STATE OF INDIANA)					
COUNTY OF LAKE)	SS: IN RE: ANNE H. BOGDANICH	\ _			
AFFIDAVIT FOR TRANSFER OF REAL PROPERTY						

- 1. That the above-named decedent died intestate on July 29, 2015 while domicile in Lake County, Indiana.
 - 2. That forty-five (45) days have elapsed since the death of the decedent.
- 3. That no application or petition for the appointment of a personal representative is bending or has been granted in any jurisdiction, or is contem
- 4. Pursuant to I.C. 29-1-2-1, decedent died intestate, unmarried, with no children of siblings and the issue of her predeceised siblings are Iblin Gl Caffer and Afriber Rounds, and as such, her 50% tenant in common share of the real estate passes as follows: 50% to John G. Sarter, 218 N. F. Street, Geneva, Illinois 60134 and 50% to Amber Rounds, 14 Grant Ave., Northhampton, MA 01060.
- 5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00), as provided under IC§ 29-1-8-3, the cost of expenses of administration and reasonable funeral expenses.
- 6. That among the decedent's probate assets is a 50% tenant in common interest in the real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows.

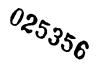
That part of the Southwest 1/4 of Section 10, Township 36 North, Range 9/West of the 2nd Principal Meridian, in the City of Hammond, Lake County Indiana, described as follows: Commencing at the Northeast corner of the Southwest 1/4 of said Section 10; thence South 0° 05' 52" East, along the East line of the Southwest 1/4 of said Section 10, said line also being the centerline of Grand Ave., a distance of 1321.97 feet; thence North 89 ° 16' 12" West a distance of 384.00 feet; thence North 0° 43' 48" East, a distance of 79.58 feet to the point of beginning; thence North 89° 16' 12" West a distance of 31.00 feet; thence North 0° 43' 48" East, a distance of 27.58 feet; thence South 89° 16' 12" East, a distance of 31.00 feet; thence South 0° 43' 48" West, a distance of 27.58 feet to the place of beginning.

commonly known as: 7046 Montana Court, Hammond, Lake County, Indiana Parcel number is 45-07-10-327-046.00-023 and the Tax Id. Number is 007-26-35-0419-0046.

7. That the following list of persons, firms, or corporation are the only creditors of the estate and the amount let opposite each name is the sum due said creditor, so far as the same is known to the affiant: None.

JUL 0 5 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR



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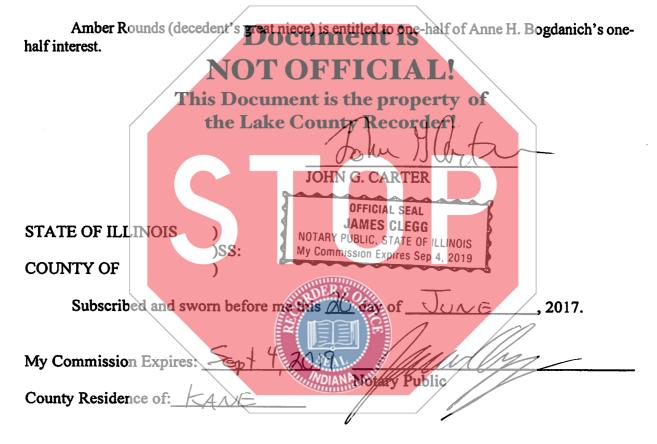
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- 8. That the individuals entitled to the real estate of the decedent's death are the decedent's heir at law as provided under the laws of the intestate succession as provided under IC§ 29-1-2-1.
- 9. That by reason of the above-stated matters, the affiant request that the above-listed real estate of Anne H. Bogdanich, be transferred to John G. Carter and Amber Rounds pursuant to the laws of intestate distribution of IC§ 29-1-8-1, § 29-1-8-, and 29-1-8-3.
 - 10. Each person's distributive share has been calculated as follows:

John Carter (decedent's nephew) is entitled to one-half of Anne H. Bogdanich's one-half interest.



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.

