

STATE OF INDIANA

COUNTY OF LAKE

IN RE: SIDNEY W. CONN, DECEASED

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)SS:

2017 088010

)

Parcel ID: 45-09-32-281-001.000-018

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 DEC 27 PM 3:23

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF HEIRSHIP TO REAL PROPERTY
IN LAKE COUNTY, INDIANA

Sidney A. Conn, being duly sworn upon his oath says:

1. Sidney W. Conn AKA Sidney Warren Conn AKA Sidney Conn, died testate on the 27th day of September, 2017, while domiciled in Lake County, Indiana.
2. No application or petition for appointment of a Personal Representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
3. On October 14th, 2004, the decedent's Last Will and Testament, dated February 14, 2004, was probated in Lake County Superior Court, Probate Division, under cause number 45D02-1710-EM-00041. Copy of Court Order and Will are attached and marked as Exhibit A.
4. That pursuant to articles 4 & 5 of decedent's Last Will and Testament, his Wife, Mildred Conn was given all of decedent's personal property and real property providing she survived her husband, Sidney W. Conn AKA Sidney Warren Conn. Mildred Conn, AKA Mildred I. Conn, did not survive her husband. She died February 14, 2002. Her certificate of death is attached and marked Exhibit B.

As a result of Mildred Conn predeceasing Sidney W. Conn the real and personal property of the decedent was left to Patricia L. Clark of 912 Coral Drive, Hobart, IN 46342 and Sidney A. Conn of 115 E. 13th Place, Hobart, IN 46342, in equal shares. See article 4 & 5 of decedent's Will which is attached hereto.

5. The real estate which is the subject of this affidavit is located at 501 S. Liberty Place, Hobart, Indiana 46342. The legal description is as follows:

Lot 140 in Stendahl's Wood-Dale addition to Hobart, as per plat thereof, recorded in Plat Book 31, page 16, in the Office of the Recorder of Lake County, Indiana.

6. That pursuant to I.C. 29-1-7-23, ownership of said real property passed automatically to the devisee named in the decedent's Will. That is Sidney A. Conn of 115 E. 13th Place, Hobart, Indiana 46342 and Patricia L. Clark of 2912 Coral Dr., Hobart, Indiana 46342, in equal shares as tenants in common. The purpose of this affidavit is to place Sidney A. Conn and Patricia L. Clark in the chain of title as now the sole owners of the real estate herein described. The common address of said real estate is 501 S. Liberty Place, Hobart, Indiana 46342 & the Parcel ID is 45-09-32-281-001.000-018.

FILED

DEC 27 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

029979

E
\$ 25.00
CK# 7701
4/5/17

All future tax bills should be sent to Sidney A. Conn of 115 E. 13th Place, Hobart, IN 46342.

- 7. That no consideration was transferred to or by the Affiant in connection with the signing or giving of this Affidavit, and therefore this Affidavit is not a conveyance document as that term is described in I.C. 6-1.1-5-5-2.

Further Affiant sayeth not.

Sidney A. Conn

Sidney A. Conn
Affiant

STATE OF INDIANA
COUNTY OF LAKE

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

The undersigned, a notary public in and for the above county and state residing in Lake County, Indiana, certifies and witnesses that the above-signed Sidney A. Conn, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged the signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in this instrument this 26 day of October, 2017.

Witness my hand and notarial seal this 26 day of October, 2017.

My Commission Expires:
07-19-2025



Ervin C. Carstensen
Notary Public

Resident of Lake County

Ervin C. Carstensen
Printed Signature

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

Ervin C. Carstensen

Ervin C. Carstensen

Prepared By: Ervin C. Carstensen
Attorney at Law
No. 3141-45

EX A

Filed in Court

STATE OF INDIANA

OCT 14 2017

IN THE LAKE SUPERIOR COURT

COUNTY OF LAKE

SITTING AT
EAST CHICAGO, INDIANA

IN THE MATTER OF THE ESTATE OF

ESTATE NO. 45D02 17 10 EM 0 0 0 4 1

SIDNEY W. CONN, DECEASED

ORDER OF PROBATE OF WILL WITHOUT ADMINISTRATION
(Will Spread of Record)

Comes now, Sidney A. Conn and Patricia L. Clark, having filed their verified Petition for the Probate of Decedent's Will Without Administration, which petition is on file with the Court and a part of its record.

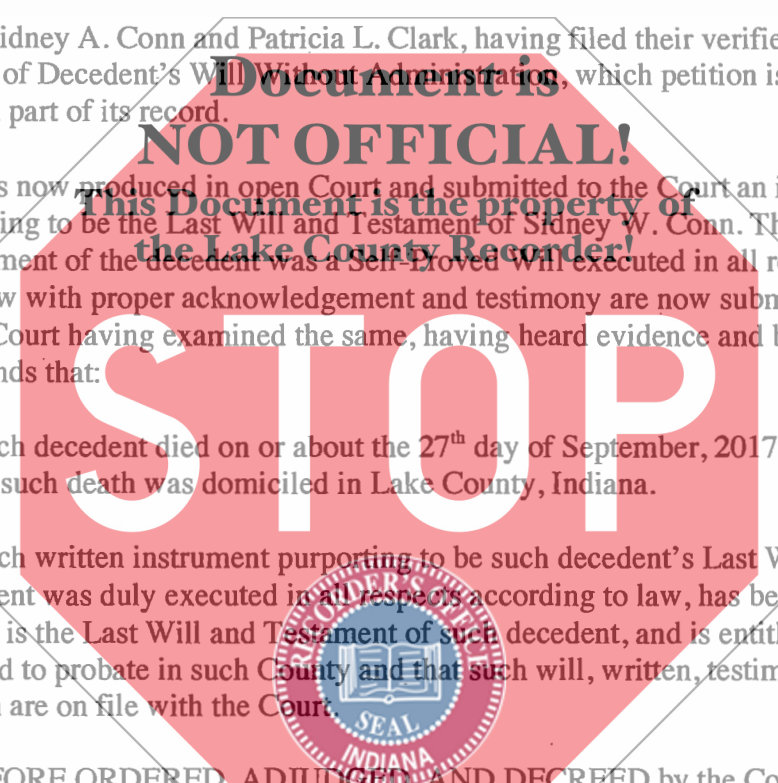
Further, there is now produced in open Court and submitted to the Court an instrument in writing purporting to be the Last Will and Testament of Sidney W. Conn. That said Last Will and Testament of the decedent was a Self-Proved Will executed in all respects according to law with proper acknowledgement and testimony are now submitted to the Court and the Court having examined the same, having heard evidence and being duly advised now finds that:

