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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 085258

2017 DEC 14 PM 4:25

MICHAEL B. BROWN  
RECORDER

Send Tax Statements To: 3215 E. 36<sup>th</sup>, Lake Station, IN 46405

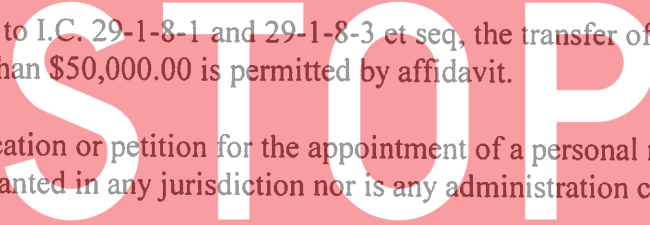
STATE OF INDIANA	)	IN RE: THE ESTATE OF
	) SS:	Elizabeth Wineinger
COUNTY OF LAKE	)	

**SMALL ESTATES AFFIDAVIT AND  
AFFIDAVIT FOR THE TRANSFER OF**

**REAL PROPERTY**

**NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**



1. That the above-named decedent, Elizabeth Wineinger, died on the 14th day of August, 2017, testate, while domiciled in Lake County, Indiana.
2. That 45 days have elapsed since the death of the decedent.
3. That pursuant to I.C. 29-1-8-1 and 29-1-8-3 et seq, the transfer of real property, with a net value of less than \$50,000.00 is permitted by affidavit.
4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
5. That pursuant to the Last Will and Testament of Elizabeth Wineinger, attached hereto and hereby incorporated by reference, the decedent's children, are the heirs to the rest and residue of her Estate, more specifically:

Joan Marie Wineinger, Daughter, 3215 E. 36<sup>th</sup>, Lake Station, IN 46405  
 Eugene L. Wineinger, Son, 1254 Spring Valley Drive, Carol Stream, IL 60188  
 Robert D. Wineinger, Son, 6590 Monument St., Portage, IN 46368  
 Betty J. Luckow, Daughter, 3640 Bal Harbor, #431, Punta Gorda, FL 33950

6. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of \$50,000.00, the allowance provided by I.C. 29-1-8-3, the costs and expenses of administration and reasonable funeral expenses. The following are the assets held by decedent at the time of death:

**FILED**

DEC 14 2017

43634

Ⓢ 25,000

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

✓ #118 JAS

Real Property:

Real Estate commonly known as: 3215 E. 36<sup>th</sup>, Lake Station, IN 46405  
Parcel Numbers: 45-08-24-353-003.000-020

Value: \$60,000.00

Further described as:

SEE ATTACHED LEGAL

**Total Value of Estate Assets:** **\$60,000.00**

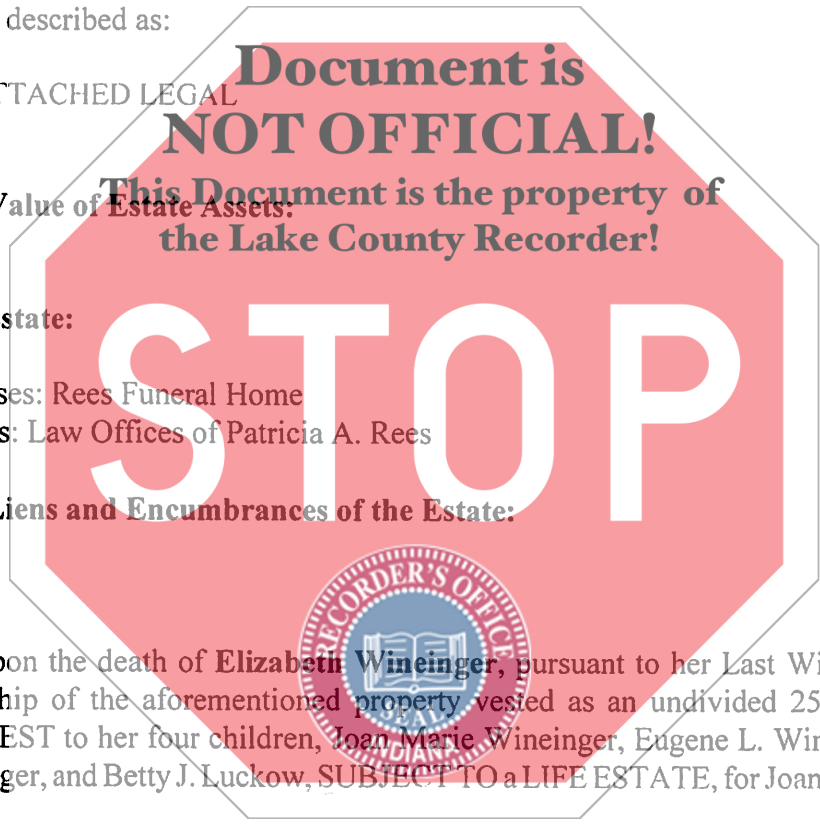
**Debts of the Estate:**

Funeral Expenses: Rees Funeral Home \$10,546.77  
Attorney's Fees: Law Offices of Patricia A. Rees \$1000.00

