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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 021372

2015 APR 13 PM 3:41

MICHAEL B. BROWN
RECORDER

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

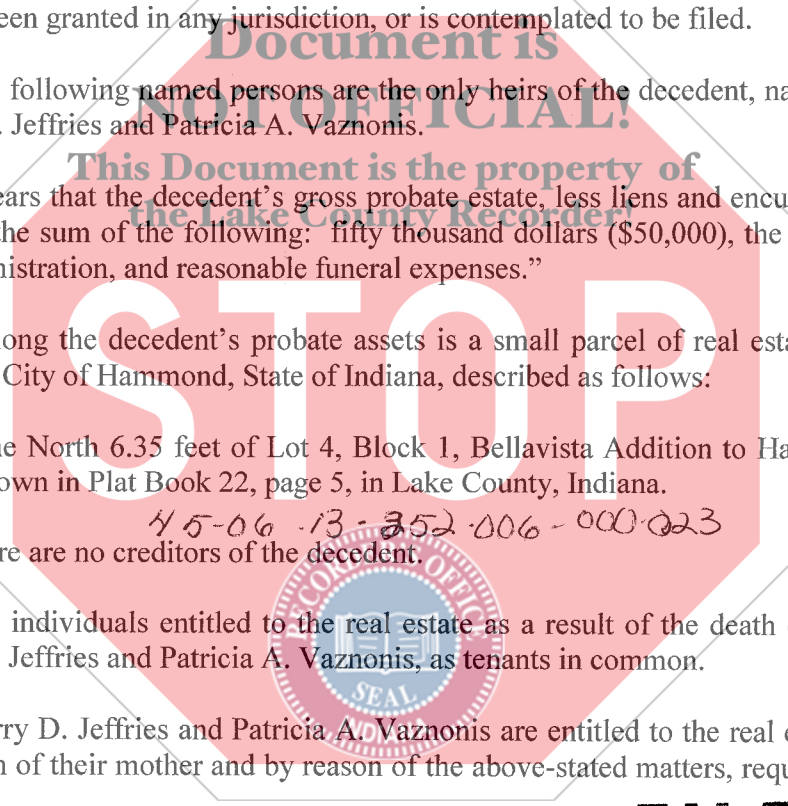
IN RE: **FRANCES W. JEFFRIES, deceased**

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Comes now Larry D. Jeffries and Patricia A. Vaznonis and state as follows:

1. That our mother, Frances W. Jeffries died on the October 2, 2011, while domiciled in Lake County, Indiana, and a copy of her death certificate is attached hereto.
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, namely, her children: Larry D. Jeffries and Patricia A. Vaznonis.
5. "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 reasonable funeral expenses."
6. That among the decedent's probate assets is a small parcel of real estate located in Lake County, City of Hammond, State of Indiana, described as follows:

The North 6.35 feet of Lot 4, Block 1, Bellavista Addition to Hammond, as shown in Plat Book 22, page 5, in Lake County, Indiana.
45-06-13-352-006-000-023
7. That there are no creditors of the decedent.
8. That the individuals entitled to the real estate as a result of the death of their mother are Larry D. Jeffries and Patricia A. Vaznonis, as tenants in common.
9. That Larry D. Jeffries and Patricia A. Vaznonis are entitled to the real estate as a result of the death of their mother and by reason of the above-stated matters, requests that the above



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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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OK - 34816
PW
3 copies*

real estate in the name of the decedent, Frances W. Jeffries, be transferred to her children, her only heirs, Larry D. Jeffries and Patricia A. Vaznonis, an tenants in common, with each child receiving an undivided one-half (50%) interest in the property.

X *Larry D. Jeffries*
Larry D. Jeffries

Patricia A. Vaznonis
Patricia A. Vaznonis

STATE OF INDIANA, COUNTY OF NEWTON : SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 1st day of April, 2015, personally appeared: **LARRY D. JEFFRIES** and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed and affixed my official seal.

