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2015 071142

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 20 AM 11:15

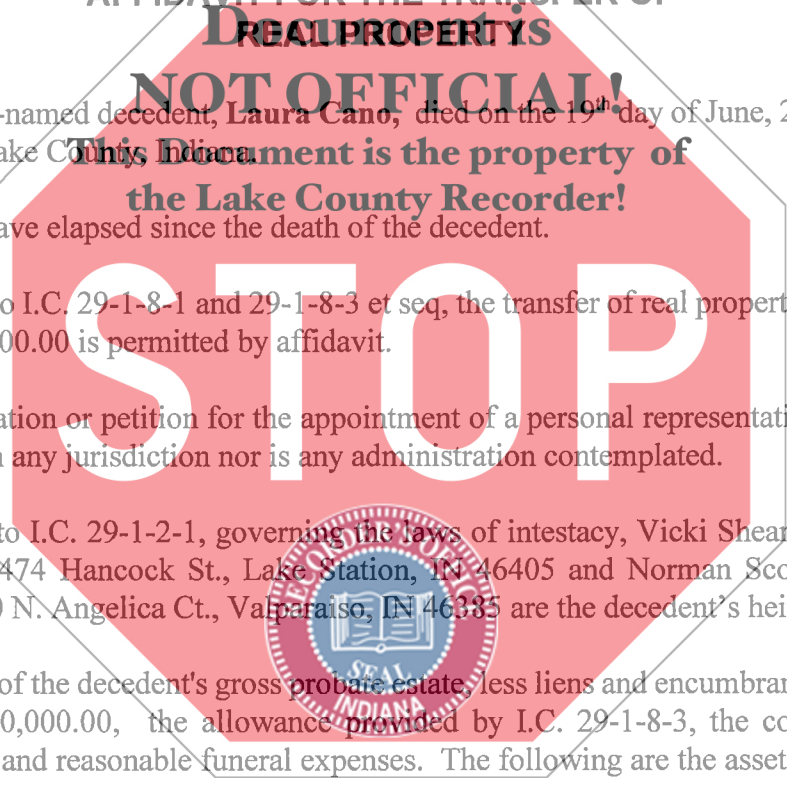
MICHAEL B. BROWN
RECORDER

Send Tax Statements To: 2474 Hancock St., Lake Station, IN 46405

STATE OF INDIANA)
) SS:
COUNTY OF LAKE) IN RE: THE ESTATE OF
 LAURA CANO

**SMALL ESTATES AFFIDAVIT AND
AFFIDAVIT FOR THE TRANSFER OF**

**REAL PROPERTY IS
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!**



1. That the above-named decedent, Laura Cano, died on the 19th day of June, 2015, intestate, while domiciled in Lake County, Indiana.
2. That 45 days have elapsed since the death of the decedent.
3. That pursuant to I.C. 29-1-8-1 and 29-1-8-3 et seq, the transfer of real property, with a net value of less than \$50,000.00 is permitted by affidavit.
4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
5. That pursuant to I.C. 29-1-2-1, governing the laws of intestacy, Vicki Shear, the daughter of the decedent, of 2474 Hancock St., Lake Station, IN 46405 and Norman Scott Eaton, son of the decedent, of 50 N. Angelica Ct., Valparaiso, IN 46335 are the decedent's heirs at law.
6. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of \$50,000.00, the allowance provided by I.C. 29-1-8-3, the costs and expenses of administration and reasonable funeral expenses. The following are the assets held by decedent at the time of death:

Real Estate commonly known as: 2474 Hancock St., Lake Station, IN 46405

Parcel Number: 45-09-18-256-013.000-021

Assessed Value: \$53,100.00

FILED
OCT 17 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Further described as:
The South 25 feet of Lot 232 and the North 40 feet of Lot 233, Robert Bartlett's East Gary Small Farms, In the City of East Gary (Lake Station) as shown in Plat Book 25, page 2, Lake County, Indiana.