THOMAS. C. O'DONNELL

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 60992

Local No 00257	EDI	R No 00000	State No 036294 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)								
ANNE H BOGDANICH		BOGDANICH		FEMALE		5 AM	07/29/2015				
	ler 1 Year 6c. Under 1 Month			of Birth (Month/Da	y/Year) 8. E	Birthplace (City	and State or F	oreign Country)			
9. Ever in U.S. Armed Forces? 10. If Death Occurre	Days d In A Hospital;	1	inutes Da. If Death Occurred Som Hospice Facility	10/24/1924 ewhere Other Than Decedent's Home	A Hospital	AST CHIC	STATE SAME				
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify) 11. Facility Name (If Not Institution, Give Street and Number)											
7046 MONTANA COURT 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death											
HAMMOND, IN, 46323			LAKE	☐ Married ☐ Married, But Separated ☐ Divorce ☐ Widowed ☑ Never Married ☐ Unknown							
15. Surviving Spouse's Name	15a.	. (If Wife)Give Maiden La	st Name	16. Decedent's U	Jsual Occupation	on	17. Kind Of E	Business/Industry			
18. Residence - State	18a. County		18b. City Or Town	REPRESEN	TATIVE		PHONE C	OMPANY			
INDIANA 18c. Street And Number	LAKE		HAMMOND				THE				
7046 MONTANA COURT				18d.	Apt. No.	18e. Zip (18f. Inside City Limits?			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GEL	20. Decedent Of Hispan	Docun	nentis	Race		463	323				
COMPLETED 22. Father's Name (First, Middle, Last)	NOT HISPANIC	28	White Mother's Name (First, Mide	dle, Last		23a, M	lother's Maiden	Last Name			
JOSEPH BOGDANICH	NOI OFFICIAL:										
all and by the pattern the pattern to	24. Informant's Name 24 Relations of Deceased CIII 2.5 Mauric Codes Shed Acid Number, City, State, Zip Code)										
JOHN CARTER NEPHEW Lake Colais to File 15 of File 15 o											
☐ Burial ☑ Cremation ☐ Donation ☐ Entombment ☐ Removal From State	activities of Bioposition (Ital	inio Or Germatery, Oremat	250. 2	ocauon - City, Town	i, And State						
Other (Specify); 26. Was Coroner Contacted? 27. Name And	REGIONAL CREMA d Complete Address Of Funeral F		MUN	NSTER, IN			27a. Funeral	Home License Number:			
⊠ Yes □ No KISH FUN	NERAL HOME, 10000	CALUMET AVE	, MUNSTER, IN	46321	and the same of the same		FH10700	038			
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC S	GNATURE		District Co.	27c. Lic FD0 10	ense Number (021590	Of Licensee)					
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Ven	Injuries, Or Complications - The	nat Directly Caused The	Not Abbreviate Enter Or	mind H.ForcoUN	NTY HEAL	TH DEPAR	RTMENT	Approximate Interval: Onset To Death			
A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition Results)	ulting In Death) A.	CARDIOMYCPATRY	S.S. Contraction		aug o 4	2015		MONTHS			
Sequentially List Conditions, If Any, Leading To Th	Account to the second to the s	SECONDARY RENAL I	NSUFFICIENCY	As A Consequence Of:				YEARS			
Sequentially List Conditions, If Any, Leading To Th Line A. Enter The Underlying Cause (Disease Or In The Events Resulting In Death) Last	ijury That Initiated C		As A Consequence Off	y w	The same	Sest so					
	0	E . SE	Due to (Or a	As A Consequence Of	OUNTY HE	ALTH OF	FIGER				
Part II. Enter Other Significant Conditions Contributing to 0	Death But Not Resulting In The U	Inderlying Cause GMM1	AHIDDI	An Autopsy Performere Autopsy Finding A		Yes	☑ No				
OR AMERICA A	2. If Female: Not Pregnant Within Past Year P	regnant At Time Of Death	lot Pregnant, But Pregnant Within 42		Manner Of De	W	ccident \square P	Yes No			
The second secon	Not Pregnant, But Pregnant 43 Days To 35. Time Of Injury	British Control of Control of Control	Inknown If Pregnant Within The Past Injury (E.G., Decedent's Ho	Year 🔲	Suicide Co	ould Not Be Det	termined	jury At Work?			
38. Location Of Injury - State 3:	Ba. City Or Town	38b, Street	& Number			38c. Apt. No	and manual	Yes No			
					THE		414				
39. Describe How Injury Occurred				40.	If Transportati	on Injury, Spec	ify:	"N'LESS			
41. Signature, Of Person Certifying Cause Of Death: PAULA BENCHIK-ABRINKO, BY ELE		JRE		THE RESIDENCE OF THE OWNER,	Check Only On	Control of the last	BROWN DE	th Officer			
43. Name, Address And Zip Code Of Person Certifying Co	nelle participality	TING IN 40004			44. Ligense	THE REAL PROPERTY.	34 531	ate Certified			
PAULA BENCHIK-ABRINKO , 1534 1 46. Additional Funeral Service Provider:	ISIN SIKEET, WHI	TING, IN 46394		THE	0104543 47. *Akas:	bA		08/03/2015			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE 49. For Registrar Only - Date Filed. (Month/Day/Year); AUG 03 2015						3 4					
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