**Total Debts, Liens and Encumbrances of the Estate:** **\$11,546.77**

**Total Estate:** **\$48,453.23**

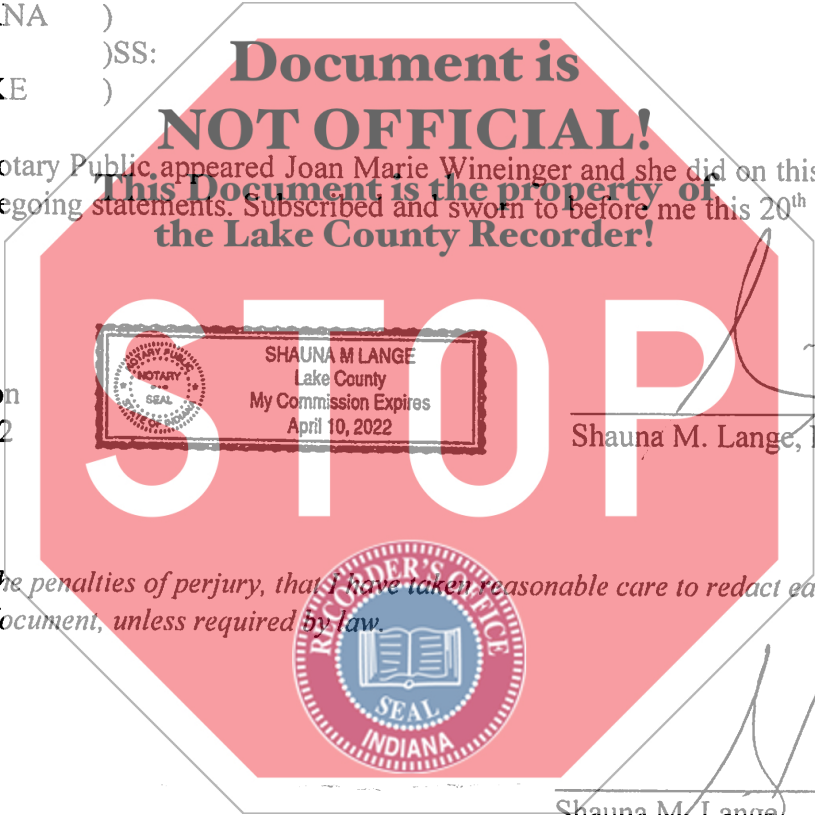
7. That upon the death of Elizabeth Wineinger, pursuant to her Last Will and Testament, ownership of the aforementioned property vested as an undivided 25% REMAINDER INTEREST to her four children, Joan Marie Wineinger, Eugene L. Wineinger, Robert D. Wineinger, and Betty J. Luckow, SUBJECT TO a LIFE ESTATE, for Joan Marie Wineinger.
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 Joan Marie Wineinger 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 20 day of November, 2017.

*Joan Marie Wineinger*  
Joan Marie Wineinger

State of INDIANA )  
                          )SS:  
County of LAKE    )



Before me a Notary Public appeared Joan Marie Wineinger and she did on this date swear to the truth of the foregoing statements. Subscribed and sworn to before me this 20<sup>th</sup> day of November, 2017.

