

STATE OF INDIANA )  
 ) SS  
COUNTY OF LAKE )

2017 019997

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 MAR 29 AM 9:54

**AFFIDAVIT FOR TRANSFER OF ASSETS**  
**WITHOUT ADMINISTRATION**

MICHAEL B. BROWN  
RECORDER

The undersigned Affiants, MARK HERLITZ AND ROBERT GARY HERLITZ A/K/A GARY HERLITZ, being first duly sworn upon oath state:

1. That the Decedent, WILLIAM L. HERLITZ, died on February 1, 2012, while domiciled in Lake County, Indiana and we have attached a copy of the death certificate to this Affidavit.

2. That more than forty-five (45) days have elapsed since the death of the Decedent.

3. That it appears that the Decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of one hundred thousand dollars (\$100,000.00), the costs and expenses of administration, and reasonable funeral expenses.

4. That no Application or Petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

5. That the Affiants are the Decedent's Sons and the named Successor Trustees in his Trust Agreement and that the Affiants' addresses are as shown below in Paragraph 6.

6. That the name and address of each person who is entitled to a share of the above-described property, and the part of the property to which each person is entitled, are as follows:

<u>Beneficiary's Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Share</u>
Mark Herlitz	Son	2112 S. State Line Beecher, Illinois 60401	undivided 50% of Decedent's gross estate
Robert Gary Herlitz a/k/a Gary Herlitz	Son	20007 Marlin Court Lynwood, Illinois 60411	undivided 50% of Decedent's gross estate

Said shares have been determined pursuant to the Heirship Affidavit, attached hereto and made a part hereof.

7. That the Affiants have notified each person named above of the Affiants' intentions to present this Affidavit pursuant to IC 29-1-8-1 and 29-1-8-3.

**FILED**

MAR 29 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

011307

\$17.00  
M.E  
#1434

8. The Decedent's property sought to be transferred by this Affidavit consists of the following:

Parcel One

Part of the East 1/2 of the Southeast 1/4 of Section 24, Township 33 North, Range 10 West of the 2nd P.M., in West Creek Township, Lake County, Indiana, described as: Beginning at a point 40 rods North of the Southeast corner of said Section; thence North, along the East Section line, 20 rods; thence West 40 rods; thence South 20 rods; and thence East 40 rods to the place of beginning, containing 5 acres, more or less.

Commonly known as: 10 State Line, Lowell, Indiana 46356

KEY NO. 45-18-24-400-012.000-037

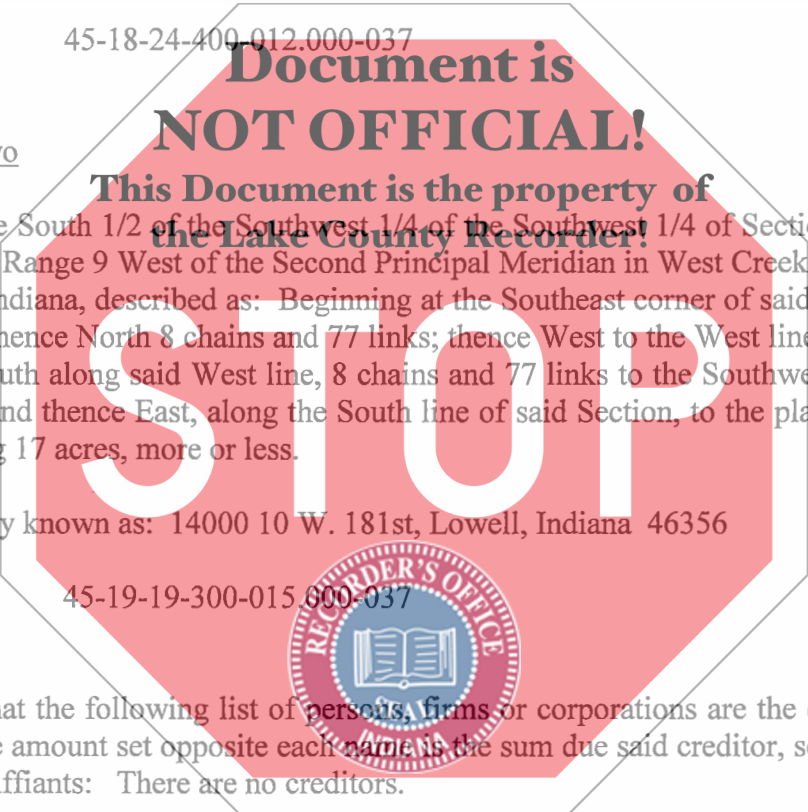
Parcel Two

Part of the South 1/2 of the Southwest 1/4 of the Southwest 1/4 of Section 19, Township 33 North, Range 9 West of the Second Principal Meridian in West Creek Township, Lake County, Indiana, described as: Beginning at the Southeast corner of said Quarter Quarter Section; thence North 8 chains and 77 links; thence West to the West line of said Section; thence South along said West line, 8 chains and 77 links to the Southwest corner of said Section; and thence East, along the South line of said Section, to the place of beginning, containing 17 acres, more or less.

Commonly known as: 14000 10 W. 181st, Lowell, Indiana 46356

KEY NO. 45-19-19-300-015.000-037

9. That the following list of persons, firms or corporations are the only creditors of the Estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the Affiants: There are no creditors.



10. That by reason of the above-stated matters, the Affiants request that the above-described personal property of the Decedent be transferred to the Affiants in accordance with the provisions of Decedent's Living Trust and Last Will and Testament, and in accordance with the provisions of Indiana Code Sections 29-1-8-1, 29-1-8-2 and 29-1-8-3.

