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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 16 AM 10:42

MICHAEL B. BROWN
RECORDER

2015 070495

STATE OF INDIANA
COUNTY OF LAKE

SS:

IN THE MATTER OF THE ESTATE OF
ESTHER SANDOR a/k/a ESTHER
SANDERS, DECEASED

BT 1500657

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Juliann Murphy, being first duly sworn, states:

1. That Affiant is an adult female, having personal knowledge about the matters herein contained, and is making this Affidavit on behalf of the heirs of ~~Esther Sandor~~ a/k/a **Esther Sanders** (hereinafter **Esther**) designated in Paragraph 7 below pursuant to Powers of Attorney received from each.

2. That ~~Esther Sandor~~ a/k/a **Esther Sanders** died on the 27th day of September, 1984, as evidenced by the certified copy of her *Medical Certificate of Death* which is attached hereto as *Exhibit A*, made a part hereof and incorporated herein by reference.

3. That decedent's gross probate estate, consisting of real and personal property, wherever located, less liens and encumbrances, did not exceed Twenty-five Thousand Dollars (\$25,000).

4. That no application or petition for the appointment of a Personal Representative of decedent's estate was filed or granted in any jurisdiction.



CHICAGO TITLE INSURANCE COMPANY

FILED

OCT 14 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

C.T
82-3-00
M-C

22351

IN THE MATTER OF THE ESTATE OF ESTHER SANDOR A/K/A ESTHER SANDERS DECEASED
AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

5. That at the time of her death, **Esther** was the owner of an **undivided one-half interest** in and to the real estate commonly known as **48 Detroit Street, Hammond, Indiana 46320**, which is described as follows:

One-half (1/2) interest in the following described real estate: All of Lots 8 and 9 and the West 4.5 feet of Lot 7, in Block 9, as marked and laid down on the recorded plat of Homewood Addition to Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 2, page 29, in the Recorder's Office of Lake County, Indiana.

Parcel #45-06-01-155-013.000-023

6. That **Esther Sandor a/k/a Esther Sanders** conveyed an undivided one-half (1/2) interest in and to the above-described real estate to **Margaret Jean Sanders** by Quit Claim Deed dated August 8, 1979 and recorded in the Office of the Recorder of Lake County, Indiana on August 15, 1979 as Document # 544649.

7. That **Margaret Jean Sanders** attempted to convey the entirety of the above-describe real estate to **Margaret Jean Sanders** and **Sharon L. Crawford**, as joint tenants with rights of survivorship, by Quit Claim Deed dated June 28, 1999 and recorded in the Office of the Recorder of Lake County, Indiana as Document # 99055016, when, at the time, she was vested only in an to an undivided one-half (1/2) interest.

8. That **Margaret Jean Sanders** conveyed her undivided one-half (1/2) interest in and to the above-described real estate to **Margaret J. Sanders, Trustee of the Margaret J. Sanders Revocable Trust dated August 4, 2014**, of any Successor Trustee named in the instrument, by Quit Claim Deed dated August 4, 2014 and recorded in the Office of the Recorder of Lake County, Indiana on August 27, 2014 as Document # 2014 051773.

9. That contrary to the attempted conveyances by **Margaret Jean Sanders**, she held title to only an undivided one-half (1/2) interest in and to the subject real estate, and the remaining undivided one-half interest remained titled in the name of **Esther Sandor a/k/a Esther Sanders**.

10. That more than forty-five (45) days have elapsed since the death of the decedent.

11. That the name and address of each person entitled to a share of the decedent's estate, and the part to which each person is entitled, is as follows:

Pamela A. Zielinski¹, Adult Granddaughter 5.56%
3037 – 171st Street
Hammond, IN 46322

Nancy Hidalgo², Adult Granddaughter 5.56%
1441 Hemlock Lane
Crown Point, IN 46307

Larry K. Crawford³, Adult Grandson-in-Law 5.56%
1610 Mourning Dove Drive
Munster, IN 46321

Janet Slager⁴, Adult Granddaughter 16.67%
241 Pine Street
Bradley, IL 60915

Michael Sanders, Adult Son 16.67%
11891 Knox Place

1 Heirship by intestate succession through Julia Smith, daughter of Esther, who died May 20, 1999.

2 Heirship by intestate succession through Julia Smith, daughter of Esther, who died May 20, 1999.

3 Heirship by intestate succession through Julia Smith, daughter of Esther, who died May 20, 1999. Entitled to interest of Sharon Crawford, daughter of Julia Smith, who died December 5, 2015, as her surviving spouse.

