STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 010225

2017 FEB 16 AM 10: 44

MICHAEL B. BROWN RECORDER

STATE OF INDIANA)

SS:

IN RE: CECILIA T. KENDERA, DECEASED

COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Come now THE ESTATE OF SUSAN M. KENDERA, by Richard W. Kendera, Personal Representative, of Merrillville, Indiana, ANDREW M. KENDERA, of Hebron, Indiana, PATRICIA A. KENDERA, of Merrillville, Indiana, PHILIP J. KENDERA, of Merrillville, Indiana, JAMES S. KENDERA, of Merrillville, Indiana, SPEPHANIE J. McCordon Merrillville, Indiana, RICHARD W. KENDERA, of Merrillville, Indiana, and MARY A. KENDERA of Winnetka, Illinois, who being duly sworn upon their oath, depose and state as follows:

- 1. That the affiants are all of the children of the Decedent, Cecilia T. Kendera ("Decedent").
- 2. That the Decedent died intestate on the 23rd day of July, 2015, a resident of the State of Indiana as evidenced by her death certificate, a copy of which is attached hereto and marked Exhibit "A".
- 3. That no estate has been opened in the State of Indiana for the Decedent. That more than forty-five (45) days have passed since the death of the Decedent and no causes of action are currently pending against the Decedent, nor are any claims pending against the Decedent's estate for any debts or liabilities. In addition, more than one (1) year has elapsed since the date of the death of the Decedent.
- 4. That the Decedent at the time of her death owned real estate titled solely in her name located in Merrillville, Lake County, Indiana, the legal description of which is as follows:

Part of Lot No. One (1) of Forty (43) acres in Section Sixteen (16), Township Thirty-five (35) North, Range Eight (8) West of the 2nd P.M., described as Commencing at a point on the West line of said Lot which is 563.15 feet South of the Northwest corner thereof and running thence East 693 feet, thence South 62.85 feet, thence West 693 feet to the West line of said Lot, thence North 62.85 feet to the place of beginning, containing One (1) acre, more or less, in Lake County, Indiana.

Commonly known as 6963 Madison St., Merrillville, IN 46410 Parcel ID No. 45-12-16-226-009.000-030 (hereinafter referred to as the "Property").

FILED

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JOHN E. PETALAB LAKE COUNTY AUDITOR

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- That no inheritance tax is due as a result of the death of the Decedent.
- 6. That **THE ESTATE OF SUSAN M. KENDERA** releases and quit claims by gift (utilizing her gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of her right title and interest in the Property.
- 7. That **ANDREW M. KENDERA** releases and quit claims by gift (utilizing his gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of his right title and interest in the Property.
- 8. That **JAMES S. KENDERA** releases and quit claims by gift (utilizing his gift tax annual exclusion) to **PHILIP J. KENDERA** and **PATRICIA A. KENDERA** as joint tenants with rights of survivorship, all of his right title and interest in the Property.
- 9. That STEPHANIE J. NCCORD releases and quit claims by gift (utilizing her gift tax annual exclusion) to PHILIP J. KENDERA and PATRICIA A. KENDERA as joint tenants with rights of survivorship, all of her right title and interest in the Property.
- 10. That RICHARD Wokenberg releases and quit daims by gift (utilizing his gift tax annual exclusion) to PHILIP J. KENDERA and PATRICIA A. KENDERA as joint tenants with rights of survivorship, all of his right title and interest in the Property.
- 11. That MARY A. KENDERA releases and quit claims by gift (utilizing her gift tax annual exclusion) to PHILIP J. KENDERA and PATRICIA A. KENDERA as joint tenants with rights of survivorship, all of her right title and interest in the Property.
- 12. That the value of the Decedent's gross probate estate less the costs and expenses of administration and reasonable funeral expenses does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by I.C. 29-1-8-3.
- 13. That the gross value of the estate of the Decedent as determined for purposes of Federal Estate taxes, did not require the filing of a Federal Estate Tax Return. As a consequence thereof, the Decedent's estate was not subject to Federal Estate Tax.
- 14. That the purposes of this Afficavit is to permit the transfer of the real estate to the Decedent's son, PHILIP J. KENDERA, and the Decedent's daughter, PATRICIA A. KENDERA, as joint tenants with rights of survivorship without the necessity of opening an estate in Indiana for administration of the property described herein.

FURTHER AFFIANTS SAYETH NOT.

