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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 059641

2016 AUG 31 PM 12:49

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: IN RE: WILLIAM R. ALBACH, DECEDENT
DATE OF DEATH: JUNE 27, 2016

Parcel Number: 45-12-01-358-014.000-018

Mail Future Tax Bills To:
William and Mary Albach
451 Dorchester Court
Valparaiso, Indiana 46385

Grantees Mailing Address:
William and Mary Albach
451 Dorchester Court
Valparaiso, Indiana 46385

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That **William R. Albach**, hereinafter the Decedent, died **Intestate on the 27th day of June, 2016**, while domiciled in Lake County and a copy of his Death Certificate, with social security number redacted, is attached hereto, made a part hereof and labeled Exhibit A.

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

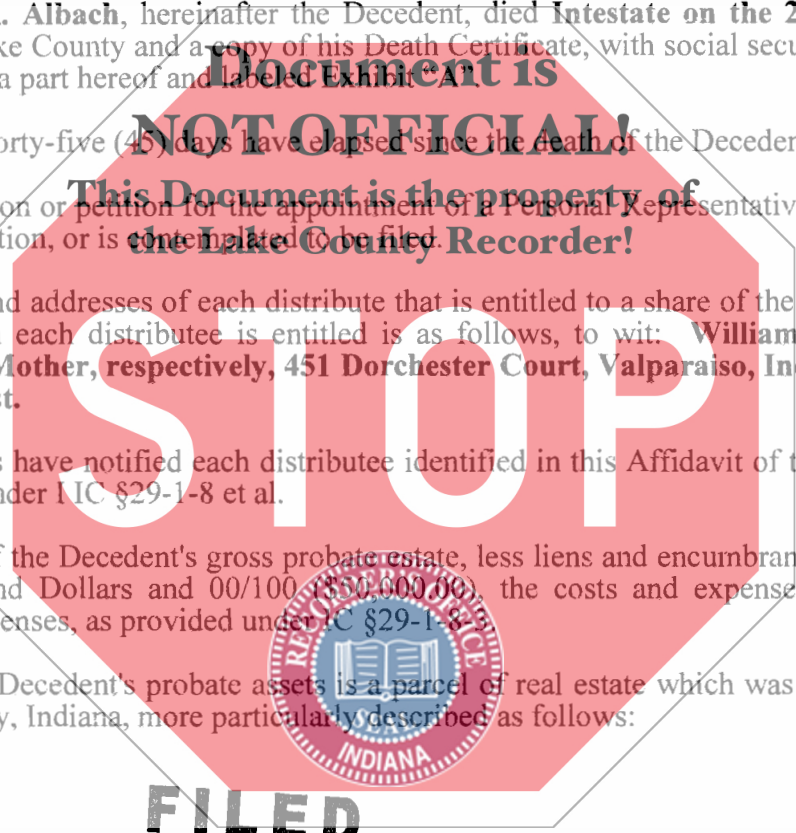
3. That no application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

4. That the name and addresses of each distributee that is entitled to a share of the property and the part of the property to which each distributee is entitled is as follows, to wit: **William E. Albach and Mary Albach, Father and Mother, respectively, 451 Dorchester Court, Valparaiso, Indiana 46385, each as to a fifty percent interest.**

5. That the Affiants have notified each distributee identified in this Affidavit of the Affiants' intention to present an Affidavit under IC §29-1-8 et al.

6. That the value of the Decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars and 00/100 (\$50,000.00), the costs and expenses of administration and reasonable funeral expenses, as provided under IC §29-1-8-3.

7. That among the Decedent's probate assets is a parcel of real estate which was owned by the Decedent located in Lake County, Indiana, more particularly described as follows:



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AUG 31 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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Part of Lot 2 in the Resubdivision of Lot 9 in Amber Creek Townhomes, an Addition to the City of Hobart, as per plat thereof, recorded in Plat Book 96 page 57, in the Office of the Recorder of Lake County, Indiana, which part of said Lot 2 is described as follows: Commencing at the Southwest corner of said Lot 2; thence East, along the South line thereof, 111.07 feet to the true point of beginning hereof; thence North, at right angles to said South line, 105.00 feet; thence East parallel to said South line, 49.99 feet to a point on the East line of said Lot 2; thence South, along said East line, 105.00 feet; thence East, parallel to said South line, 49.99 feet to a point on the East line of said Lot 2; thence South, along said East line 105.00 feet to the Southeast corner of said Lot 2, thence West, along the South line thereof, 49.59 feet to the point of beginning.

