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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 086995

2017 DEC 26 AM 8:47

MICHAEL B. BROWN
RECORDER

Send Tax Statements To: 1341 Lake Charles Ave., Porter, Indiana 46368

| | | |
|------------------|-------|----------------------|
| STATE OF INDIANA |) | IN RE: THE ESTATE OF |
| |) SS: | JEANNE K HART- ROGGE |
| COUNTY OF LAKE |) | AKA JEANNE K ROGGE |

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

1. That the above-named decedent, **Jeanne K Hart-Rogge aka Jeanne K Rogge**, died on the 23rd day of July, 2016, 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 laws of intestacy governed by I.C. 29-1-2-1, the daughter of Jeanne K Hart-Rogge aka Jeanne K Rogge, namely Lisa M. Rogge of 1341 Lake Charles Ave., Porter, Indiana 46368, is the sole heir to a 100% undivided interest in her estate.
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:

| | |
|--------------------------------|--|
| Real Estate commonly known as: | 2900 W. 38 th Place, Hobart, IN 46342 |
| Parcel Number: | 45-08-25-107-013.000-018 |
| Assessed Value: | \$59,500.00 |

Further described as:

Lot 47 in a Resubdivision of parts of Indiana Ridge Subdivision, in the City of Hobart, as per plat of said Resubdivision, recorded in Plat Book 31, Page 38, in the Office of the Recorder of Lake County, Indiana.

| | |
|---|--------------------|
| Total Value of Estate Assets: | \$59,500.00 |
| Debts of the Estate: | |
| Lake County Indiana Assessor Property Taxes 2015-2016/2016-2017 | \$ 710.04 |
| AARP Homeowner's Insurance | \$ 1,584.00 |
| Evergreen Memorial Park Cemetery | \$ 1,202.50 |
| Rees Funeral Home-Funeral Expenses | \$ 9,773.48 |
| Attorney's Fees: Law Offices of Patricia A. Rees | \$ 500.00 |
| Total Estate: | \$45,729.98 |

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$2500
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7. That upon the death of Jeanne K Hart-Rogge aka Jeanne K Rogge, pursuant to her Last Will and Testament, ownership of the aforementioned property vested as an undivided 100% interest to her daughter and only surviving child, Lisa M. Rogge.
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 Lisa M. Rogge 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 30 day of November, 2017.

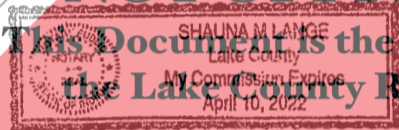
Lisa M. Rogge
 Lisa M. Rogge

State of INDIANA)
)SS:
 County of LAKE)

Before me a Notary Public appeared Lisa M. Rogge and she did on this date swear to the truth of the foregoing statements. Subscribed and sworn to before me this 30 day of November, 2017.

Document is NOT OFFICIAL!

My Commission expires: 4/10/22



This Document is the property of the Lake County Recorder!

Shauna M. Lange
 Shauna M. Lange, Notary Public

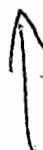
I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

STOP



Shauna M. Lange
 Shauna M. Lange

*This Instrument Prepared by:
 Shauna M. Lange, Esq, Rees and Lange, P.C.,
 150 E. 3rd Third Street, Hobart, IN 46342,
 Telephone: (219) 947-1692.*





