

A

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 070496

2015 OCT 16 AM 10:42

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
COUNTY OF LAKE

SS:

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

③

BT 150059 1500659

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, is named as the Personal Representative in the Will of Margaret J. Sanders dated August 4, 2014, is also named as the Successor Trustee of the Margaret J. Sanders Revocable Trust dated August 4, 2014, and is making this Affidavit on behalf of the Estate of Margaret J. Sanders.

2. That **Margaret J. Sanders** died on the 8th day of January, 2015, as evidenced by the certified copy of her *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, does not exceed Fifty Thousand Dollars (\$50,000).

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



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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CHICAGO TITLE INSURANCE COMPANY

5. That at the time of her death, **Margaret Jean Sanders**, as an heir of **Esther Sandor a/k/a Esther Sanders**, was the owner of a one-sixth (1/6th) interest of the undivided one-half (1/2) interest vested in the heirs of **Esther Sandor a/k/a Esther Sanders** in and to the real estate commonly known as **48 Detroit Street, Hammond, Indiana 46320**, 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.

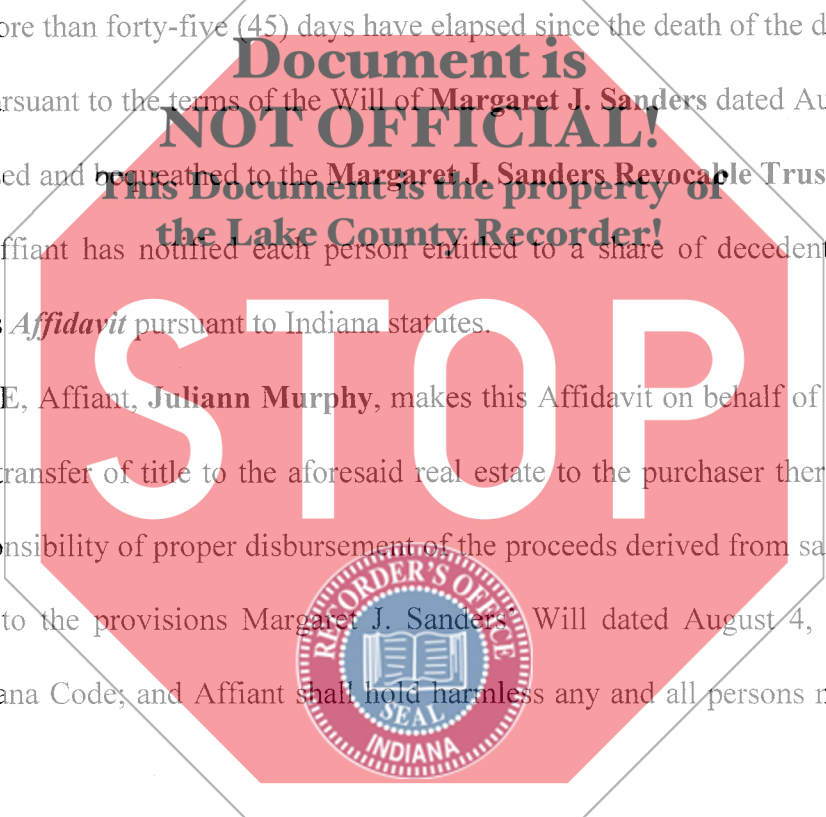
Parcel #45-06-01-155-013.000-023

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

7. That pursuant to the terms of the Will of **Margaret J. Sanders** dated August 4, 2014, the residue of her estate was devised and bequeathed to the **Margaret J. Sanders Revocable Trust** dated August 4, 2014.

8. That Affiant has notified each person entitled to a share of decedent's property of Affiant's intention to record this *Affidavit* pursuant to Indiana statutes.

WHEREFORE, Affiant, **Juliann Murphy**, makes this Affidavit on behalf of the Estate of **Margaret J. Sanders** to effect the transfer of title to the aforesaid real estate to the purchaser thereof; Affiant agrees to be charged with the responsibility of proper disbursement of the proceeds derived from sale of the above-described real estate according to the provisions **Margaret J. Sanders' Will** dated August 4, 2014 and the applicable provisions of the Indiana Code; and Affiant shall hold harmless any and all persons making transfer of title to



INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 686

DECEASED-NAME: **ESTHER** FIRST: **Esther** MIDDLE: **Sandor** LAST: **Female** SEX: **2** DATE OF BIRTH (MO, DAY, YEAR): **9-27-84**

RACE: **White** (1) **Black American** (2) **Other** (3) AGE (LAST BIRTHDAY): **85** UNDER 1 YEAR: **5** UNDER 1 DAY: **5** HOURS: **5** MIN: **5** COUNTY OF DEATH: **Lake**

CITY, TOWN OR LOCATION OF DEATH: **Hammond** HOSPITAL OR OTHER INSTITUTION: **St. Margaret Hospital** (If hosp. or inst. indicate DOA, UP, L, or in institution (Specify))

7d. **Inpatient** (If hosp. or inst. indicate DOA, UP, L, or in institution (Specify))

7e. **No** (If decedent ever in U.S. Armed Forces (Specify (MOS, GRADE, etc.))

