STATE OF INDIANA LAKE COUNTY FILED FOR DECISION

## 2016 015555

2016 MAR 16 PM 12: 34

MICHAEL D. BROWN RECORDER

Send Tax Statements To: 220 Madison, Hobart, Indiana 46342

STATE OF INDIANA IN RE: THE ESTATE OF **DOROTHY L. BIGHAM** ) SS: COUNTY OF LAKE

#### SMALL ESTATES AFFIDAVIT AND

### AFFIDAVIT FOR THE TRANSFER OF REALIPROPERTYS

- the L. Bigham, died on the 31st day of January, 1. 2016, testate, while dominical Courte Indiaparty of
- That 45 days have elapsed since the death of the decedent. 2.
- 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.
- That pursuant to the Last Will and Testament of Dorothy L. Bigham, the children of the 5. decedent are the beneficiaries of and heirs to her estate, namely the following:

Undivided Name Relationship Interest 220 Madison, Hebart, Indiana 46342 Donald C. Bigham 50% Son Victoria A. Bigham-Barneko 1315 E. Rand M. Hobart, Indiana 46342 50%

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:

220 Madison, Hobart, Indiana 4634

Parcel Number: Assessed Value: 45-09-19-177-014.000-022

\$50,700.00

MAR 1 6 2016

Further described as:

Lot 24 and the West 20 Feet of Lot 25 in Block 4 in the 7th Addition NEW ETALAS Chicago, as per plat thereof, recorded in Plat Book 7, page 30, in the County Indiana. Recorder of Lake County, Indiana. \$19.00 #13450

21221

**Total Value of Estate Assets:** 

\$50,700.00

**Debts of the Estate:** 

Rees Funeral Home-Funeral Expenses

\$ 9,382.70

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

\$ 600.00

**Total Estate:** 

\$40,717.30

7. That upon the death of Dorothy L. Bigham, pursuant to her Last Will and Testament, ownership of the aforementioned property vested as an undivided 50% interest each to her son, Donald C. Bigham, and her daughter, Victoria A. Bigham-Barneko and that the parties are requesting to take ownership of the aforementioned property as <u>Joint Tenants with</u> Rights of Survivorship.

NOT OFFICIAL!

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.

That the gross value of the estate of the decedent as determined for the purposes of Federal Estate Tax Return.

9. That Donald C. Bigham 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 7 day of March, 2016.

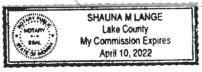
Donald C. Bigham

State of INDIANA

)SS:

County of LAKE

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 redard each/Social Security number in this document, unless required by law.

Shauna M. Lange

This Instrument Prepared by: Shauna M. Lange, Esq. Law Offices of Patricia Rees 5341 Central Avenue, Portage, IN 46368, Telephone: (219) 947-1692.



