017 002715

No.

State of Indiana)
)SS:
County of Porter)

- I, Deana Brehmer, the undersigned Affiant, being first duly sworn to oath, hereby depose and say as follows:
 - 1. The decedent's name is Janice Murzyn.
- 2. The date of the decedent's death was July 18, 2016, and at least forty-five days have death of the decedent. I have attached a copy of the decedent's death certificate hereto.
 - 3. My residence address is: 831 Yorktown Street, Valparaiso, JN 4638
 - 4. I am the only child of the decedent, and the decedent's spouse predeceased her, and remarried.

 the Lake County Recorder!
 - 5. The decedent's property includes real property: 4350 Elm Avenue, Hammond, IN 46327, Parcel No. 45-03-30-178-033.000-.023, with an assessed value of \$39,500. The legal description of said property is as follows:

LOT 46 AND THE SOUTH 7 FEET OF LOT 45 IN BLOCK 2 IN F.R. MOTT'S 2ND ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 9, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

6. All the successors of the decedent, Janice Murzyn, and their respective shares are listed below:

Name/Relationship Share Share

Deana Brehmer (daughter and only heir) 391 Yorktown Street 100 %

Valparaiso, IN 46385

- 7. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: Fifty Thousand Dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses.
- 8. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

AND FURTHER AFFIANT SAYETH NAUGHT.

JAN 13 2017 010327

LAKE COUNTY AUDITOR (COP)

16 Cs NON Comf

THE FOREGOING STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY.

2

Deana Brehmer

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.

STATE OF INDIANA

COUNTY OF PORTER

NOT OF FICIAL!

This Document is the property of

Before me personally apptaled bears Definitely as Record September, 2016, who acknowledged her execution of the within Small Estate Affidavit.

