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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 009665

2017 FEB 14 AM 10: 13

MICHAEL B. BROWN RECORDER

Send Tax Statements To: 3212 E. 35th Place, Lake Station, Indiana 46405

STATE OF INDIANA	)	IN RE: THE ESTATE OF
	) SS:	SUZETTE H. HESFORD
COUNTY OF LAKE	)	

### **SMALL ESTATES AFFIDAVIT AND**

## AFFIDAVIT FOR THE TRANSFER OF DREALIPROPERTYS

- 1. That the above-named decedent, Suzette H. Hesford, died on the 30th day of December, 2016, intestate, While domiciled in Lake County, Indianatty of
- 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 Last Will and Testament of Suzette H. Hesford, attached hereto and hereby incorporated by reference the deceders's children, Diane S. Salzman, Doreen E. Pope, and Clyde E. Hesford, Jr., are the heirs to her 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:

3212 E. 35<sup>th</sup> Place, Lake Station, Indiana 46405

Parcel Number:

45-08-24-351-004.000-020

Assessed Value:

\$45,800.00

FILED

FEB 14 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

#13894 100780 \$17.00 M.Z

#### Further described as:

The East one-half (½) of the South one-half (½) of Lot Number Two (2) in Block Three (3) as marked and laid down on the recorded plat of Resubdivision of Garden Homes, being a subdivision of part of the Southwest Quarter of Section 24, Township 36 North, Range 8 West of the 2<sup>nd</sup> Principal Meridian, in Lake County, Indiana as the same appears of record in Plat Book 23, page 55, in the Recorder's Office of Lake County, Indiana.

Total Value of Estate Assets: Document is	\$45,800.00
Debts of the Estate: NOT OFFICIAL!	
Funeral Expenses: Rees Funeral Home Attorney's Fees: Law Offices of Particle County Recorder!	\$10,639.85 \$ 700.00
Total Debts, Liens and Encumbrances of the Estate:	\$11,339.85
Total Estate:	\$34,460.15

- 7. That upon the death of Suzette H. Hesford, pursuant to her Last Will and Testament, ownership of the aforementioned property vested as an undivided 33.33% interest each to her children, Diane S. Salzman, Dorceut E. Pope, and Clyde E. Hesford, Jr.
- 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 Diane S. Salzman 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 \_\_/3 \_\_\_ day of February, 2017.

Diane S. Salzman

State of INDIANA )
)SS:
County of LAKE )

Before me a Notary Public appeared Diane S. Salzman and she did on this date swear to the truth of the foregoing statements. Subscribed and sworn to before me this 13 day of February, 2017.

My Commission expires: 4/10/22

# Document is NOT OFFICI Shawa M. Lange, Notary Public

This Document is the property of the Lake County Recorder!

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.

Shaupa 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

Tracking No.

