION**

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.

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? Yes No

30. Were Autopsy Findings Available to Complete the Cause of Death? Yes No

31. Did Tobacco Use Contribute to Death? Yes Possibly No Unknown

32. If Female: No Pregnant/Aborted Past Year Pregnant At Time of Death Not Pregnant, Not Pregnant Within 45 Days of Loss of Death Unknown if Pregnant Within the Past Year

33. Manner of Death: Natural Homicide Accident Pending Investigation Suicide Coronary Not Be Determined

34. Date of Injury (Month/Day/Year): **10/04/2014**

35. Time of Injury: **18:16 PM**

36. Place of Injury (E.G., Dissector's Home, Construction Site, Restaurant, Transport Area): **RESIDENCE**

37. Injury At Work? Yes No

38. Location of Injury - State: **INDIANA**

38a. City or Town: **MERRILLVILLE**

38b. Street & Number: **830 EAST 56TH AVENUE**

38c. Apt. No.: _____

38d. Zip Code: **46410**

39. Describe How Injury Occurred: _____

40. Signature of Person Certifying Cause of Death: **GEORGE DELIPOULOS**

41. Name, Address and Zip Code of Person Certifying Cause of Death: **2900 W. 93RD AVENUE, CROWN POINT, INDIANA, 46307**

42. Center (Check Only One): Certifying Physician Coroner Health Officer

43. Name, Address and Zip Code of Person Certifying Cause of Death: **GEORGE DELIPOULOS 2900 W. 93RD AVENUE, CROWN POINT, INDIANA, 46307**

44. License Number: _____

45. Date Certified: **10/08/2014**

46. Address of Funeral Service Provider: _____

47. *Asterisk: _____

48. Signature of Local Health Officer: _____

49. For Registrar Only - Date Filed (Month/Day/Year): _____

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)

State Form 3329a ATTENTION: The Social Security # is being requested by this state agency in order to assist in random sampling. Disclosure of a person's Social Security # is prohibited by 26 USC 6109. Do not disclose.

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.