My Commission expires: 4/10/22

*[Signature]*  
\_\_\_\_\_  
Shauna M. Lange, Notary Public

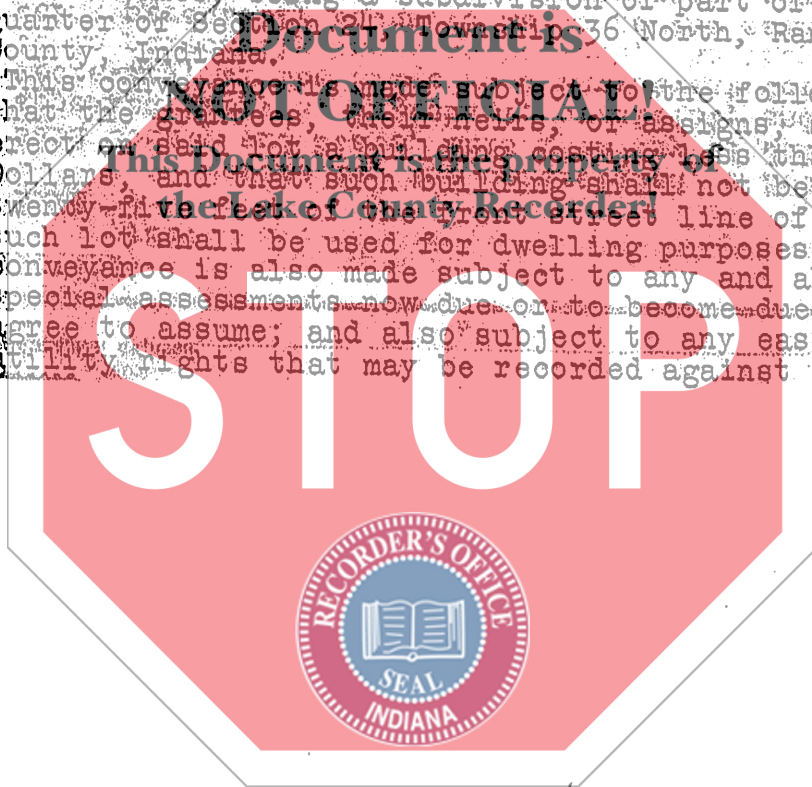
*I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.*

*[Signature]*  
\_\_\_\_\_  
Shauna M. Lange

*This Instrument Prepared by: Shauna M. Lange, Esq, Rees and Lange, P.C.  
150 E. Third Street, Hobart, IN 46342, Telephone: (219) 947-1692.*

Lot number Two (2), Block number Five (5), in Resubdivision of Garden Homes, being a subdivision of part of the Southwest Quarter of Section 21, Township 36 North, Range 8 West, in Lake County, Indiana.

This conveyance is made subject to the following restrictions: That the grantees, their heirs, or assigns, shall not place or erect on said lot a building costing less than One Thousand Dollars, and that such building shall not be placed within twenty-five feet of the front street line of said lot and that such lot shall be used for dwelling purposes only. This conveyance is also made subject to any and all liens, taxes and special assessments now due or to become due, which the grantees agree to assume; and also subject to any easements for public utility rights that may be recorded against said lot.



**Last Will and Testament  
of  
Elizabeth Wineinger**

I, **Elizabeth Wineinger**, a resident of Lake County, Indiana, being of sound mind and memory, do hereby make, publish and declare this instrument to be my Last Will and Testament, hereby expressly revoking any and all other wills and codicils that I may have heretofore made.

ARTICLE I

I hereby direct that all my just debts, expenses of my last illness, funeral and burial expenses shall be paid as soon after my demise and shall be practicable, and further, I direct, that out of the residue of my estate shall be paid all estate, inheritance, transfer and succession taxes, state and federal, which may be imposed upon my property or estate or on any bequest, devise or other interest under this Will, or on any other property, taxable by reason of my death.

ARTICLE II

I hereby give, devise and bequeath to my husband, **Eugene Wineinger**, the rest and residue of my estate, if he survives me for 30 days. In the event that my husband does not survive me for thirty days, I devise and bequeath my estate as directed in Article IV below.

ARTICLE III

I hereby acknowledge that I have four children. It is my intent that if my husband does not survive me except for the specific devises, that my children share equally in my estate at my demise.

I also acknowledge that my husband and I are making wills simultaneously. It is not my intent that this Will be joint and mutual.

*EW*      *EW*

ARTICLE IV


1. I hereby direct that my daughter **Joan Marie Wineinger** shall have the right to live in our home together with its contents for so long as she chooses to do so. Joan Marie has helped care for us these last several years. When Joan Marie chooses to vacate our home, we direct that it be sold and the proceeds of the sale of both the home and it's contents be divided equally among our four children: **Joan Marie Wineinger, Eugene L. Wineinger, Robert D. Wineinger and Betty J. Luckow**, per stirpes and not per capita.
2. I devise and bequeath all of my jewelry be divided between my daughters, **Joan Marie Wineinger and Betty J. Luckow**, as they shall agree, per stirpes and not per capita.
3. I devise and bequeath my Wheat Penny collection to **Joan Marie Wineinger**, per stirpes and not per capita.
4. I devise and bequeath my husband's gold watch to my son, **Robert Dale Wineinger**, per stirpes and not per capita.
5. The rest and residue of my estate, being all property, personal and real, where ever located to my four children: **Joan Marie Wineinger, Eugene L. Wineinger, Robert D. Wineinger and Betty J. Luckow**, per stirpes and not per capita.

