

2017 002908

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MICHAEL B. BROWN
RECORDER

Send Tax Statements To: 2348 Vermillion St., Lake Station, IN 46405

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

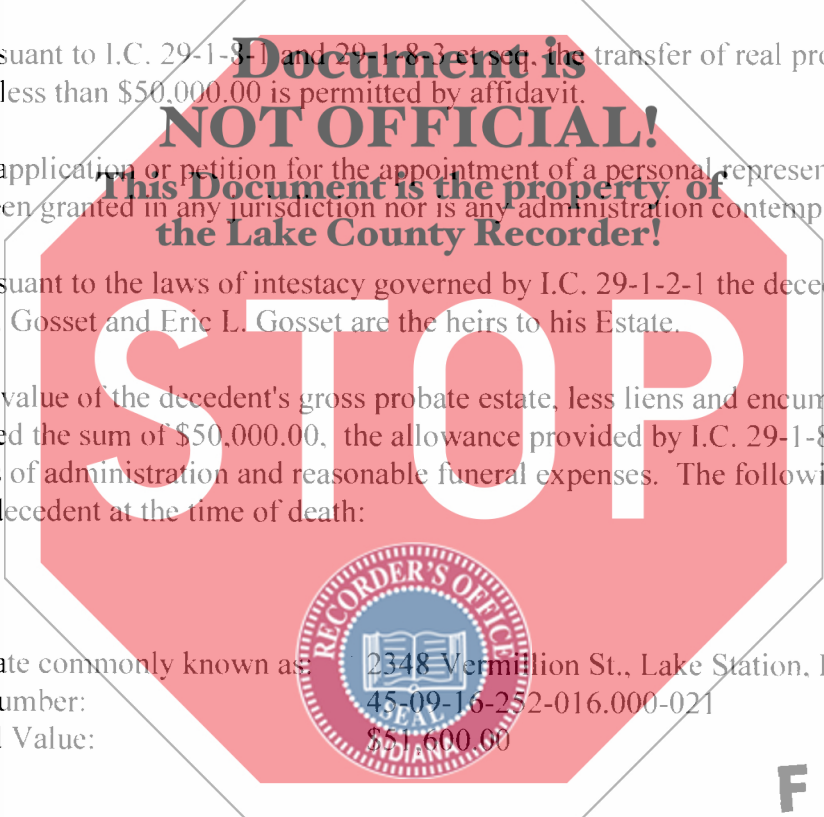
IN RE: **THE ESTATE OF
STEVEN LYNN GOSSET**

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

1. That the above-named decedent, **Steven Lynn Gosset**, died on the 10th day of October, 2016, intestate, while domiciled in Lake County, Indiana.
2. That 45 days have elapsed since the death of the decedent.
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.
5. That pursuant to the laws of intestacy governed by I.C. 29-1-2-1 the decedent's sons, Steven J. Gosset and Eric L. Gosset are the heirs to his Estate.
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 Property:

Real Estate commonly known as 2348 Vermillion St., Lake Station, IN 46405
 Parcel Number: 45-09-16-252-016.000-021
 Assessed Value: \$51,600.00



020362

FILED

JAN 16 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

17.
al. 13549
D

Further described as:

Lot No. Seven (7), in Block No. Six (6), as marked and laid down on the recorded plat of East Gary Real Estate Co.'s 3rd Addition to East Gary, being a subdivision of part of the West half of the Northeast Quarter of Section 16, Township 36 North, Range 7 West of the 2nd P.M., in the Lake County, Indiana, as the same appears of record in Plat Book 10, page 9. in the Recorder's Office of Lake County, Indiana.

Total Value of Estate Assets: **\$51,600.00**

Debts of the Estate:

Funeral Expenses: Rees Funeral Home \$6,746.75
Attorney's Fees: Law Offices of Patricia A. Rees \$ 650.00

Total Debts, Liens and Encumbrances of the Estate: **\$ 7,396.75**

Total Estate: **\$44,203.25**

7. That upon the death of Steven Lynn Gossey, pursuant to the laws of intestacy in the State of Indiana, ownership of the aforementioned property vested as an undivided 50% interest each to his sons, Steven J. Gosset and Eric L. Gosset.
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 Steven J. Gosset 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 12 day of January, 2017.



