

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 019479

2017 MAR 27 AM 9:44

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

**INDIANA SMALL ESTATE AFFIDAVIT AFFECTING  
TITLE TO REAL ESTATE**

I, KAREN A. SLUTSKY, on oath state:

- 1. (a) My post office address is: 401 166<sup>TH</sup> STREET  
CALUMET CITY, IL 60409
- (b) My residence address is: SAME

2. The decedent's name is: GERALD EUGENE FLOYD, a married male.

3. I am a child of the decedent and have personal knowledge of the facts stated herein.

4. The decedent died intestate, the date of the decedent's death was NOVEMBER 2, 2005 and I have attached a copy of the death certificate hereto.

5. The decedent's place of residence immediately before his death was 1477 KENILWORTH, CALUMET CITY, IL 60409.

6. Forty-five (45) days have elapsed since the death of the decedent. It appears that the decedent's gross probate estate in Indiana, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), less the costs and expenses of administration, and reasonable funeral expenses.

7. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

8. Decedent was the sole owner of the following described real estate located in Lake County, Indiana:

LOT NO. NINETEEN (19), IN BLOCK NO. TWO (2), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF HYDE PARK ADDITION TO HAMMOND, IN LAKE COUNTY, INDIANA.

PARCEL NO.: 45-06-01-455-012.000-023

ADDRESS: 6437 BLAINE AVENUE, HAMMOND, IN 46324.

Accordingly, at the time of his death, GERALD EUGENE FLOYD, held a 100% fee simple interest in the above described parcel of real estate.

9. During his lifetime GERALD EUGENE FLOYD was married only once to ALICE B. FLOYD, who survived decedent and is currently living. During the term of their marriage to each other GERALD EUGENE FLOYD and ALICE B. FLOYD had two (2) children, namely: KAREN A. SLUTSKY and BARBARA FLOYD. KAREN A. SLUTSKY is a living, competent adult and under no legal disability.



022248 **FILED**

MAR 23 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

AMOUNT \$ 15.00  
 CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
 CHECK# 2780  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-CONF \_\_\_\_\_  
 DEPUTY Op

E

BARBARA FLOYD died in 1976 having never married nor having any children. No other children were born to or adopted by GERALD EUGENE FLOYD.

10. Therefore the name and address of each person that is entitled to a share of the property and the part of the property to which each person who is an heir at law of decedent, GERALD EUGENE FLOYD, is entitled is as follows:

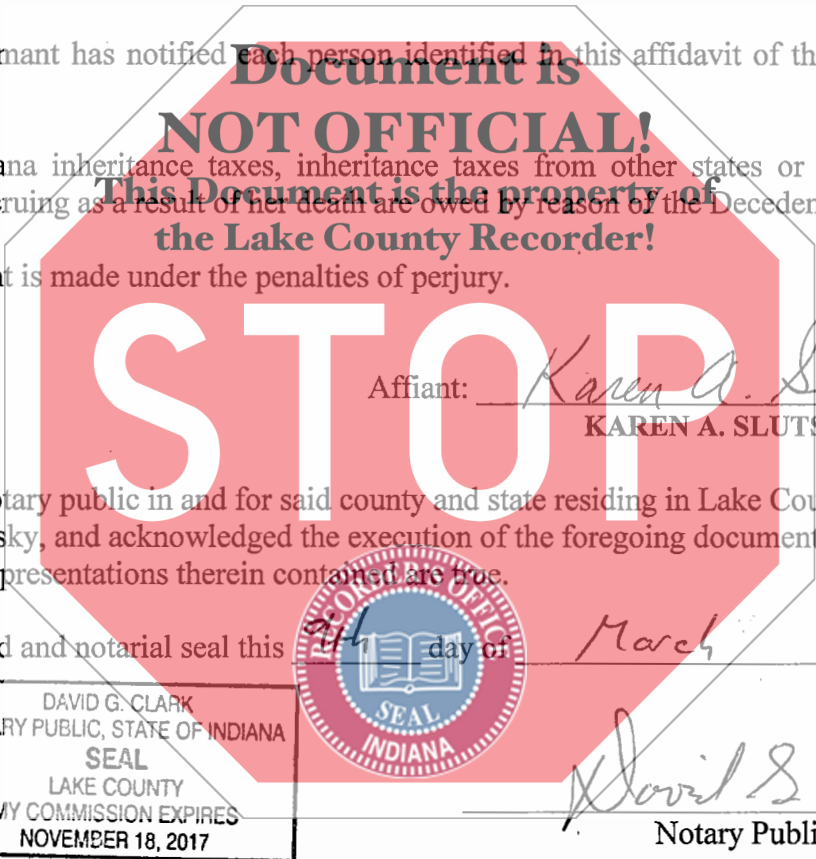
ALICE B. FLOYD, SURVIVING SPOUSE - ONE-HALF UNDIVIDED INTEREST AS A TENANT IN COMMON  
401 166<sup>TH</sup> STREET  
CALUMET CITY, IL 60409

KAREN A. SLUTSKY, ONLY SURVIVING ADULT CHILD - ONE-HALF UNDIVIDED INTEREST AS A TENANT IN COMMON  
401 166<sup>TH</sup> STREET  
CALUMET CITY, IL 60409

11. The claimant has notified each person identified in this affidavit of the claimant's intention to present this affidavit.

