

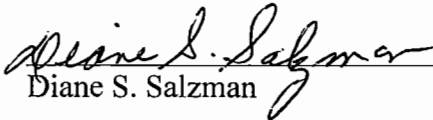
Further described as:

The East one-half (1/2) of the South one-half (1/2) 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 2nd 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:	\$45,800.00
Debts of the Estate:	
Funeral Expenses: Rees Funeral Home	\$10,639.85
Attorney's Fees: Law Offices of Patricia A. Rees	\$ 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, Doreen 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 13th 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



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.

Shauna M. Lange, Notary Public

Shauna 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

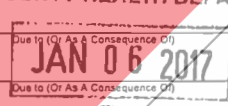
Tracking No. 109598

Local No 004321

EDR No 00000551539

State No 062709

Form with fields for decedent information (SUZETTE HELEN HESFORD KORITKO), date of death (12/30/2016), cause of death (INTRACRANIAL MASS, LEFT HEMIPARESIS, ATRIAL FIBRILLATION, THROMBOCYTOPENIA), and certifying physician (MARK OREN CARTER).



RAISED SEAL AFFIXED