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

I hereby select and appoint my husband, **Eugene Wineinger**, as Executor of this my Last Will and Testament, to serve without bond. In the event that he is unable to serve, I select and appoint, **Joan Marie Wineinger and Eugene L. Wineinger** as Successor Co-Executors, also to serve without bond.

IN WITNESS WHEREOF, I have subscribed my name to this my Last Will and Testament, in the presence of my attorney, Patricia A. Rees, this 4 day of November, 2009, and in the presence of the subscribing Witnesses whose signatures are hereafter affixed.

*Elizabeth Wineinger*  
Elizabeth Wineinger



THIS INSTRUMENT, consisting of three (3) pages, was on the date hereof, by said Elizabeth Wineinger, published and declared to be her Last Will and Testament, in the presence of us, who at her request, and in her presence, and in the presence of each other, have signed the same as Witnesses thereto.

*Pat Rees*

Paruciall of Hobart In  
Name

Bette R. Clayton of Hobart In  
Name

UNDER THE PENALTIES FOR PERJURY, WE, Elizabeth Wineinger, Paruciall A. Does and Bette R. Clayton the Testator and Witnesses respectively, whose names are signed to the foregoing Last Will and Testament, hereby solemnly, sincerely, and truly declare and affirm:

1. That the Testator executed the instrument as her Will;
2. That, in the presence of both Witnesses, she signed or acknowledged her signature;
3. That she executed the Will as her free and voluntary act for the purposes therein expressed;
4. That each of the Witnesses, in the presence of the Testator and of each other, signed the Will as Witnesses;
5. That the Testator was of sound mind, and
6. That to the best of their knowledge, the Testator was at the time eighteen (18) or more years of age.

Paruciall of Hobart In  
Name

Bette R. Clayton of Hobart In  
Name

JM Bec



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 133047

Local No 002881

EDR No 000000593321

State No 040649

1. Decedent's Legal Name (First, Middle, Last) ELIZABETH WINEINGER		1a. Maiden Name (If female) HASZA		2. Sex FEMALE	3. Time Of Death 10:30 AM	4. Date Of Death (Month/Day/Year) 08/14/2017	
5. Social Security Number [REDACTED]		6a. Age - Yrs 99	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 12/23/1917
8. Birthplace (City and State or Foreign Country) HOBART, IN		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)	
11. Facility Name (If Not Institution, Give Street and Number) 3215 EAST 36TH AVENUE				12. City Or Town, State, And Zip Code LAKE STATION, IN 46405		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER	
17. Kind Of Business/Industry HOME		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LAKE STATION	
18c. Street And Number 3215 EAST 36TH AVENUE		18d. Apt. No.		18e. Zip Code 46405		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE, NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) GEORGE HASZA	
23. Parent's Last Name Before First Marriage KOVACH		24. Informant's Name JOAN WINEINGER		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN MEMORIAL PARK		25c. Location - City, Town, And State HOBART, IN	
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W/OLD RIDGE RD, HOBART, IN 46342		27a. Funeral Home License Number FH83003069	
27b. Signature Of Indiana Funeral Service Licensee: JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD29700036		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SENILE DEGENERATION OF BRAIN		Approximate Interval, Onset To Death DAYS	
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown Pregnant Within The Past Year		33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38a. City Or Town LAKE COUNTY HEALTH DEPARTMENT		38b. Street & Number AUG 21 2017	
39. Location Of Injury - State		39a. City Or Town		39b. Street & Number		39c. Apt. No.	
39d. Zip Code		39e. State		39f. City Or Town		39g. Street & Number	
39h. Apt. No.		39i. Zip Code		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		41. Signature Of Person Certifying Cause Of Death: OBAID SHAFIQ, BY ELECTRONIC SIGNATURE	
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: OBAID SHAFIQ, 85-E US HIGHWAY 6, VALPARAISO, IN 46388		44. License Number 01070252B		45. Date Certified 08/19/2017	
46. Additional Funeral Service Provider		47. AKAs		48. Signature Of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) AUG 21 2017	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

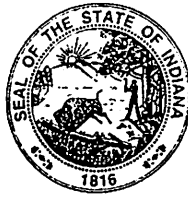


THIS IS A TRUE COPY OF  
LAKE COUNTY HEALTH DEPARTMENT  
AUG 21 2017

NOT VALID UNLESS

RAISED SEAL AFFIXED





OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHAEL B. BROWN
Recorder



PHONE (219) 755-3730
FAX (219) 755-3257

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CUSTOMER INITIALS: [Handwritten initials] DATE: 12, 14, 17

EMPLOYEE INITIALS: [Handwritten initials] DATE: 12, 14, 17