IN WITNESS WHEREOF the Affiants have executed this Affidavit for transfer of assets without administration this 31<sup>st</sup> day of January, 2017.

Mark Herlitz  
MARK HERLITZ

Robert Gary Herlitz  
ROBERT GARY HERLITZ A/K/A  
GARY HERLITZ

STATE OF INDIANA  
COUNTY OF LAKE

Document is  
NOT OFFICIAL!

Before me, the undersigned Notary Public and for said County and State, personally appeared MARK HERLITZ and ROBERT GARY HERLITZ A/K/A GARY HERLITZ, who acknowledged the execution of the foregoing instrument to be their voluntary act and deed.

WITNESS my hand and Notarial Seal this 31<sup>st</sup> day of January, 2017  
Georgene Rosinko  
Notary Public

My Commission Expires: 8/1/22  
County of Residence: LAKE

GEORGENE ROSINKO  
Notary Public - Seal  
State of Indiana  
Lake County  
My Commission Expires Aug 1, 2022

Document Prepared By:  
Dale A. Anderson & Associates  
18225 Burnham Avenue  
Lansing, Illinois 60438  
708/895-6663



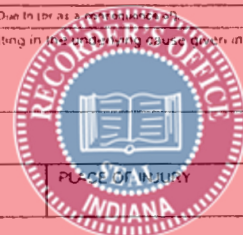
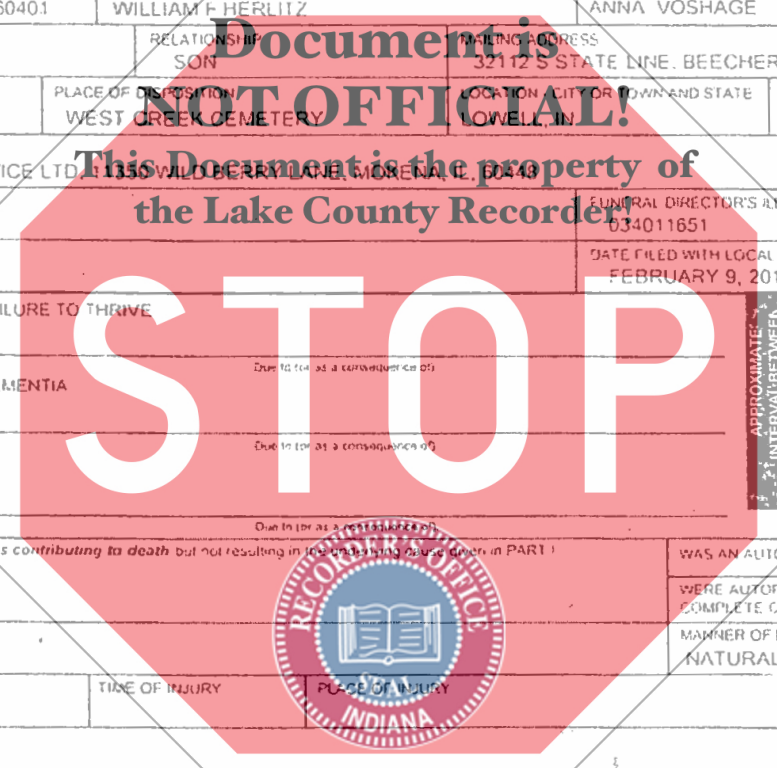
# CERTIFICATION OF DEATH RECORD

CITY OF CHICAGO HEIGHTS  
CHICAGO HEIGHTS, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0009927

DATE ISSUED 02/09/2012

DECEDENT'S LEGAL NAME WILLIAM L HERLITZ			SEX MALE	DATE OF DEATH FEBRUARY 06, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH JULY 19, 1923			
CITY OR TOWN CHICAGO HEIGHTS	HOSPITAL OR OTHER INSTITUTION NAME ST JAMES VITAS HOSPICE HOUSE				
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE BEECHER, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE-CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 32112 S STATE LINE	APT NO	CITY OR TOWN BEECHER	INSIDE CITY LIMITS? YES		
COUNTY WILL	STATE IL	ZIP CODE 60401	FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM F HERLITZ	MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA VOSHAGE	
INFORMANT'S NAME MARK HERLITZ	RELATIONSHIP SON	MAILING ADDRESS 32112 S STATE LINE, BEECHER, IL, 60401			
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WEST CREEK CEMETERY	LOCATION, CITY OR TOWN AND STATE LOWELL, IN	DATE OF DISPOSITION FEBRUARY 11, 2012		
FUNERAL HOME MIDWEST MORTUARY SERVICE LTD					
FUNERAL DIRECTOR'S NAME BRIAN E FITZPATRICK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011651		
LOCAL REGISTRAR'S NAME LORI WILCOX			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 9, 2012		
CAUSE OF DEATH					
PART I	FAILURE TO THRIVE				
IMMEDIATE CAUSE (Final phase of condition resulting in death)	a	Due to (or as a consequence of)			UNKNOWN
	b	DEMENTIA			UNKNOWN
	c	Due to (or as a consequence of)			
		Due to (or as a result of)			
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause shown in PART I			WAS AN AUTOPSY PERFORMED? NO		
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY	
LOCATION OF INJURY			MANNER OF DEATH NATURAL		
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY		
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:30 PM	
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 09, 2012		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MUHAMMED N. LONGI, M.D., 1423 CHICAGO ROAD, CHICAGO HEIGHTS, ILLINOIS, 60411			PHYSICIAN'S LICENSE NUMBER 036-089100		



14839

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

DATE ISSUED: FEB 09 2012

*Joie D. Deane*  
City Clerk