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000144  1. Decedent's Legal Name (First, Middle, Last)		EDR No 000000493363			State No 004754					
		1a. Maiden Name	(If female)				Death	Date Of Death (Month/Day/Year)		
DOROTHY LUCILLE BIGHAM		TRAVIS			FEMALE				)1/31/2016	
	nder 1 Year   6c. Under 1 Mor	nth 6d. Under 1 Day	6e. Under 1 Hour	7. Date of I	Birth (Month/Day	y/Year) 8. Bir	thplace (City	and State or	Foreign Country)	
83 Months		Hours	Minutes		2/02/1932		ITTENDE	N COU	NTY, KY	
Ever in U.S. Armed Forces?     10. If Death Occurr	•		10a. If Death Occur  Hospice Facility			A Hospital  Nursing Hol	me/Long-term	Care Facilit	y	
	mergency Department Outpation	ent Dead on Arrival	Other (Specify)							
11. Facility Name (If Not Institution, Give Street and No VNA HOSPICE CENTER	imber)									
12. City Or Town, State, And Zip Code		13. County Of Death			14. Marital Status At Time Of Death  ☐ Married ☐ Married, But Separated ☐ Divorced					
VALPARAISO, IN, 46383			PORTER				☑ Widowed		Married Unknown	
15. Surviving Spouse's Name		15a. (If Wife)Give Maiden	Last Name	1	6. Decedent's U	Isual Occupation		17. Kind C	f Business/Industry	
	1			P	ACKER			MANUF	ACTURING	
18. Residence - State	18a. County	,	18b. City Or Tow	'n						
INDIANA	LAKE		HOBART				T 40 - 7 - 0		406 Incide City Limited	
i8c. Street And Number					18d.	Apt. No.	18e. Zip C	ode	18f. Inside City Limits?	
220 MADISON STREET		panic Origin CU	meni	-10			463	42	M Les Mo	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GE		panic Origin	2110	ecedents Ra	ace					
COMPLETED  22. Father's Name (First, Middle, Last)	NOT HISTAN	OT O	White	First Metalla	LastV		23a M	other's Maid	en Last Name	
22. Father's Name (First, Middle, Last)							254	ou ioi o iniaia		
ELVIN TRAVIS 24. Informant's Name	24a Relationshi	ocumen	GESTURE 12 24b. Mailing Address	WARTZ	erty o	State, Zip Code)	HEN	RY		
VICTORIA ANN BIGHAM-BARNEK	the	Lake Co	unty Re	cort	ler!	BART. IN	16342			
VICTORIA ANN BIGHAIVI-BARNEN		25. Plac	e Of Disposition				40342			
25a, Method Of Disposition  Burial Cremation Donation Entombre	25b. Place Of Disposition	(Name Of Cemetery, Cre	matory, Other Place)	25c. Loca	ation - City, Town	n, And State				
Removal From State		TEDY		DODT	A OF 1M					
Other (Specify): 26. Was Coroner Contacted? 27. Name	CALVARY CEME			PORT	AGE, IN			27a. Fune	ral Home License Number:	
☐ Yes ☒ No	INCOME IN		000 111 01 0	DIDOF		DT 1N 400	42	E11020	2000	
27b. Signature Of Indiana Funeral Service Licensee:	UNERAL HOME, HO	DBART CHAPEL	., 600 W OLD	RIDGE	27c. Lic	RT, IN 463 cense Number (0		FH8300	73069	
JAMES J. KRAUSE , BY ELECTRO		Cause Of Death (See	Instructions And F	(amples)	FD010	006463			Approximate	
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V	Injuries, Or Complications	- That Directly Caused	The Death. Do Not B	Enter Termir	nal Events				Interval: Onset To Death	
A Line. Add Additinal Lines If Necessary.	anthouar Fibrillation Without	Showing the Edulogy	ER'S	Enter Only	Offe Cause Off				10 Death	
Immediate Cause (Final Disease Or Condition Re	esolting in Death) A.	CHRONIC OBSTRU	CTIVE PULMONAR	Oue to (Or As A	Consequence Of):					
Sequentially List Conditions, If Any, Leading To	The Cause Listed On B.	CONGESTIVE HEA	RT FAILURE		Cancaguage Of					
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										
- '			SEAL	Due to (Or As A	Consequence Of					
Part II. Enter Other Significant Conditions Contributing to	D. Death But Not Resulting In Th	he Underlying Cause Give	VOIANA LILI	29 Was A	n Autopsy Perfor	med?				
Tarm circle out of Significant Conditions Controlled	2000.				Autopsy Finding /		Yes  The Ca	No No Dear	h? Yes No	
31. Did Tobacoo Use Contribute To Death?	32. If Female:					. Manner Of De				
☐ Yes ☐ Probably ☐ No ☒ Unknown	Not Pregnant Within Past Year  Not Pregnant, But Pregnant 43 Day		Not Pregnant, But Pregna Unknown If Pregnant Wit			Suicide Co	_		Pending Investigation	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place	e Of Injury (E.G., Dece	edent's Home	e, Construction S	Site, Restaurant,	Wooded Area	.	Injury At Work?  Yes No	
38. Location Of Injury - State	38a. City Or Town	38h Str	eet & Number				38c. Apt. No		I. Zip Code	
36. Education of flighty - state	Jua. City Of Town	, 30b. Oil	cot a ramper			ĺ	000. Apr. 11	.	2.0 0000	
39. Describe How Injury Occurred					40.	. If Transportation	on Injury, Spec	cify:		
						Driver/Operator []	Passenger Pe	destrian Oth	er (Specify)	
41. Signature, Of Person Certifying Cause Of Death: LAUREN HARTING, BY ELECTRO	NIC SIGNATURE				42. Certifier ( Certifying	(Check Only On Physician	e) Coroner	. 🗆	Heath Officer	
43. Name, Address And Zip Code Of Person Certifying						44. License I			Date Certified	
LAUREN HARTING , 1356 S. LAKE PARK AVE, HOBART, IN 46342010593							DA		02/03/2016	
46. Additional Funeral Service Provider:						47. *Akas:				
						•	Only - Date Filed (Month/Day/Year):			
MARIA L STAMP, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							FEB 03 2016			

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

## Tast Will and Testament

OF

#### DOROTHY L. BIGHAM

I, DOROTHY L. BIGHAM, of 220 Madison, in the City of Hobart, (New Chicago), County of Lake and State of Indiana, being a bona-fide resident thereof and being of sound and disposing mind and memory, do make, publish and declare this to be my Last Will and Testament, hereby revoking all former wills by me made.

As to my worldly goods, estates and all other property, real, personal or mixed, which I shall die seized and possessed of perto, which I shall be entitled at the time of the death of county question that ose of in the following manner:

IMPRIMIS: My will is that all my just debts and funeral charges shall be paid out of my estate by my Executor, hereinafter so named, as soon after my decease as shall be found by him to be convenient.

I give, devise and bequeath all the residue of my property, real, personal or mixed, whatever it may be and wherever it may be found and whether now owned by me or hereafter acquired by me, to my beloved husband, LESTER C. BIGHAM, he surviving me, absolutely and to the exclusion of all other heirs now in being or that may hereafter come into being.

III

In the event my beloved husband, LESTER C. BIGHAM, should predecease me or we should die in a common disaster, I then give, devise and bequeath all the residue of my property, real, personal or mixed, to my beloved children, DONALD C. BIGHAM and VICTORIA A. BIGHAM, to share and share alike.

Page One

IV Victoria Bighan-Brunche Detally Byland DE

I hereby appoint my beloved husband, LESTER C. BIGHAM, as Executor, without bond, of this my Last Will and Testament.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 30th day of November, 1973.

Darothy L. Bigham DOROTHY L. BIGHEM

DOROTHY L. BIGHAM, as and for her Last Will and Testament, in our presence, who rather request, and in her presence and the presence of each other, have subscribe during Countries Rectarded this 30th day of

other, have subscribe during Gaunity Recorder is 30th day of November, 1973.

Katherine Musla 3799 Central Avenue, East Gary, Indiana

3799 Central Avenue, East Gary, Indiana