8. **Widowed** (If ever married, specify name of spouse) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED

9. **Housewife** (If decedent was ever engaged, specify name of fiance) USUAL OCCUPATION (Give kind of work done during most of working life, with dates if relevant)

10. **Own Home** KIND OF BUSINESS OR INDUSTRY

11. **Hammond** CITY, TOWN OR LOCATION

12. **Hammond** COUNTY

13. **Indiana** RESIDENCE - STATE

14. **48 Detroit Street** STREET AND NUMBER

15a. **USA** CITIZEN OF WHAT COUNTRY

15b. **USA** SOCIAL SECURITY NUMBER

15c. **YES** **NO** IS RESIDENCE ON A FARM?

15d. **YES** **NO** INSIDE CITY LIMITS (Specify if not)

16. **Michael Sanders - Son** OTHER-NAME FIRST: **Louis** LAST: **Sabo** MOTHER-MAIDEN NAME: **Esther** MIDDLE: **Sabo**

17. **Lake Drive, Cassopolis, Michigan 49031** STREET OR R.F.D. NO. CITY OR TOWN STATE: **MI**

18. **Oak Hill Cemetery** CEMETERY OR CREMATORY-FUNERAL HOME LOCATION: **Hammond, Indiana** CITY OR TOWN STATE: **IN 46320**

19. **Funeral Home, Inc., 5746 Hohman Ave., Hammond, Indiana** FUNERAL HOME-NAME AND ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE: **IN 46320**

20. **October 1, 1984** DATE (Month, Day, Year) (If death occurred on a day other than that specified, specify date and time)

21a. **9/24/84** DATE SIGNED (MO, DAY, YEAR)

21b. **11:50 p.m.** HOUR OF DEATH

21c. **M** M

22. **5500 Hohman, Hammond, IN 46320** MAILING ADDRESS (Include ZIP Code)

23. **Carolee Mares** NAME OF ATTENDING PHYSICIAN (Type of physician: M.D. or D.O.)

24. **Carolee Mares, M.D.** NAME OF PHYSICIAN (Type of physician: M.D. or D.O.)

25. **5500 Hohman, Hammond, IN 46320** MAILING ADDRESS (Include ZIP Code)

26. **Carolee Mares** NAME OF PHYSICIAN (Type of physician: M.D. or D.O.)

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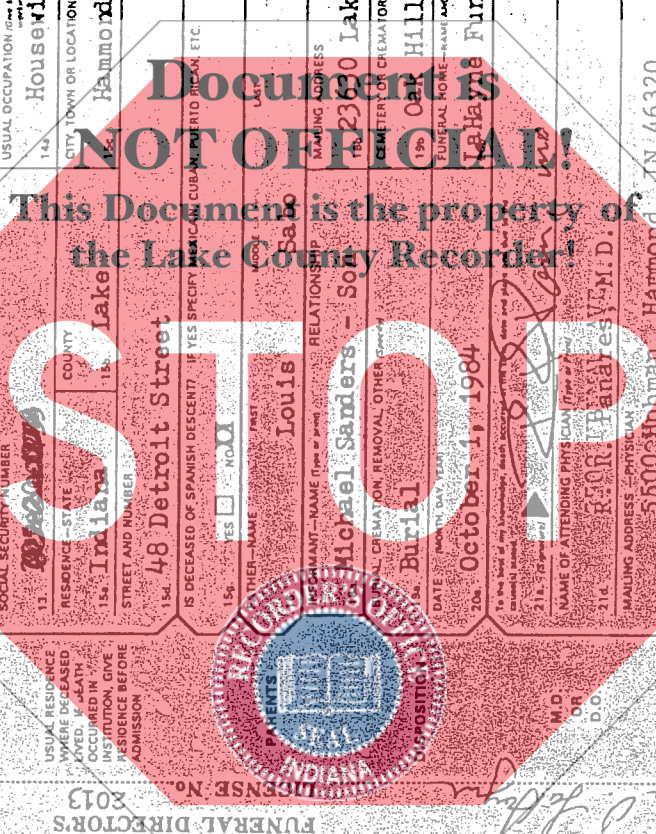
36. **Carolee Mares** NAME OF PHYSICIAN (Type of physician: M.D. or D.O.)

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OCT 1 1984

SEP 24 2015

SKAM W Burt, Sr.

LAKE COUNTY HEALTH OFFICER

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EMBALMER'S NAME: **Elden B. Lathayne**

RAISED SEAL AFFIXED