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2015 OCT 14 AM 9:55

MICHAEL B. BROWN
RECORDER

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INDIANA SMALL ESTATE AFFIDAVIT
RE: ROBERT E. HATTENBACH, Deceased

INCLUDES PART OF REAL ESTATE PARCEL NO. 45-07-24-352-009.000-003

We, Alexandra L. Shutske and Zachary J. Urevig, being first duly sworn upon our oath, state:

1. We are the grandchildren of the decedent and our mailing and residence addresses are:

Alexandra L. Shutske, 934 N. Glenwood Ave., Griffith, IN 46319
 Zachary J. Urevig, 2149 West Thomas St., Chicago, IL 60622

the Lake County Recorder!

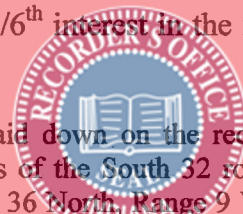
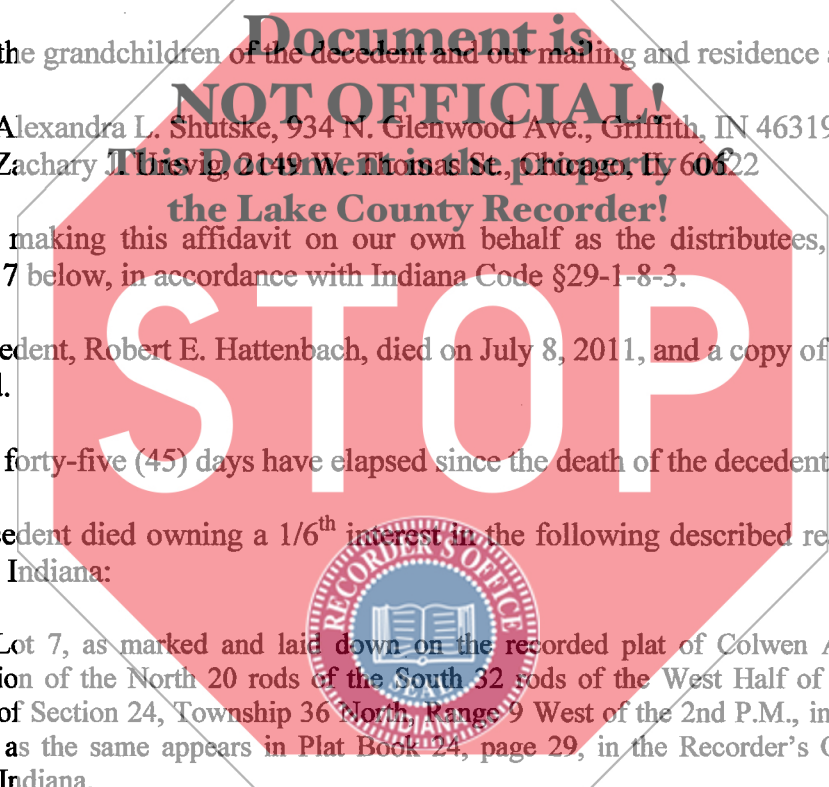
We are making this affidavit on our own behalf as the distributees, identified in paragraph number 7 below, in accordance with Indiana Code §29-1-8-3.

2. The decedent, Robert E. Hattenbach, died on July 8, 2011, and a copy of his death certificate is attached.
3. At least forty-five (45) days have elapsed since the death of the decedent.
4. The decedent died owning a 1/6th interest in the following described real estate located in Lake County, Indiana:

Lot 7, as marked and laid down on the recorded plat of Colwen Acres, being a subdivision of the North 20 rods of the South 32 rods of the West Half of the Southwest Quarter of Section 24, Township 36 North, Range 9 West of the 2nd P.M., in Lake County, Indiana, as the same appears in Plat Book 24, page 29, in the Recorder's Office of Lake County, Indiana.

Commonly known as: 3653 Colfax Street, Gary, IN 46408

5. Subsequent to the death of the decedent, the improvements to the foregoing real estate were destroyed by a fire which resulted in a total loss of the improvements, and insurance proceeds were payable to the decedent in the sum of \$23,166.44 for his 1/6th interest in the improvements.