109598

Local No 00	E	EDR No 000000551539			State No 062709					
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (if female)			2 Sex	3. Tin	ne Of Death	Death 4 Date Of Death (Month/Day/Year)	
SUZETTE HELEN HESFORD	)		KORITKO			FEMA	LE 1	2:10 AM		12/30/2016
5 Social Security Number 6a. Age - Yrs	6b. Under 1	Year Sc. Under 1 M		6e Under 1 Hour	7. Date o	Birth (Month			y and State	or Foreign Country)
90	Months	Days	Hours	Minutes	,	02/24/10	26	GARY, IN		
	ath Occurred In		1100/3	10a, If Death Occur		03/24/192 where Other Ti		GART, IN		
				☐ Hospice Facility	☑ December	cedent's Home	Nursin	ig Home/Long-ter	m Care Facil	ity
			tient Dead on Arrival	Other (Specify)						_
11. Facility Name (If Not Institution, Give Streets 3212 EAST 35TH PLACE	eet and Number	"								
12 City Or Town, State, And Zip Code				13 County O	f Death		_	14. Marital St	atus At Time	Of Death
								☐ Married ☐ ☑ Widowed		ut Separated Divorced er Mamied Dunknown
LAKE STATION, IN, 46405  15. Surviving Spouse's Name			15a. Last Name Before Fr	LAKE rst Mardage		16 Deceden	t's Usual Occu			Of Business/Industry
To: Carving Operate Name				. or manage						
						HOMEMA	KER		HOME	
18 Residence - Stato		18a. County		18b City Or Tow	n					
INDIANA		LAKE		LAKE STAT	ION					
18c. Street And Number				_			18d, Apt. No.	18e. Zip	Code	18f. Inside City Limits?
3212 EAST 35TH PLACE		/						16	405	⊠ Yes □ No
19. Decedent's Education	_	20. Decedent Of H	spanie Origin CU1	2011	ecedent's F	2260		40	405	
				HEHL	12					
8TH GRADE OR LESS 22. Parent's Name (First, Middle, Last)		NOT HISPAN	IIC.	White	irst Middle	1250		23a F	Parent's Last	Name Before First Marriage
22. Falent's Name (First, Middle, Last)			JIUF		A			230.1	Crem's Lost	ttanto boloto i natimoniago
JOHN KORITKO	,	This D.	<del>peument</del>	ROSEMARIE	KORIT	KO	c	KAL	LOK	
24. Informant's Name				_	_	•				
DIANE SALZMAN		DAUGHT	Bake Cou	706 ROUTEC	81: MC	NONGA	HELA, PA	15063		
			25, Plac	e Of Disposition						
25a Method Of Disposition  ⊠ Burial ☐ Cremation ☐ Donation ☐ E		25b. Place Of Disposition	(Name Of Cemetery, Cre	matory, Other Place)	25c. Lo	cation - City, 1	own, And State	В		
Removal From State										
Other (Specify)			EMORIAL PARK		HOB	ART, IN			[ e2	Market Market
26. Was Coroner Contacted? 27	7. Name And C	complete Address Of Fun	eral Facility						2/a. Fur	neral Home License Number:
☐ Yes ☒ No R	EES FUN	FRAL HOME H	OBART CHAPEL	600 W OLD	RIDGE	RD. HO	BART. IN	46342	FH830	03069
27b. Signature Of Indiana Funeral Service Li	censee.					27c	. License Num	ber (Of Licensee)	:	
JAMES J. KRAUSE , BY ELE	CIRONIC	SIGNATURE	Cause Of Death (See	Instructions And A	yamoles		01006463	5		Approximate
28 Part I. Enter The Chain Of Events -	Diseases, Inju	unes, Or Complications	s - That Directly Caused	The Death Do Not F	nter Ter	ninal Events				Interval: Onset
Such As Cardiac Arrest, Respiratory Arr A Line. Add Additional Lines If Necessa	rest, Or Ventrio	cular Fibnilation Withou	ut Showing The Etiology.	Do Net Abbreviate.	HIS IS	y One Cause A TRUE (	On CORY OF			To Death
Immediate Cause (Final Disease Or Cor		no In Death)	A. INTRACRAMADM	RECOUNTHE!	RECOR	D ON FIL	E WITH T	HE		6 MONTHS
,		,	(2) O	CARE C	ORNAA	HEALTH	DEPART	MENT		
