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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 014654

2016 MAR 11 AM 10:07

MICHAEL B. BROWN
RECORDER

Parcel No. 45-08-24-201-017.000-020

SURVIVORSHIP AFFIDAVIT

Affiant, James Lightfoot, being first duly sworn under oath states that:

1. James Kalberer died a resident of Lake County, Indiana on January 6, 1957. A copy of his death certificate (redacted) is attached hereto and made a part hereof.
2. Upon Affiant's information and belief, at the time of his death, James Kalberer and LaWanda Kalberer were husband and wife, and were not legally separated.
3. Upon Affiant's information and belief, at the time of his death, James Kalberer and LaWanda Kalberer were joint owners of real estate commonly known as 2944 New Jersey Street, Lake Station, Indiana 46405, and legally described as follows:

LOT 8 IN BLOCK 13 IN LLOYD'S DEEP RIVER SUBDIVISION, AS PER
 PLAT THEREOF, RECORDED IN PLAT BOOK 22, PAGE 71 IN THE
 OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

(the "Real Estate").

4. LaWanda Kalberer, surviving spouse of James Kalberer and surviving joint owner of the Real Estate, pursuant to Indiana law, became the owner of all right, title and interest to the Real Estate at his death.
5. LaWanda Kalberer a/k/a LaWanda Lightfoot transferred title to LaWanda Lightfoot and Donald Lightfoot, Sr., husband and wife, pursuant to Quitclaim Deed recorded in the Office of the Lake County Recorder as Document No. 2008 042064.
6. LaWanda Lightfoot died a resident of Lake County, Indiana, on March 31, 2012. A copy of her death certificate (redacted) is attached hereto and made a part hereof.
7. At the time of her death, Donald Lightfoot, Sr. and LaWanda Lightfoot were husband and wife, and were not legally separated.



{File: 00701927.DOC}

**FIDELITY NATIONAL
TITLE COMPANY**

92015-0891

*18.00
M-E
FW*

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

MAR 09 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

001375

8. Donald Lightfoot, Sr., surviving spouse of La Wanda Lightfoot and surviving joint owner of the Real Estate, pursuant to Indiana law, became the owner of all right, title and interest to the Real Estate at her death.

9. Donald Lightfoot, Sr. died a resident of Lake County, Indiana, on December 19, 2014. A copy of his death certificate (redacted) is attached hereto and made a part hereof. The Last Will and Testament of Donald Lightfoot Sr. dated September 7, 2012 was admitted to probate in the Circuit Court of Lake County, Indiana under Cause No. 45C01-1505-EU-00109, and Affiant, James Lightfoot, was appointed Executor of the Estate on that date.

10. The assets of Donald Lightfoot, Sr.'s gross estate, as defined for federal estate tax purposes, were not sufficient to necessitate the payment of federal estate tax. The State of Indiana no longer imposes an inheritance tax on those decedents' who die after December 31, 2012. The time for creditors to file claims in the estate has passed. The expenses of Donald Lightfoot, Sr.'s last illness and death have been paid.

Further Affiant sayeth not.


Dated this 1st day of March, 2016.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared James Lightfoot and he, being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true this 1st day of March, 2016.



LISA M. MATSON
Lake County
My Commission Expires
February 1, 2024


Lisa M. Matson, Notary Public
My Commission Expires: 02/01/2024
County of Residence: Lake

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. Tory Prasco

Document Prepared by: Tory Prasco, Burke Costanza & Carbery LLP, 9191 Broadway, Merrillville, IN 46410

{File: 01474178.DOC}



DEPARTMENT OF HEALTH -- GARY, INDIANA

Certificate of Death

This certifies that, according to the records of this office

NAME WALTER LEE HALESSER died Jan. 6, 1957

at address Methodist Hospital - Gary, Indiana DATE

Age at death 27 yrs. Sex Male Race White Married

Name of Husband or Wife Lowanda Holdorop MARRIED OR SINGLE

Primary cause of death was Brain abscess, multiple

Chronic bronchiectasis

Signed by M. W. Coleman, D. D. Gary, Indiana

PHYSICIAN OR HEALTH OFFICER

ADDRESS

CERTIFIED COPY
J. M. Bursler, MD

Place of burial or removal Columbus Park-Crown Point, Ind

Date of burial 1-10-57 CEMETERY Olson-Reiser ADDRESS G. Gary

HEALTH COMMISSIONER
CITY OF GARY, IND.

Filed 1-9-57 DATE Volume Co. 57-27 Page

DATE JAN 8 1957

J. M. Bursler, MD

HEALTH COMMISSIONER

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

STOP





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001038

EDR No 00000253173

State No 014942

Form fields including: 1. Decedent's Legal Name (LA WANDA LIGHTFOOT), 2. Sex (FEMALE), 3. Time Of Death (11:06 AM), 4. Date Of Death (03/31/2012), 5. Social Security Number (77), 7. Date of Birth (10/04/1934), 8. Birthplace (MALDEN, MO), 11. Facility Name (ST MARY MEDICAL CENTER INC), 12. City Or Town, State, And Zip Code (HOBART, IN, 46342), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (DONALD R LIGHTFOOT SR), 16. Decedent's Usual Occupation (SECRETARY), 17. Kind Of Business/Industry (ADMINISTRATIVE), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (LAKE STATION), 18c. Street And Number (2944 NEW JERSEY STREET), 18d. Apt. No., 18e. Zip Code (46405), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Father's Name (JAMES PAVY), 23. Mother's Name (CARMEL PAVY), 23a. Mother's Maiden Last Name (NEELY), 24. Informant's Name (DONALD R LIGHTFOOT SR), 24a. Relationship To Decedent (HUSBAND), 24b. Mailing Address (2944 NEW JERSEY STREET, LAKE STATION, IN 46405), 25. Place Of Disposition (KELLY CARROLL CREMATION SERVICES, GARY, IN), 25a. Method Of Disposition (Cremation), 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place), 25c. Location - City, Town, And State, 26. Was Coroner Contacted? (Yes), 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), 27b. Signature Of Indiana Funeral Service Licensee (JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE), 27c. License Number (FD01006463), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (A. DEEP VEIN THROMBOSIS, B. DEEP VEIN THROMBOSIS), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Probably), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death (Natural), 34. Date Of Injury (Month/Day/Year), 35. Time Of Injury, 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Workplace, School, Public Place, Other (Specify)), 37. Location Of Injury - State, 38. City Or Town, 38b. Street & Number, 39. Apt. No., 39d. Zip Code, 39. Describe How Injury Occurred, 40. If Transportation Injury, Specify: (Other Operator, Passenger, Pedestrian, Other (Specify)), 41. Signature, Of Person Certifying Cause Of Death (SHREYAS DESAI, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (SHREYAS DESAI, 2640 HAMSTROM ROAD, PORTAGE, IN 46368), 44. License Number (01027933A), 45. Date Certified (04/05/2012), 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) (APR 05 2012)