*1 Rest
non-com
\$17.00
M-2
13247*

22458

Total Value of Estate Assets: **\$53,100.00**

Debts of the Estate:

Rees Funeral Home-Funeral Expenses \$ 8,656.81

Attorney's Fees: Law Offices of Patricia A. Rees \$ 600.00

Total Estate: **\$43,843.19**

7. That upon the death of Laura Cano, pursuant to I.C. 29-1-2-1, ownership of the aforementioned property vested as an undivided 50% interest to her daughter, Vicki Shear, and an undivided 50% interest her son, Scott Eaton.

NORMAN

8. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return.

9. That Vicki Shear will hold the Assessor of Lake County harmless for its reliance on this affidavit and for transferring real property pursuant to Indiana Code 29-1-8-3(b).

Dated this 27 day of August, 2015.


Vicki Shear

State of INDIANA)

)SS:

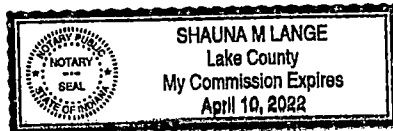
County of LAKE)




Before me a Notary Public appeared Vicki Shear and she did on this date swear to the truth of the foregoing statements.

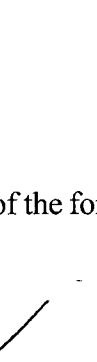
Subscribed and sworn to before me this 27 day of August, 2015.

My Commission expires: 4/10/22




Shauna M. Lange, Notary Public

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.


Shauna M. Lange





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000712

EDR No 000000454955

State No 030009

1. Decedent's Legal Name (First, Middle, Last) LAURA CANO			1a. Maiden Name (If female) SUPE		2. Sex FEMALE	3. Time Of Death 02:30 AM	4. Date Of Death (Month/Day/Year) 06/19/2015
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5. Social Security Number [REDACTED]	6a. Age - Yrs 82	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) 12/21/1932	8. Birthplace (City and State or Foreign Country) VALPARAISO, IN
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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 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)
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11. Facility Name (If Not Institution, Give Street and Number) PORTER REGIONAL HOSPITAL	
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12. City Or Town, State, And Zip Code VALPARAISO, IN, 46383	13. County Of Death PORTER	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
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15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation HOMEMAKER	17. Kind Of Business/Industry HOME
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town LAKE STATION
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18c. Street And Number 2474 HANCOCK STREET	18d. Apt. No.	18e. Zip Code 46405	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education 8TH GRADE OR LESS	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race White
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22. Father's Name (First, Middle, Last) RUSSELL SHUPE	23. Mother's Name (First, Middle, Last) CAROLINE SHUPE	23a. Mother's Maiden Last Name BRUMM
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24. Informant's Name VICKI SHEAR	24a. Relationship To Decedent DAUGHTER	24b. Mailing Address (Street And Number, City, State, Zip Code) 2474 HANCOCK STREET, LAKE STATION, IN 46405
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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) CALVARY CEMETERY	25c. Location - City, Town, And State PORTER, IN
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342	27a. Funeral Home License Number: FH83003069
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27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee): FD01006463
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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.		Approximate Interval: Inset To Death
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Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIO-PULMONARY ARREST	Due to (Or As A Consequence Of):	IMMEDIATE
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	Due to (Or As A Consequence Of):	
	Due to (Or As A Consequence Of):	
	Due to (Or As A Consequence Of):	

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	30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
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31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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
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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
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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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)
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41. Signature, Of Person Certifying Cause Of Death: CHARLES F HARRIS, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: CHARLES F HARRIS, 155 INDIANA AVENUE, SUITE 101, VALPARAISO, IN 46383	44. License Number CORONER-64	45. Date Certified 06/23/2015
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46. Additional Funeral Service Provider:	47. *Akas:
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48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filed (Month/Day/Year): JUN 24 2015
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)