Commission Expires

La Parie County

My Commission Expires

December 2, 2018

December 2, 2018

Printed Name

La Parie County

Printed Name

La Parie County

December 2, 2018

Indiana

County of Residence

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	9	EDR No 00000				<u>64</u>			tate No 034061				
1. Decedent's Legal Name (First, M	iddle, Last)			1a. Mai	den Name (li	female)		2. Sex	3. Time	Of Death	4. Date C	f Death (Month/Day/Year)	
EDITH JANICE MURZY				CLEME				FEMA		10 PM		07/18/2016	
5. Social Security Number 6a. Ag	je - Yrs 6b. Ur	nder 1 Year	6c. Under 1 Mo	onth 6d, Under	1 Day 66	e. Under 1 Hour	7. Date	of Birth (Mon	th/Day/Year) 8.	Birthplace (City	and State of	or Foreign Country)	
	74 Months		Days	Hours		inutes	12000	11/11/19		IARRISBU	RG, IL		
9. Ever in U.S. Armed Forces?	10. If Death Occur					a. If Death Occ Hospice Facilit		ewhere Other ecedent's Hon	•	Home/Long-tern	n Care Facili	ty	
☐ Yes ☒ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☒ Other (Specify) ☐ DAUGHTER'S HOME													
11. Facility Name (If Not Institution, Give Street and Number) 831 YORKTOWN STREET													
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death													
VALPARAISO, IN, 4638	15					PORTER Last Name		16. Decedent's Usual Occupati				ut Separated	
15. Surviving Spouse's Name		T	15a. (If Wife)Giv	e Maiden Las	tion					n 17. Kind Of Business/Industry			
								BEAUTICIAN			COSMOTOLOGY		
18. Residence - State		18a. C	County			18b. City Or To		BLACTIC	ZIAN		COON	DIOLOGI	
INDIANA		LAKE	:		1	HAMMONE)						
18c. Street And Number									18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
4350 ELM AVENUE			/							46	327	⊠ Yes □ No	
19. Decedent's Education		20.	Decedent of His	spanic Origin	1111	P 121	Decedent's	Race			<u> </u>		
HIGH SCHOOL GRADUATE OR GED COMPLETED White													
22. Father's Name (First, Middle, Las	NOTATIO			23. Mother's Name (First, Middle, Las			ile, Last)	ast		23a, Mother's Maiden Last Name			
ROBERT CLEMENTS	1101			MAUDE CLEMENTS			L .		MCDONALD				
24. Informant's Name			24a. Relationsh	ip to Dacadeni	ent is	o. Mailing Addres	S (Shep)	ad Number, C	State, Zip Cod	e)	UNALD		
DEANA BREHMER	. /		DAUGHTE	Rake (CO1183	1 YORKE	MN 8.	TREET, \	ALPARAIS	Q, IN 4638	35		
25a, Method Of Disposition				(Name Of Ceme	25. Place Of	Disposition			Town, And State				
☐ Burial ☐ Cremation ☐ Donat	ion 🔲 Entombrae		e Of Disposition	(Name Or Ceme	etery, Cremate	ory, Other Place,	250, L	cation - City,	Town, And State				
Removal From State		HEIGH	TS CREM	IATORY			CHIC	ACO HE	EIGHTS, IL				
Other (Specify): 26. Was Coroner Contacted?	27. Name A		Address Of Fune				СПІС	AGO RE	IGHTS, IL		27a. Fune	eral Home License Number:	
☐ Yes ☑ No	00014/0	ODEMA	TION OFF	W.410E0 0F	0 14 5 5 6 6	OLOON OT		DOIAN.	DON'T IN	2007	F11440	20044	
27b. Signature Of Indiana Funeral S	Service Licensee:				U N. IVIA	DISON ST	REEI,	270	POINT, IN 4 c. License Number		FH113	00014	
PHILLIP RICHARD SAL	LIE , BY ELF	ECTRON	IC SIGNAT	Cause Of Dea	th /See Inc	tructions And	Example		020700050				
28. Part I. Enter The Chain Of E	vents - Diseases	s, Injuries, On	Complications	- That Directly	Caused The	Death, Do Not	Enter Ter	minal Events				Approximate Interval: Onset	
Such As Cardiac Arrest, Respira A Line. Add Additional Lines If I		entricular Fibi	rillation Without	t Showing The I	Etiology, Do	Not Abbreviate	. Enter On	ly One Caus	e On			To Death '	
Immediate Cause (Final Diseas	e Or Condition Re	sulting In De	ath) A	. ACUTE AN	CHRONIC	RESPIRATOR	RY FAILUF	RE WITH HY	POXIA			WEEKS	
			sted Oa B	CURONE	DOTOLICTI	VE DIM MONO		IS A Consequence	Oi):			YEARS	
Sequentially List Conditions, If Line A. Enter The Underlying C	ause (Disease Or		sted Oil	. CHRONISI	255 FREET	Due to (Or As A Consequence Of):				TEARS			
The Events Resulting In Death)	Last		С	·	Ų ₽₽₽	21/ ;	Due to (Or /	s A Consequence	og.				
			D	E	s_{EA}	Land SE							
Part II. Enter Other Significant Condi	tions Contributing to	o Death But N	ot Resulting In T	he Underlying Ca	idse Given In	Permi	29. Was	An Autopsy I	Performed?	Yes	⊠ No		
							30. Wei	e Autopsy Fin	ding Available To (ause Of Dea	th? ☐ Yes ☐ No	
31. Did Tobacco Use Contribute To		32. If Female Not Pregnar		☐ Pregnant At Time	Of Death	Not Pregnant, But Preg	nant Within 42	Days Of Death	33, Manner Of		Accident	Pending Investigation	
Yes Probably No 🗵		Not Pregnar	nt, But Pregnant 43 Da	ys To 1 year Before De	ath 🔲	Jnknown If Pregnant V	Vithin The Past	Year	☐ Suicide ☐	Could Not Be De	etermined		
34. Date Of Injury (Month/Day/Year)	'	35. Time Of	finjury		36. Place Of	Injury (E.G., De	cedent's Ho	me, Construc	tion Site, Restaura	nt, Wooded Area	a) 37.	. Injury At Work? ☐ Yes ☐ No	
38. Location Of Injury - State		38a. City Or	Town		38b. Street	& Number				38c, Apt, N	lo. 38	d. Zip Code	
39. Describe How Injury Occurred									40. If Transport	ation Injury, Spe	cify:		
									Driver/Operator	Passenger Pe	edestrian Ot	her (Specify)	
41. Signature, Of Person Certifying LYLE R MUNN, BY ELL		SIGNATI	IDE						lifier (Check Only (Health Officer	
43. Name, Address And Zip Code O								. My Cel	tifying Physician /44. Licens	Coroner Se Number		. Date Certified	
LYLE R MUNN , 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383 01031582A										07/21/2016			
46. Additional Funeral Service Provi		, O, WILL	JOAL PLA	ZA, OIL Z	OS, VALI	AIVAIOO,	114 4030		47. *Aka:			0112112010	
48. Signature of Local Health Office			<u> </u>					49. For Red	gistrar Only - Dat	e Filed (Month/i	Dav/Year):		
MARIA L STAMP, VIA ELECTRONIC SIGNATURE JUL 22 2016 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY, OR ORIGINAL)													
			AMEND	MENT TO CER	TIFICATE O	F DEATH (EN	TRY OR C	RIGINAL)					
								1					