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DR

JOHN E. PETALAS
LAKE COUNTY AUDITOR

22286

5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction. An estate for the sole purpose of filing an Indiana Inheritance Tax Return was filed with the Lake County Indiana Circuit Court under cause no. 45D02-1109-EM-030, but no personal representative was appointed or sought.
6. 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.
7. The name and relationship to the decedent of each person that is entitled to the 1/6th interest of Robert Hattenbach in the real estate and to the insurance proceeds payable as a result of the destruction of the improvements upon that real estate; and the nature and amount of the share to which each person is entitled, is as follows:

Alexandra L. Shutske (granddaughter) 50% undivided interest in the decedent's 1/6th interest in the subject real estate, (i.e. 1/12th interest of the entire real estate) plus \$11,583.22.
 934 N. Glenwood Ave.
 Griffith, IN 46319

Zachary J. Urevig (grandson) 50% undivided interest in the decedent's 1/6th interest in the subject real estate, (i.e. 1/12th interest of the entire real estate) plus \$11,583.22.
 2149 W. Thomas St.
 Chicago, IL 60622

8. Each person's share was determined on the basis of the Decedent's Will, submitted to the court in connection with the filing of the Inheritance Tax Return noted above.
9. No additional inheritance tax is due as a result of this transfer as the recipients of the real estate and cash are grandchildren of the decedent, entitled to a Class A \$100,000.00 exemption from inheritance tax, and their distributive shares hereunder are each less than \$20,000.00.

The foregoing statements are made under the penalties of perjury.



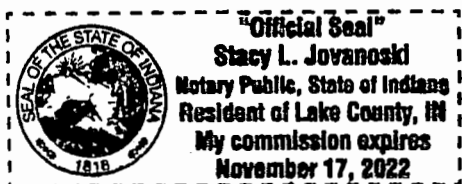
Alexandra L. Shutske
 Alexandra L. Shutske

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Subscribed and sworn to before me, a notary public, this 3rd day of ~~September~~ October, 2015.

Stacy L. Jovanoski

 Notary Public

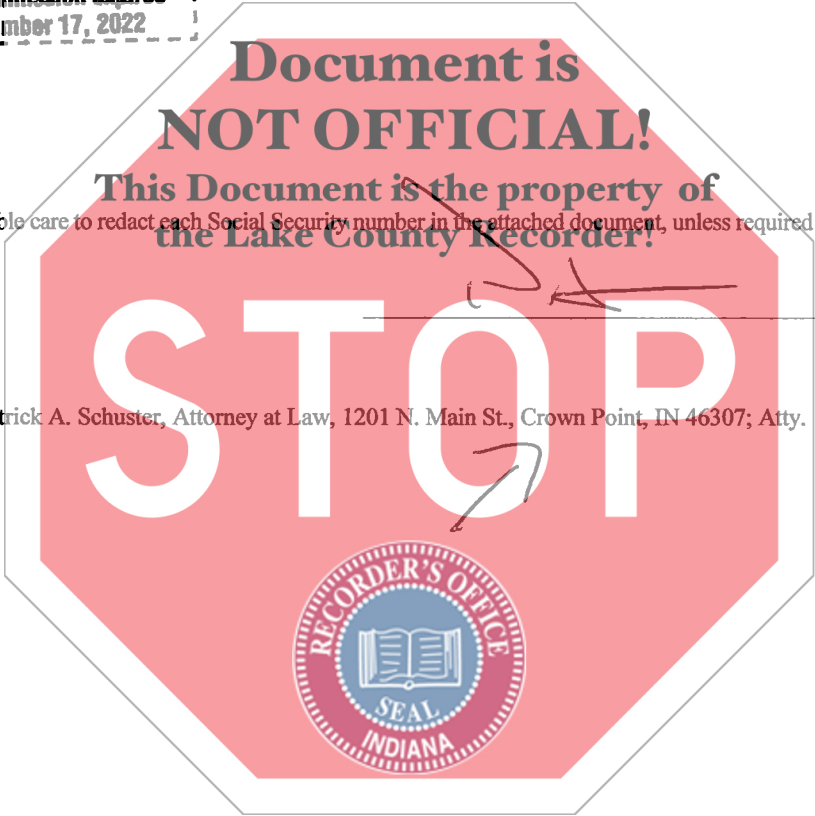
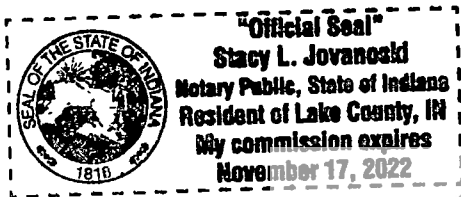