Steven J. Gosset

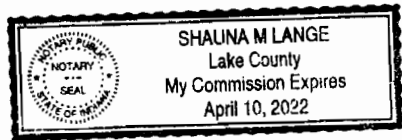
Steven J. Gosset

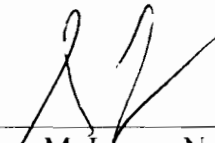


State of INDIANA)
)SS:
County of LAKE)

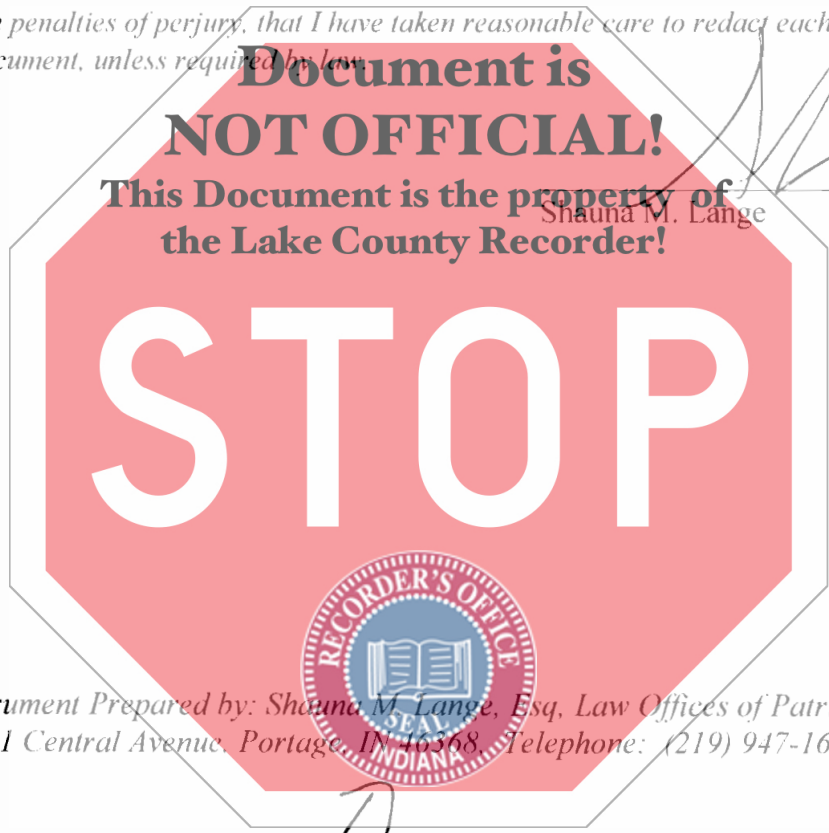
Before me a Notary Public appeared Steven J. Gosset and he did on this date swear to the truth of the foregoing statements. Subscribed and sworn to before me this 12 day of January, 2017.

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



*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

Tracking No. 101679

Local No 003293

EDR No 00000536695

State No

1. Decedent's Legal Name (First, Middle, Last) STEVEN L GOSSETT				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:30 PM	4. Date Of Death (Month/Day/Year) 10/10/2016	
5. Social Security Number [REDACTED]		6a. Age - Yrs 54	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) 04/26/1962		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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 2348 VERMILLION STREET									
12. City Or Town, State, And Zip Code LAKE STATION, IN, 46405					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. Last Name Before First Marriage			16. Decedent's Usual Occupation CHEMIST		17. Kind Of Business/Industry AUTOMOTIVE
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town LAKE STATION				
18c. Street And Number 2348 VERMILLION STREET						18d. Apt. No.	18e. Zip Code 46405	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. Parent's Name (First, Middle, Last) JAMES GOSSETT			23. Parent's Name (First, Middle, Last) DOROTHY NELL HARRIS			23a. Parent's Last Name Before First Marriage JONES			
24. Informant's Name RICHARD GOSSETT		24a. Relationship To Decedent BROTHER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2207 HAMILTON STREET, PORTAGE, IN 46368					
25. Place Of Disposition									
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			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 REES FUNERAL HOME OLSON CHAPEL, 5341 CENTRAL AVE PORTAGE, IN 46368					27a. Funeral Home License Number FB41200016		
27b. Signature Of Indiana Funeral Service Licensee: MELISA KATONA, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20800088			
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. CIRRHOSIS Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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									Approximate Interval: Onset To Death
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-Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 43 Days To 1 year Before Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input 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)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: ZHIPENG ZHANG, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ZHIPENG ZHANG, 1500 SOUTH LAKE PARK AVENUE, HOBART, IN 46342						44. License Number: 01075372A		45. Date Certified: 10/14/2016	
46. Additional Funeral Service Provider:						47. Akas:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 14 2016			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

