

2016 055839

2016 AUG 17 PM 12: 43

MICHAEL B. BROWN

Send Tax Statements To: 3922 Ohio St., Gary, Indiana 46409

RECORDER

STATE OF INDIANA)) SS: COUNTY OF LAKE

IN RE: THE ESTATE OF **JOANNE J. MOLDOVAN AKA JOANNE JUNE**

MOLDOVAN

FILED

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

AUG 17 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR

- 1. That the above-named decedent, Joanne J. Moldovan aka Joanne June Moldovan, died on the 2nd day of July, 2016, intestate, while domicited in Lake County, Indiana.
- That 45 days have elapsed since the death of the decedent, 2.
- That pursuant to 1.c. 29-198-1 and 29-1-8-3 et seq, the transfer of real property, with a net value of less than \$50,000.000 is permitted by a find a vider! 3.
- 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 the laws of intestacy in the state of Indiana, the children of the decedent are the beneficiaries of and heirs to her estate, namely the following:

			<u>Undivided</u>
<u>Name</u>	Address	<u>Relationship</u>	<u>Interest</u>
Debbie L. Solida		Daughter	20%
Michael A. Mold	ovan 534 E. 39th Ave. Hobart, In 46342	Son	20%
John C. Moldova		Son	20%
Linda M. Bottas	534 E. 37 th Ave., # 156, Hobart, In 46342	Daughter	20%
Cherie Janis	525 N. Guyer St., Hobart, In 46342	Daughter	20%
	ONUTANIA		

That the value of the decedent's gross probate estate, less liens and encumbrances, does 6. 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:

\$17 **014685** X#13666 GP

Real Property:

Real Estate commonly known as: 3922 Ohio St., Gary, IN 46409 Parcel Number: 45-08-27-276-015.000-004

Assessed Value: \$55,400.00

Further described as:

Lots Five (5) and Six (6), in Block 1, in South Broadway Land Co's. Asbury Park Addition to Gary as per plat thereof recorded in Plat Book 9, Page 28 in the Office of the Recorder Lake County, Indiana.

Total Value of Estate Assets:

\$55,400.00

Debts of the Estate:

Rees Funeral Home-Funeral Expenses

\$ 7,094.30

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

\$ 600.00

Total Estate:

\$47,705.70

- 7. That upon the death of Joanne J. Moldovan aka Joanne June Moldovan, pursuant to the laws of intestacy in the State of Indiana, ownership of the aforementioned property vested as an undivided 20% interest each to her daughter, Debbie L. Soliday, her son, Michael A. Moldovan, her daughter, Cherie L. Janis, her daughter, Linda M. Bottas, and her son, John C. Moldovan, and that the heirs shall take ownership of the aforementioned property as Tenants in Common.
- 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 Debbie L. Soliday 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

day of August, 2016

Debbie L. Soliday

State of INDIANA)
)SS:
County of LAKE)

Before me a Notary Public appeared Debbie L. Soliday and she did on this date swear to the truth of the foregoing statements. Subscribed and sworn to before me this ______ day of August, 2016.

My Commission expires: 4/10/22



Shawna 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 lemment is

NOT OFFICIAL!

This Document is the property of ange the Lake County Recorder!



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 - RESUBMIT

Tracking No. 92763

Local No 002133 1. Decedent's Legal Name (First, Middle, Last)	EDR No 00000520055				State No 030949 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)				
5. Social Security Number 6a. Age - Yrs 6b. Under 1	Year 6c. Under 1 Month	UNDERWOO 6d. Under 1 Day		FEN Date of Birth (Mo		8:05 AM 8 Birthplace (07/02/2016 or Foreign Country)	
		-							
9. Ever in U.S. Armed Forces? 10. If Death Occurred In	Days A Hospital:	Hours	Minutes 10a. If Death Occurred S	12/09/1 comewhere Othe		AURORA	, KS		
Yes ☑ No ☐ Unknown ☑ Inpatient ☐ Emerge	ency Department Outpatien	t Dead on Arrival	☐ Hospice Facility ☐ ☐ Other (Specify)	Decedent's H	ome Nursi	ng Home/Long-	term Care Facil	ity	
11. Facility Name (If Not Institution, Give Street and Number ST MARY MEDICAL CENTER INC)								
12. City Or Town, State, And Zip Code			13. County Of Dea	ith			Status At Time		
HOBART, IN, 46342			LAKE			☐ Married ☑ Widow	I ☐ Married, B ed ☐ Neve	ut Separated Divorced	
15. Surviving Spouse's Name	158	a. (If Wife)Give Maider		16. Dece	dent's Usual Occu	pation	17. Kind	Of Business/Industry	
				DELLO	00K		CROCI	-DV	
18. Residence - State	18a. County		18b. City Or Town	DELI C	<u> </u>		GROCE	ERT	
INDIANA	LAKE		GARY						
18c. Street And Number	LANC		<u>OART</u>		18d. Apt. No.	18e. 2	Zip Code	18f. Inside City Limits?	
3922 OHIO STREET							10400	⊠ Yes □ No	
19. Decedent's Education	20. Decedent Of Hispa	nic Origin	21. Decede	ent's Race			9409		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC		White						
22. Father's Name (First, Middle, Last)	NOT THO PANIC	,	23. Mother's Name (First, I	Middle, Last)		23	a. Mother's Maid	den Last Name	
CHARLES UNDERWOOD			MARCELLINETIA	IDED\ <i>N</i> OC	תו	DD	EALIT		
24. Informant's Name	24a. Relationship 1		MARCELLINE UN 24b. Mailing Address (Stre				EAULT		
DEBBIE SOLIDAY	DAUGHTER		534 EAST 37TH A	AVENUE A	PT LOT317	, HOBAR	T, IN 4634	12	
25a Mathad 06 Birmaille	St. 81 018: 11 11	25. Plac	e Of Disposition						
25a. Method Of Disposition	5b. Place Of Disposition (N	ame Of Cemetery, Cre	matory, Other Place) 25	c, Location - City	y, Town, And State	9			
Removal From State	THE CAPPOIN	DEMATION	SEDWIGER -	A DV IAI					
Other (Specify): 26. Was Coroner Contacted? 27. Name And Co	ELLY CARROLL	ALEMAN AND		ARY, IN			07	eral Home License Number:	
	implete Augress Of Fulleral	racility					2/a. Fune	erai nome License Number:	
☐ Yes ☒ No	NO	A DT CLADE		CE PIN LI	ORABT IN	462 4 2			
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary an RADISCO SEAL ASSISTANCE.