4 Heirship by intestate succession through Alice Finck, daughter of Esther, who died December 18, 2001.

IN THE MATTER OF THE ESTATE OF ESTHER SANDOR A/K/A ESTHER SANDERS DECEASED

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Crown Point, IN 46307

Patricia Ulicni⁵, Adult Granddaughter 5.55%
7215 Van Buren
Hammond, IN 46320

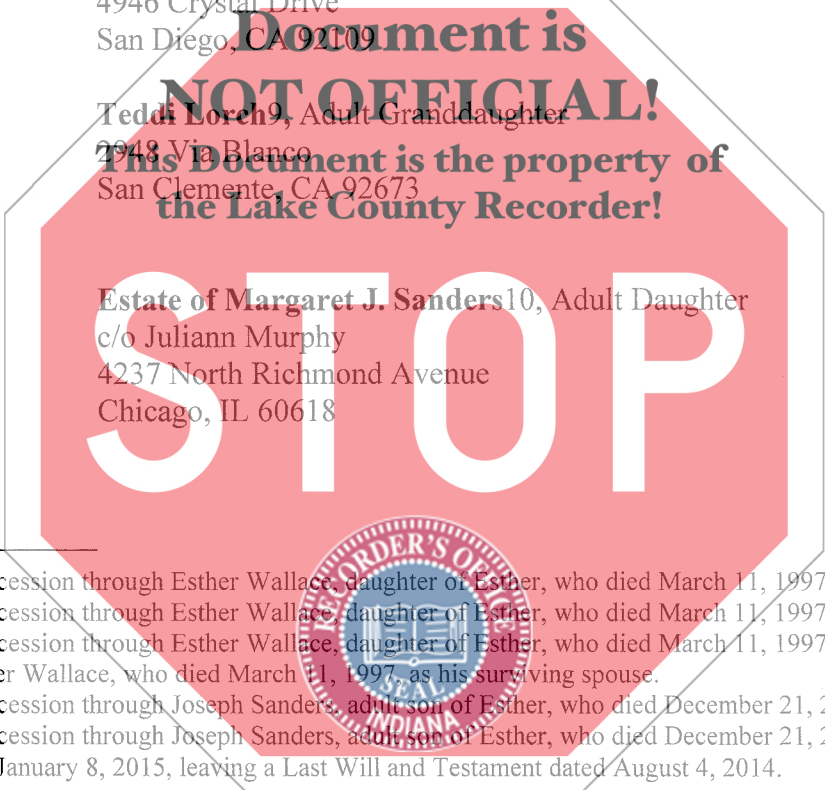
Carol Schwick⁶, Adult Granddaughter 5.55%
961 North Hollywood Circle
Crystal River, FL 34429

Mary Wallace⁷, Adult Granddaughter-in -Law 5.55%
18259 Chicago Avenue
Lansing, IL 60439

Nikki Udkovich⁸, Adult Granddaughter 8.33%
4946 Crystal Drive
San Diego, CA 92109

Teddi Lorch⁹, Adult Granddaughter 8.33%
2948 Via Blanco
San Clemente, CA 92673

Estate of Margaret J. Sanders¹⁰, Adult Daughter 16.67%
c/o Juliann Murphy
4237 North Richmond Avenue
Chicago, IL 60618



5 Heirship by intestate succession through Esther Wallace, daughter of Esther, who died March 11, 1997.

6 Heirship by intestate succession through Esther Wallace, daughter of Esther, who died March 11, 1997.

7 Heirship by intestate succession through Esther Wallace, daughter of Esther, who died March 11, 1997. Entitled to interest of Ron Wallace, adult son of Esther Wallace, who died March 11, 1997, as his surviving spouse.