My Commission Expires: 3/13/2016
Notary Public
Printed Name: Daniel C. Blaney
Resident of Newton County, IN

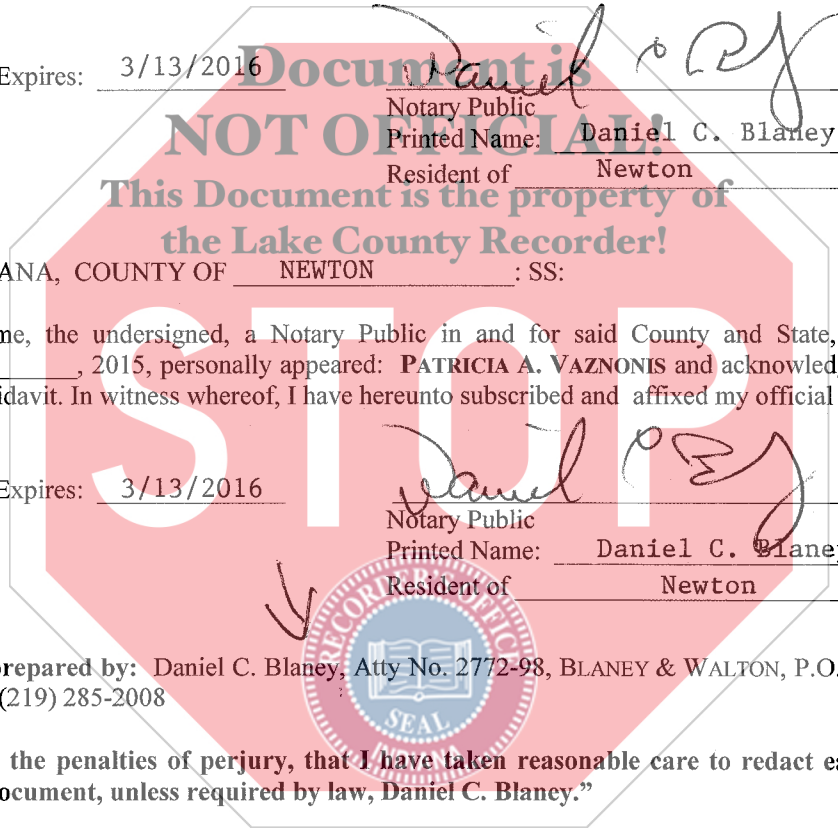
STATE OF INDIANA, COUNTY OF NEWTON : SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 1st day of April, 2015, personally appeared: **PATRICIA A. VAZNONIS** and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed and affixed my official seal.

My Commission Expires: 3/13/2016
Notary Public
Printed Name: Daniel C. Blaney
Resident of Newton County, IN

This document prepared by: Daniel C. Blaney, Atty No. 2772-98, BLANEY & WALTON, P.O. Box 500, Morocco, IN 47963; Phone (219) 285-2008

"I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law, Daniel C. Blaney."





**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **003035**

EDR No **00000222196**

State No **043235**

1. Decedent's Legal Name (First, Middle, Last) FRANCES W JEFFRIES			1a. Maiden Name (if female) ZOOK		2. Sex FEMALE	3. Time Of Death 08:19 PM	4. Date Of Death (Month/Day/Year) 10/02/2011		
5. Social Security Number [REDACTED]	6a. Age - Yrs 79	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 05/09/1932		8. Birthplace (City and State or Foreign Country) EAST PRARIE, MO	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (if Not Institution, Give Street and Number) 7517 HARRISON AVENUE									
12. City Or Town, State, And Zip Code HAMMOND, IN, 46324				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (if Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18d. Apt. No.	18e. Zip Code 46324	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 7517 HARRISON AVENUE			19. Decedent's Education 7TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) ESSIE JACOB ZOOK			23. Mother's Name (First, Middle, Last) BIRDIE MAE ZOOK			23a. Mother's Maiden Last Name JACKSON			
24. Informant's Name MATRICIA VAZNONIS		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3920 TIMBERLAND DRIVE, WHEATFIELD, IN 46392					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CONCORDIA CEMETERY		25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH83004968		
27b. Signature Of Indiana Funeral Service Licensee: RIAN T. BURNS, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD08801763						
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) A. METASTATIC RENAL CELL CARCINOMA Due to (Or As A Consequence Of): 3 YEARS									
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 B. _____ Due to (Or As A Consequence Of): _____ C. _____ Due to (Or As A Consequence Of): _____ D. _____									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input checked="" type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury			36. Place Of Injury (E.g. Decedent's Home, Construction Site, Restaurant, Wooded Area)			38. Street & Number	
34a. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred					40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: TIN S SARDESAI, BY ELECTRONIC SIGNATURE					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TIN S SARDESAI, 9307 CALUMET AVENUE STE D 1, MUNSTER, IN 46321					44. License Number 01029300A		45. Date Certified 10/04/2011		
46. Signature of Local Health Officer: JSAN W. BEST, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year): OCT 04 2011				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)