Zachary J. Urevig
Zachary J. Urevig

STATE OF W)
) SS:
COUNTY OF Lake)

Subscribed and sworn to before me, a notary public, this 3rd day of ~~September~~ October, 2015.

Stacy L. Jovanoski
Notary Public



I affirm that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.

Prepared by: Patrick A. Schuster, Attorney at Law, 1201 N. Main St., Crown Point, IN 46307; Atty. I.D. No. 1651-45



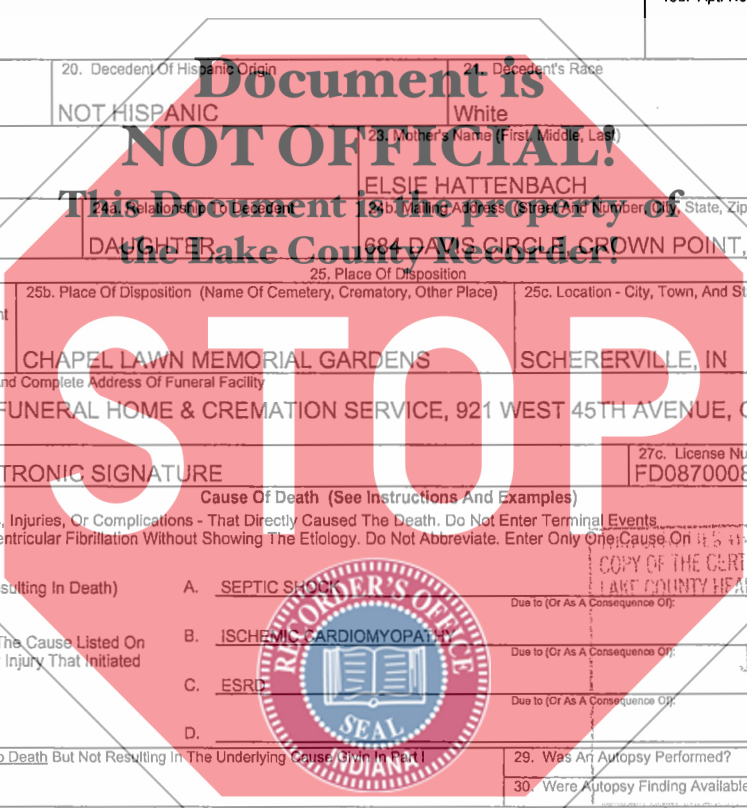
**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 002110

EDR No 000000208068

State No 030269

1. Decedent's Legal Name (First, Middle, Last) ROBERT E HATTENBACH				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:33 AM	4. Date Of Death (Month/Day/Year) 07/08/2011	
5. Social Security Number [REDACTED]		6a. Age - Yrs 80	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) 04/03/1931		8. Birthplace (City and State or Foreign Country) WHITING, IN
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					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 FOREMAN		17. Kind Of Business/Industry INLAND STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 934 NORTH GLENWOOD STREET									
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) EDWARD HATTENBACH					23. Mother's Name (First, Middle, Last) ELSIE HATTENBACH			23a. Mother's Maiden Last Name GOLDHAGEN	
24. Informant's Name JANICE UREVIG		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 684 DAVIS CIRCLE, CROWN POINT, IN 46319					
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) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319							
27b. Signature Of Indiana Funeral Service Licensee: RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700086			
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 Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SEPTIC SHOCK 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. ISCHEMIC CARDIOMYOPATHY C. ESRD									
28. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death DEATH	
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 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	
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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. 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: STEVEN F MISCHEL, 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: STEVEN F MISCHEL, 222 DOUGLAS STREET, HAMMOND, IN 46322						44. License Number 02000848A		45. Date Certified 07/12/2011	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 13 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT
JUL 13 2011