THE ESTATE OF SUSAN M. KENDERA BY RICHARD W. KENDERA, Personal

Representative

andrew M. Kendera
Patricia a Kendern PATRICIA A. KENDERA
PHILIP J. KENDERA
NOT OF FICTAR!
This Document is the property of the Lake Coster Marconcooks
RICHARD W. KENDERA MARY A. KENDERA MARY A. KENDERA
STATE OF INDIANA) SS:
Before me, the undersigned, a Notary Public in and for said County and State, this day of 2017, personally appeared The Estate of Susan M. Kendera by Richard W. Kendera, Personal Representative, and acknowledged the execution of the foregoing Affidavit.
Notary Public Printed Name:
My Commission Expires: County of Residence: DENISE KESSLER NOTARY PUBLIC STATE OF INDIANA PORTER COUNTY COMM. # 684980 COMM. # 684980 COMM. # EXPIRES 06-25-2024
3

STATE OF INDIANA)
) SS: COUNTY OF LAKE)
Before me, the undersigned, a Notary Public in and for said County and State, this day of Feb., 2017, personally appeared Andrew M. Kendera and acknowledged the execution of the foregoing Affidavit. Notary Public Printed Name:
My Commission Expires: County of Residence: SHAWNDA LEANNE KING Notary Public - Seal State of Indiana
STATE OF INDIANA) NOT OFFICE A Lake County My Commission Expires Oct 20, 2022
COUNTY OF LAKE This Document is the property of the Lake County Recorder!
Before me, the undersigned, a Notary Public in and for said County and State, this day of
My Commission Expires: County of Residence: NOTARY PUBLIC STATE OF INDIANA PORTER COUNTY COMM. # 884980 OMM. EXPIRES 06-25-2024
STATE OF INDIANA) SS:
Before me, the undersigned, a Notary Public in and for said County and State, this 3 nd
execution of the foregoing Affidavit. Notary Public Printed Name:
My Commission Expires: County of Residence: My Commission Expires: SEAL 5 STATE OF INDIANA PORTER COUNTY COMM. #884980 COMM. EXPIRES 06.28

STATE OF INDIANA)
) SS: COUNTY OF LAKE)
Before me, the undersigned, a Notary Public in and for said County and State, this
My Commission Expires: County of Residence: Denise Kessler NOTARY PUBLIC STATE OF INDIANA PORTER COUNTY COMM. # 684980 COMM. EXPIRES 06-25-2024
STATE OF INDIANA) SS: NOT OFFICIAL!
COUNTY OF LAKE This Document is the property of
Before me, the undersigned a Notary Public in and for said County and State, this 3rd day of, 2017, personally appeared Stephanie J. McCord and acknowledged the execution of the foregoing Affidavit. Notary Public Printed Name: Denise Kessler Notary Public STATE OF INDIANA PORTER COUNTY COMM.# 684980
County of Residence:
STATE OF INDIANA) SS.
COUNTY OF LAKE
Before me, the undersigned, a Notary Public in and for said County and State, this day of, 2017, personally appeared Richard W. Kendera and acknowledged the execution of the foregoing Affidavit.
Notary Public Printed Name:
My Commission Expires: County of Residence: DENISE KESSLER NOTARY PUBLIC STATE OF INDIANA PORTER COUNTY COMM. # 894980 COMM. EXPIRES 06-25-2024

STATE OF ILLINOIS)

COUNTY OF (DOK)

Before me, the undersigned, a Notary Public in and for said County and State, this 21St day of 2017, personally appeared Mary A. Kendera and acknowledged the execution of the foregoing Affidavit.

OFFICIAL SEAL
DANIELLE RICKARD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 04/30/17

Danielle Rickard

Notary Public

Printed Name: DANIEUE RICKARD

County of Residence:

Document is

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

the Lake Cost Richard EcAndelsor!

STOP

Richard E. Anderson, #2408-45

This instrument prepared by:

Anderson a Anderson, P.C. 9214 Broadway
Merdiville, IN 46410
(219) 769-1892



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 60264

Local No 0024	189 Er	DR No 0000	31	State No 035276						
Decedent's Legal Name (First, Middle, Last)		1a. Maiden Name (If female)			2. Sex 3. Time		Time Of Dea	me Of Death 4. Date Of Death (Month/Day/Year		rear)
CECILIA T KENDERA 5. Social Security Number 6a. Age - Yrs 6i	b. Under 1 Year 6c. Under 1 Mon	KRIETER	6e. Under 1 Hour	7 Date of F	FEMALE Birth (Month/Day/Year)		10:40 A		07/23/2015 and State or Foreign Country)	
	·	-	· ·		, ,				te or rateign country,	
	lonths Days	Hours	Minutes 10a. If Death Occur		4/09/192 nere Other T		GARY	', IN		
11. Facility Name (If Not Institution, Give Street at ST ANTHONY HOSPICE-CROW			49 County C	- AL			144.14	2-1 OL-1-1 ALTO		
12. City Or Town, State, And Zip Code			13. County O	of Death				antal Status At Tin arried Married	ne Of Death I, But Separated	orced
CROWN POINT, IN, 46307 15. Surviving Spouse's Name		LAKE 5a. (If Wife)Give Maiden Last Name			C Docadan	nt's Usual Occ	. ⊠ w	fidowed Ne	ever Married Unkno	
15. Surviving Spouse's Name		38. (IT VVICE) GIVE IVIAILEE	Last Name	. 10	5. Deceue,	. Ks Usuai Ow	supation	. 17. Kii	nd Of Business/Industry	
18. Residence - State	18a. County	· .	18b. City Or Tow		US DRIN	VER	;	SCHO	OOL	
,		·		•						
INDIANA 18c. Street And Number	LAKE	,	MERRILLVII	LLE,		18d. Apt. No.	. 1	8e. Zip Code	18f. Inside City Lim	nits?
6963 MADISON STREET	/			. \				•	⊠ Yes □ No	
19. Decedent's Education	20. Decedent of Hisp	anic Origin	m 0 121 D	ecedent's Rac	.ce		_	46410		
HIGH SCHOOL GRADUATE OR COMPLETED	GED NOT HISPANIC		White	13	. / .					-
22. Father's Name (First, Middle, Last)	i i i i i i i i i i i i i i i i i i i	TOF	23. Mother's Name (i	irst, Middle, L	Last			23a. Mother's N	Naiden Last Name	-
ANDREW KRIETER			MATILDA KRI	FTFR	-		. :	NEUDORF	:	
24. Informant's Name	24al Relationship	oument	245 Mailing Address	CO PO ADD	Number, Ci	State, Zip	Code)	NEODO, C	·	
SUSAN KENDERA	DAUGHTE		7741YE \$1.23	ROAVE	NUE AF	T.C.ME	ERRILLI	/ILLE, IN 46	3410	
25a, Method Of Disposition	25b. Place Of Disposition (I		e Of Disposition matory, Other Place)	25c. Locati	tion - City, T	own, And Sta	te	•		
□ Bunal □ Cremation □ Donation □ Entom □ Removal From State	pment					7				
Other (Specify):	CALUMET PARK			MERRI	LLVILL	E, IN			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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46410	0-5559 .	ATION SERVIC	EO, /900 DICC)ADVVA i					800005	;
27b. Signature Of Indiana Funeral Service License RONALD J. MESARCH, BY ELE	CTRONIC SIGNATURE					License Nun 0100591:		ensee);	'	
28. Part I. Enter The Chain Of Events - Disea		Cause Of Death (See That Directly Caused 1			al Events				Approximate Interval: Onse	et
Such As Cardiac Arrest, Respiratory Arrest, C A Line. Add Additinal Lines If Necessary.	r Ventricular Fibrillation Without S	howing The Etiology.	Do Not Abbreviate.	Enter Only O	one Cause	On			To Death	
Immediate Cause (Final Disease Or Condition	n Resulting in Death) A.	ACUTE ON GERON	C DIASTONIC CON	IGESTIVE H	EART FAI	LURE			3 WEEKS	; _
	To The Course Nated On B.	AORTIC STENOSIS	THE STREET	Due to (Or As A C	onsequence Oi,	. ,	/		YEARS	:
Sequentially-List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease)	TO THE Gause Listed OII	XOKIIO Z		Due to (Or As A Co	consequence Of	1 / /		333	1 2421	
The Events Resulting In Death) Last	C.	NONE		Due to (Or As A Co	Consequence Of			THE STATE OF THE S	NONE	13
	D. 1	E TO	EAL		7. C. J.	11 300				
Part II. Enter Other Significant Conditions Contribution	ng to Death But Not Resulting In The	Underlying Cause Givin	DIANT	29. Was An	. /	<u> </u>		Yes No		: :
NONE 31: Did Tobacoo Use Contribute To Death?	32. If Female:			30. Were Au	Ropsy r IIIu	33, Manner	1	e The Cause Of D	Yes N	0
☐-Yes ☐-Probably ☒ No ☐ Unknown	Not Pregnant Within Past Year	- Y 49 7	— 1 1 1 7 PP - 2 - 3			⊠ Naturai [☐- Homicide		Pending Investigation	ul!
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury:		Unknown if Pregnant With Of Injury (E.G., Dece					ot Be Determined ded Area)	37. Injury At Work?	, ;
		THIS IS A'T	TRUE COPY OF	F	,	4 4 1			Yes D No	<u></u>
38, Location Of Injury - State	38a. City Or Town	THE RECORD	@N 好地框rWITH	THE;	1	4.1.	38c	Apt. No.	38d. Zip Code	::
39. Describe How Injury Occurred	-	-	2 8 2015			40. If Transp	portation Inju	ury, Specify:	ld unless	
41. Signature, Of Person Certifying Cause Of Dea	th:	- ·	20 2013		42. Certific	ier (Check Or	dly OneT	ボウボカナキャー	<u> </u>	
KRISTINE MARIE TEODORI , BY 43. Name, Address And Zip Code Of Person Certif	<u>'ELECTRONIC SIGNAT</u>		And who		☑ Certify	ying Physicia	cense Numb	Coroner / [Heath Officer 45: Date Certified	
	;		16307 -		į	1	17.537			, , , , ,
KRISTINE MARIE TEODORI , 49 46. Additional Funeral Service Provider:	19 S. COURT ST., CRO	NP KF GO MM.	MAPALTH OF	ICER)2441A Akas:		07/27/2015	40 - 00 40 - 10 - 10
48. Signature of Local Health Officer:			•	49	For Regi	strar Only	Date Filed	(Month/Day/Year)	65.5 . 27	
SUSAN W. BEST, VIA ELECTRO				,		177	1 -	28 2015	3.378.00	1
	AMENDM	ENT TO CERTIFICAT	E OF DEATH (ENTE	RY OR ORIG	SINAL)	<u> </u>	- 1	5 - 1/1 1 2 4 - 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 2 3 4 5 6 6	٠, ،
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