12. No Indiana inheritance taxes, inheritance taxes from other states or countries, federal estate taxes, or other taxes accruing as a result of her death are owed by reason of the Decedent's death.

\*the foregoing statement is made under the penalties of perjury.



Affiant: Karen A. Slutsky  
KAREN A. SLUTSKY

Before me, a notary public in and for said county and state residing in Lake County, Indiana, personally appeared Karen A. Slutsky, and acknowledged the execution of the foregoing document, and who, having been sworn, stated that the representations therein contained are true.

Witness my hand and notarial seal this 9<sup>th</sup> day of March, 2017.

DAVID G. CLARK  
NOTARY PUBLIC, STATE OF INDIANA  
SEAL  
LAKE COUNTY  
MY COMMISSION EXPIRES  
NOVEMBER 18, 2017



David G. Clark  
Notary Public

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. - David G. Clark

**PREPARED BY, RECORD and RETURN TO:**

David G. Clark, Attorney No: 15397-45  
Canalia & Clark, LLC  
8840 Calumet Avenue, Suite 205  
Munster, IN 46321-2546

**MAIL TAX BILLS TO: (Owner's Address)**

Karen A. Slutsky  
Alice B. Floyd  
401 166<sup>th</sup> Street  
Calumet City, IL 60409

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr

COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.01</b>	STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
A		1. <b>Gerald E. Floyd</b>	2. <b>Male</b>	3. <b>November 2, 2005</b>				
B		COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		
C		4. <b>Cook</b>	5a. <b>81</b>	5b.	5c.	5d. <b>March 30, 1924</b>		
D		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
E		6a. <b>Calumet City</b>	6b. <b>Kenilworth</b>				6c.	
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
		7. <b>Salem, IN</b>	8a. <b>Married</b>	8b. <b>Alice Greiner</b>			9. <b>Yes</b>	
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
		10. <b>[REDACTED]</b>	11a. <b>Combustion engineer</b>	11b. <b>Steel mill</b>	11c. <b>12</b>		College (1-4 or 5+)	
		RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
		13a. <b>1477 Kenilworth</b>	13b. <b>Calumet City</b>		13c. <b>Yes</b>	13d. <b>Cook</b>		
		STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
		13e. <b>Illinois</b>	13f. <b>60409</b>	14a. <b>White</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE LAST		(MAIDEN) LAST			
		15. <b>Adolph Drewanz</b>	16. <b>Martha</b>		<b>Hurst</b>			
		INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
1		17a. <b>Alice Floyd</b>	17b. <b>Wife</b>	17c. <b>1477 Kenilworth Calumet City, IL 60409</b>				
2		18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		Immediate Cause (Final disease or condition resulting in death)	(a) <b>Congestive Heart Failure</b>					
			DUE TO, OR AS A CONSEQUENCE OF					
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) <b>Statin Post aortic Valve Replacement</b>					
			DUE TO, OR AS A CONSEQUENCE OF					
			(c)					
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
5							19a. <b>No</b>	19b.
N		DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
P		20a.	20b.			20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
		I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH			
		21a. <b>10-4-2005</b>		21b. <b>NO</b>	21c. <b>1:15 P. M.</b>			
		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					DATE SIGNED (MONTH, DAY, YEAR)	
CERTIFIER		22a. SIGNATURE	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER		
		<b>A. Gandhi</b>	<b>46321</b>			<b>46321</b>		
		22c. <b>A. Gandhi, MD 10010 Donald Powers Dr. Munster, IN</b>					22d. <b>01029887 IND</b>	
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
		23.						
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
		24a. <b>Burial</b>	24b. <b>Elmwood Cemetery</b>	24c. <b>Hammond, IN</b>			24d. <b>Nov 7, 2005</b>	
		FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE	ZIP	
		25a. <b>Schroeder-Lauer Funeral Home</b>	<b>3227 Ridge Rd.</b>		<b>Lansing, IL</b>	<b>60438</b>		
		FUNERAL DIRECTOR'S SIGNATURE					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
		25b. <b>[Signature]</b>					25c. <b>034-012218</b>	
		LOCAL REGISTRAR'S SIGNATURE					DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
		26a. <b>[Signature]</b>					26b. <b>NOV 04 2005</b>	