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

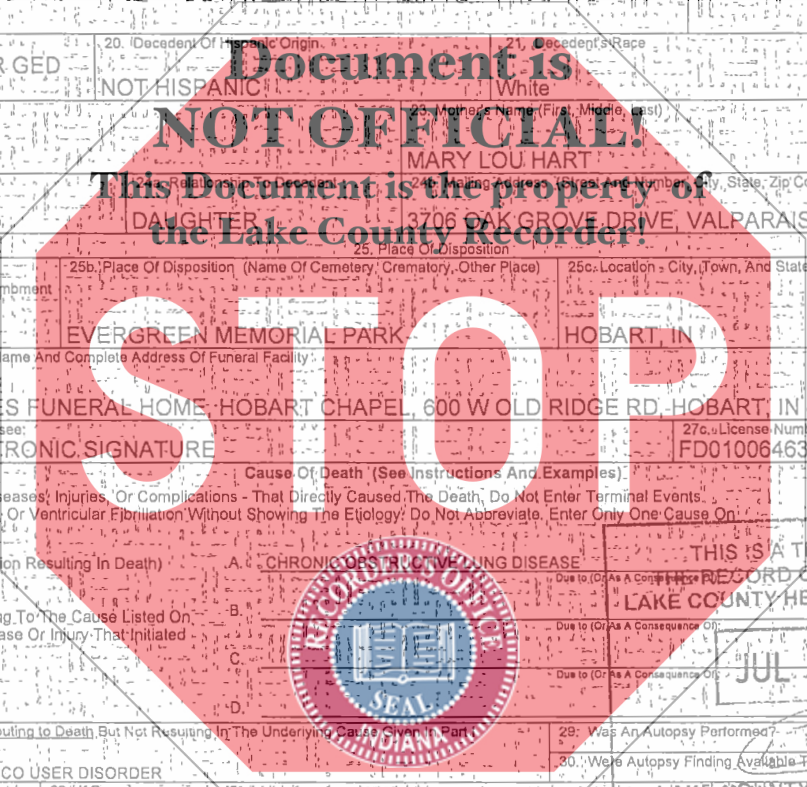
Tracking No. 94773

Local No 002393

EDR No 00000523840

State No 034940

| | | | | | | | |
|--|---------------------|---|---------------------------|--|------------------------------|--|---|
| 1. Decedent's Legal Name (First, Middle, Last) JEANNE K HART-ROGGE | | 1a. Maiden Name (If female) HART | | 2. Sex FEMALE | 3. Time Of Death 12:57 PM | 4. Date Of Death (Month/Day/Year) 07/23/2016 | |
| 5. Social Security Number [REDACTED] | 6a. Age - Yrs 69 | 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) 07/12/1947 | 8. Birthplace (City and State or Foreign Country) GARY, 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) 2900 WEST 38TH PLACE | | | | 13. County Of Death LAKE | | 14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | |
| 12. City Or Town, State, And Zip Code HOBART, IN 46342 | | 15. Surviving Spouse's Name | | 15a. (If Wife) Give Maiden Last Name | | 16. Decedent's Usual Occupation DISABLED | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town HOBART | | 17. Kind Of Business/Industry DISABLED | |
| 18c. Street And Number 2900 WEST 38TH PLACE | | 18d. Apt. No. | | 18e. Zip Code 46342 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race White | | | |
| 22. Father's Name (First, Middle, Last) ROBERT A HART | | 23. Mother's Name (First, Middle, Last) MARY LOU HART | | 23a. Mother's Maiden Last Name TAYLOR | | | |
| 24. Informant's Name LISA ROGGE | | 24a. Relationship To Decedent DAUGHTER | | 24b. Home Address (Street and Number, City, State, Zip Code) 3706 OAK GROVE DRIVE, VALPARAISO, IN 46383 | | | |
| 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) | | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN MEMORIAL PARK | | 25c. Location - City, Town, And State HOBART, IN | | | |
| 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 JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE | |
| 27c. License Number (Of Licensee) FD01006463 | | 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. CHRONIC OBSTRUCTIVE LUNG DISEASE Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. C. D. | | | | Approximate Interval: Onset To Death | |
| Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. POSSIBLE CARCINOMA OF LUNG, TOBACCO USER DISORDER | | 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 29a. License Number (Of Licensee) LAKE COUNTY HEALTH OFFICER | | | |
| 31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 32. If Female: <input checked="" 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 If Pregnant Within The Past Year | | 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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 | |
| 38. Location Of Injury - State | | 38a. City Or Town | | 38b. Street & Number | | 38c. Apt. No. | |
| 38d. Zip Code | | 39. Describe How Injury Occurred | | 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | |
| 41. Signature, Of Person Certifying Cause Of Death GAURAV KUMAR, BY ELECTRONIC SIGNATURE | | 42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer | | 44. License Number 01063464A | | | |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death GAURAV KUMAR, 3156 WILLOWCREEK ROAD, PORTAGE, IN 46368 | | 45. Date Certified 07/27/2016 | | 47. Ahas | | | |
| 46. Additional Funeral Service Provider | | 48. Signature Of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE | | 49. For Registrar Only - Date Filed (Month/Day/Year) JUL 28 2016 | | | |



THIS IS A TRUE COPY OF
RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT
JUL 28 2016

NOT VALID UNLESS

RAISED SEAL AFFIXED