Commonly known as 1761 Amber Drive, Hobart, Indiana 46342

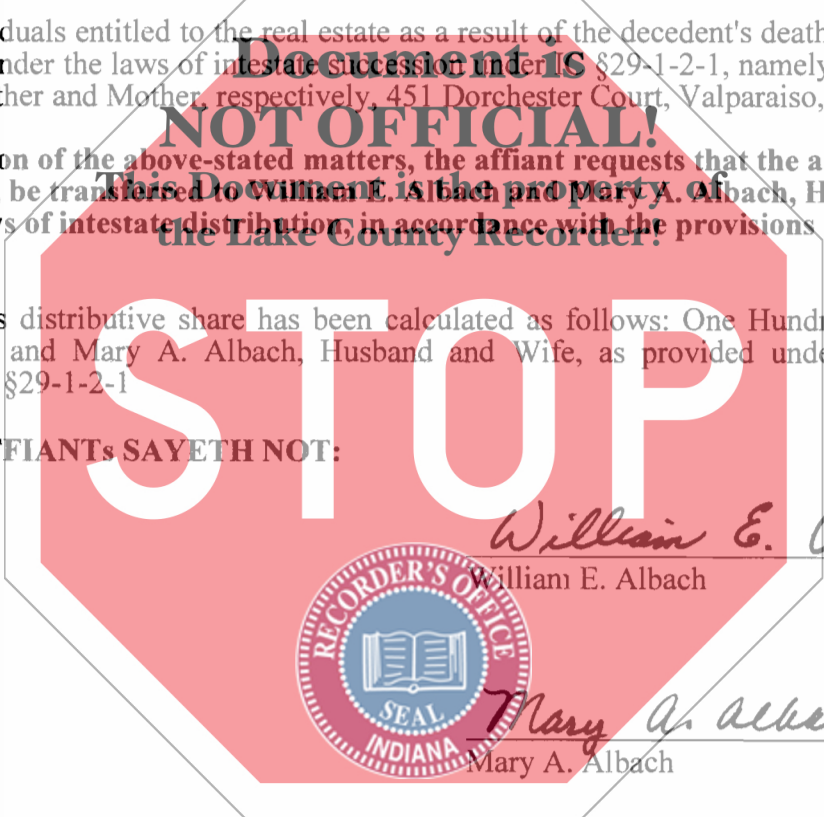
8. That the following list of persons, firms, or corporations are the only known creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: US #1364 Federal Credit Union, 8400 Broadway, Merrillville, Indiana 46410, \$120,000.00.

9. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession under IC §29-1-2-1, namely William E. Albach and Mary A. Albach, Father and Mother, respectively, 451 Dorchester Court, Valparaiso, Indiana 46385.

10. That by reason of the above-stated matters, the affiant requests that the above-list real estate of William R. Albach, be transferred to William E. Albach and Mary A. Albach, Husband and Wife, pursuant to the laws of intestate distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.

11. Each person's distributive share has been calculated as follows: One Hundred Percent (100.0%) to William E. Albach and Mary A. Albach, Husband and Wife, as provided under the laws of intestate succession under IC §29-1-2-1

FURTHER AFFIANTS SAYETH NOT:



William E. Albach

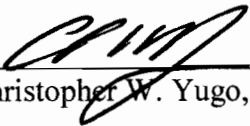
William E. Albach

Mary A. Albach

Mary A. Albach

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 26th day of August, 2016.



Christopher W. Yugo, Notary Public

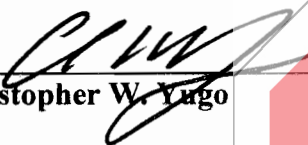


County of Residence: Lake
Commission Expires: 3/27/24

~~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.~~

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



Christopher W. Yugo

Record and Return to: Christopher W. Yugo
Attorney at Law
P.O. Box 371
St. John, Indiana 46373-0371



This Document was prepared by:
Christopher W. Yugo, Indiana Attorney Number 17624-45,
P.O. Box 371, St. John, Indiana 46373-0371



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 92413

Local No 002088

EDR No 00000519308

State No 030319

1. Decedent's Legal Name (First, Middle, Last) WILLIAM R ALBACH				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 18:20	4. Date Of Death (Month/Day/Year) 06/27/2016	
5. Social Security Number		6a. Age - Yrs 45	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) 04/18/1971		8. Birthplace (City and State or Foreign Country) GARY, IN
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 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 checked="" type="checkbox"/> Other (Specify) RAILROAD TRACKS			
11. Facility Name (If Not Institution, Give Street and Number) 500 SOUTH INDIANA									12. City Or Town, State, And Zip Code HOBART, IN, 46342
13. County Of Death LAKE				14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation OPERATING ENGINEER		17. Kind Of Business/Industry CONSTRUCTION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART			18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) WILLIAM E ALBACH				23. Mother's Name (First, Middle, Last) MARY A ALBACH			23a. Mother's Maiden Last Name BOYLE		
24. Informant's Name WILLIAM E ALBACH			24a. Relationship To Decedent FATHER		24b. Mailing Address (Street And Number, City, State, Zip Code) 451 DORCHESTER COURT, VALPARAISO, IN 46385				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATION SERVICE GARY, IN			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN BROTHERS, MERRILLVILLE, 6360 BROADWAY, MERRILLVILLE, IN 46410					27a. Funeral Home License Number. FH83002453		
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FC0109893			
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. MULTIPLE INJURIES Due to (Or As A Consequence Of): B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence 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									
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 Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34. Date Of Injury (Month/Day/Year) 06/27/2016			
35. Time Of Injury 18:20			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) RAIL ROAD TRACKS			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State INDIANA		38a. City Or Town HOBART		38b. Street & Number 500 SOUTH INDIANA		38c. Apt. No.	38d. Zip Code 46342		
39. Describe How Injury Occurred STRUCK BY TRAIN						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Recreation <input type="checkbox"/> Other (Specify) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307						44. License Number	45. Date Certified 06/29/2016		
46. Additional Funeral Service Provider:						47. *Age			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) JUN 29 2016			