Sequentially List Conditions, If Any, Lea	ading To The	Cause Listed On	B. LEFT HEMIPARES	IS	Due to (Or As	A Consequence C	50			6 MONTHS
Line A. Enter The Underlying Cause (D The Events Resulting In Death) Last	i <b>seas</b> e Or Inju		C. ATRIAL FIBRILLAT	TONE TO SERVICE STATE OF THE PARTY OF THE PA	JAI	06	7017			CHRONIC
,			AINIAL FIGHT		Due to (Or As	A Consequence O	n .			CHRONIC
		1	D. THROMBOCYTOP	ENIA SE		0/		!		NEW
Part II. Enter Other Significant Conditions Cor	ntnbuting to Dea	ath But Not Residung In	The Underlying Cause Giv	MANAGALITY	29/ Was	An Autopsy P	erformed?	☐ Yes	⊠ No	
NO				LAKE	COUR	Autopsy Find	ing Available T	Complete The	Cause Of De	ath? Yes No
31. Did Tobacco Use Contribute To Death?		If Female.					-33Manner	Of Death:		
☐ Yes ☐ Probably ☒ No ☐ Unknown		Not Prognant Within Past Year Not Pregnant, But Pregnant 43 D	Pregnant At Time Of Death	Not Pregnant, But Pregn Unknown if Pregnant Wi		•		Could Not Be I		Pending Investigation
34. Date Of Injury (Month/Day/Year)		Time Of Injury		e Of Injury (E.G., Dec						7. Injury At Work?
										Yes No
38 Location Of Injury - State	38a.	. City Or Town	38b St	reet & Number				38c Apt.	No 3	8d. Zip Code
39 Describe How Injury Occurred					_		40. If Transp	ortation Injury, Si or □Passipin	ecify:	D. MANU P.O.S.
							Drive#Operate	M Dessible	Pearly	TO MILESS
41. Signature, Of Person Certifying Cause C							fier (Check On			J
MARK OREN CARTER, BY I		NIO OLONIATUE				⊠ Cert	fylng Physician		er	Health Officer  5 Date Certified
	ELECTRO		RE				44 Lic	ensa Number		
43. Name, Address And Zip Code Of Person	ELECTRO		RE					ense Number		
43. Name, Address And Zip Code Of Person MARK OREN CARTER, 164	ELECTRO Certifying Cau	se Of Death:					0103	i 6415A		01/05/2017
43. Name, Address And Zip Code Of Person	ELECTRO Certifying Cau	se Of Death:					0103 47. *A	6415A kas	 	
43. Name, Address And Zrp Code Of Person  MARK OREN CARTER , 164  46. Additional Funeral Service Provider  48. Signature of Local Health Officer	ELECTRO Certifying Cau	se Of Death:	ART, IN 46342			49. For Reg	0103 47. *A	Kas Date Filed (Month		
43. Name, Address And Zip Code Of Person  MARK OREN CARTER , 164  46. Additional Funeral Service Provider	ELECTRO Certifying Cau	Se Of Death:  N PKWY, HOB  ONIC SIGNATUR	ART, IN 46342 RE	TE OE DEATH (ENT	TRY OR C		0103 47. *A	6415A kas		
43. Name, Address And Zrp Code Of Person  MARK OREN CARTER , 164  46. Additional Funeral Service Provider  48. Signature of Local Health Officer	ELECTRO Certifying Cau	Se Of Death:  N PKWY, HOB  ONIC SIGNATUR	ART, IN 46342	TE OF DEATH (ENT	RY OR O		0103 47. *A	Kas Date Filed (Month		
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43. Name, Address And Zrp Code Of Person MARK OREN CARTER , 164 46. Additional Funeral Service Provider  48. Signature of Local Health Officer CHANDANA VAVILALA, VIA	ELECTRO Certifying Cau BRACKE ELECTRO	Se Of Death:  N PKWY, HOB/  DNIC SIGNATUI  AMENG	ART, IN 46342 RE			RIGINAL)	0103 47. *A	6415A kas Jake Filed (Mont)	2017	01/05/2017
43. Name, Address And Zip Code Of Person  MARK OREN CARTER , 164  46. Additional Funeral Service Provider  48. Signature of Local Health Officer	ELECTRO Certifying Cau BRACKE ELECTRO	Se Of Death:  N PKWY, HOB/  DNIC SIGNATUI  AMENG	ART, IN 46342 RE			RIGINAL)	0103 47. *A	6415A kas Jake Filed (Mont)	2017	01/05/2017