8 Heirship by intestate succession through Joseph Sanders, adult son of Esther, who died December 21, 2004.

9 Heirship by intestate succession through Joseph Sanders, adult son of Esther, who died December 21, 2004

10 Margaret Sanders died January 8, 2015, leaving a Last Will and Testament dated August 4, 2014.

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. Thomas K. Hoffman

This Instrument Prepared By: **Thomas K. Hoffman #7731-45**
Attorney at Law
2115 West Lincoln Highway
Merrillville, IN 46410



INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. _____

FUNERAL HOME LICENSE No. 288

FUNERAL DIRECTOR'S LICENSE No. 85

FUNERAL DIRECTOR'S LICENSE No. 85

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____
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EMBALMER'S NAME Elden B. LaHayne

FUNERAL DIRECTOR'S LICENSE No. 85

DECEASED—NAME: **ESTHER SANDOR** (FIRST, LAST, MIDDLE)
 SEX: **Female**
 DATE OF BIRTH: **Oct. 1, 1898** (MO, DAY, YEAR)
 COUNTY OF DEATH: **Lake**

RACE: **White**
 AGE—Last Birthday: **85**
 HOSPITAL OR OTHER INSTITUTION: **St. Margaret Hospital**

CITY, TOWN OR LOCATION OF DEATH: **Hammond**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **Widowed**
 SURVIVING SPOUSE (Name, Age, Sex, and Relationship):
 USUAL OCCUPATION: **Housewife**
 KIND OF BUSINESS OR INDUSTRY: **Own Home**

CITIZENSHIP: **USA**
 SOCIAL SECURITY NUMBER: _____
 RESIDENCE—STATE: **Indiana**
 COUNTY: **Lake**
 STREET AND NUMBER: **48 Detroit Street**
 IS DECEASED OF SPANISH DESCENT? YES NO

FATHER—NAME: **Louis Sabo**
 MOTHER—MAIDEN NAME: **Esther**
 RELATIONSHIP: **Son**
 MAILING ADDRESS: **Lake Drive, Cassopolis, Michigan 49031**

DATE OF DEATH: **October 1, 1984**
 TIME OF DEATH: _____
 PLACE OF DEATH: **Burial**
 CEMETERY OR CREMATORY: **Oak Hill Cemetery**
 FUNERAL HOME—NAME AND ADDRESS: **Hayne Funeral Home, Inc., 5746 Hohman Ave., Hammond, Indiana 46320**

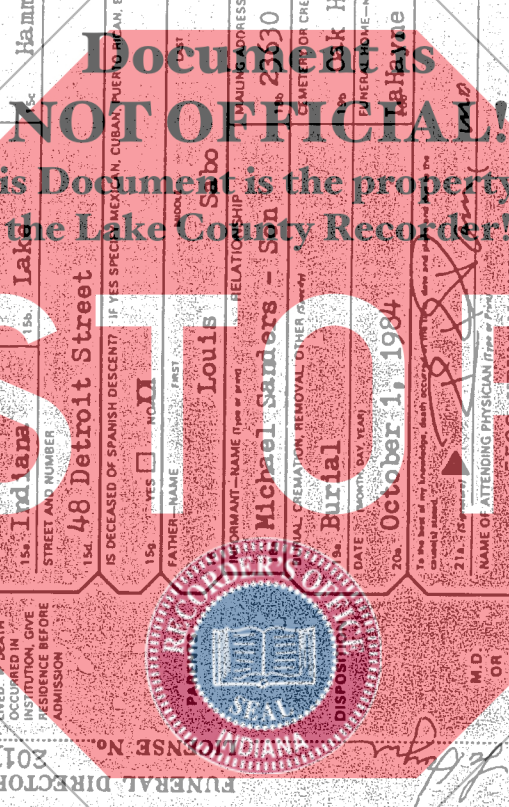
DATE SIGNED: **9/29/84**
 HOUR OF DEATH: **11:50 p.m.**

HEALTH OFFICER—NAME: **Franklin J. Grynada, M.D.**
 ADDRESS: **5500 Hohman, Hammond, IN 46320**
 SIGNATURE: _____

CONDITIONS WHICH GAVE RISE TO DEATH: **CAVITIC ARREST**
 CAUSE OF DEATH: **ACUTE MYOCARDIAL INFARCTION**
 MANNER OF DEATH: **NATURAL**

DATE RECEIVED BY LOCAL HEALTH OFFICER: **OCT 1 1984**
 THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

AUTHORITY: **State Health Officer**
 SIGNATURE: _____
 TITLE: **LAKE COUNTY HEALTH OFFICER**



RAISED SEAL AFFIXED