1. That such decedent died on or about the 27th day of September, 2017, and at the time of such death was domiciled in Lake County, Indiana.
2. That such written instrument purporting to be such decedent's Last Will and Testament was duly executed in all respects according to law, has been duly proved, is the Last Will and Testament of such decedent, and is entitled to be admitted to probate in such County and that such will, written, testimony, and Petition are on file with the Court.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED by the Court that the written instrument purporting to be the Last Will and Testament of Sidney W. Conn be and it is hereby admitted to probate and spread of record as such.

All of which is ordered this 14th day of October 2017.

Judge of the Superior Court of Lake County



Last Will and Testament of

SIDNEY W. CONN

I, **Sidney W. Conn**, domiciled in the City of Hobart, County of Lake, and State of Indiana, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all wills and codicils at any time heretofore made by me.

I am married to **Mildred Conn**. All references to my wife are to her. I have two (2) children, **Patricia L. Clark** and **Sidney A. Conn**. All references to my children are to them. I wish to acknowledge that I had a daughter, **Cathy** who is deceased.

ARTICLE 1

I direct that my personal representatives pay all expenses of my last illness and funeral, costs of administration, including ancillary, costs of safeguarding and delivering devises, and other proper charges against my estate.

ARTICLE II

I direct that all estate, inheritance, succession, death or similar taxes, assessed with respect to my estate herein disposed of, or any part thereof, or on any bequest or devise contained in this my last will, or on any insurance upon my life or on any property held jointly by me with another or on any transfer made by me during my lifetime or on any other property or interests in property included in my estate for such tax purposes be paid out of my residuary estate and shall not be charged to or against any recipient, beneficiary, transferee or owner of any such property or interests in property included in my estate for such tax purposes.

-Page One of Four-Page Will-

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**LAST WILL AND TESTAMENT OF
SIDNEY W. CONN**

ARTICLE III

I nominate and appoint my wife, **Mildred Conn**, to be the personal representative of my estate. If she should resign or cease to act, then I appoint my daughter, **Patricia L. Clark** and my son, **Sidney A. Conn**, as CO-personal representatives and request that they be allowed to serve without bond. If one is unable to serve, the other may serve by his or herself.

I hereby give my personal representatives all powers permitted by applicable statutory provisions of the Indiana Probate code, including but not limited to the unsupervised administration provisions of Indiana Code 29-1-7.5-1 et seq., as amended or recodified from time to time, which powers are incorporated herein though set out in full. Said powers are to be exercised without the necessity of any notice to beneficiaries or petition or order from any court.

ARTICLE IV

I devise all my personal and household effects of every kind including but not limited to furniture, appliances, furnishings, pictures, silverware, china, glass, books, jewelry, wearing apparel, boats, automobiles, and other vehicles, and all policies of fire, burglary, property damage, and other insurance on or in connection with the use of this property, to my wife, **Mildred Conn**, if she shall survive me. If my wife shall not survive me, I devise all of this property to my living children, **Patricia L. Clark and Sidney A. Conn**, or to the survivor of them, in equal shares, share and share alike.

ARTICLE V

I give, devise, and bequeath all of the rest and residue of my property of every kind and description, wherever situate and whether acquired before or after the execution of this will, absolutely in fee simple to my wife, **Mildred Conn**, if she survives me. If my wife shall not survive me,

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**LAST WILL AND TESTAMENT
SIDNEY W. CONN**

then I give, devise, and bequeath all of said property to my children, **Patricia L. Clark and Sidney A. Conn**, in equal shares, share and share alike. If either of my children predecease me, the interest he or she would have received had they survived, shall go to the surviving child.

ARTICLE VI

I recognize and intend that all property (real, personal and mixed), which I may now or hereafter own as a tenant by the entirety or as a joint tenant with right of survivorship shall pass by operation of law and not be affected by the provisions of this will. I further recognize and intend that any insurance proceeds payable as a result of my death shall pass by operation of the controlling document of any such policy, unless the proceeds are payable to my estate. Finally, I understand I may change this will at any time, and nothing contained in this will should be construed as a contract with any person not to change it or not to make other disposition of my property by subsequent will or gift.

ARTICLE VII

Any assets of my estate that is encumbered by lien or mortgage shall be distributed by my personal representative subject to said lien or mortgage.

ARTICLE VIII

Although it is my understanding that my wife is or may be executing her Last Will and Testament at or about the time of the execution of this my Last Will and Testament, it is not my nor our intention that the freedom of testation of myself and my wife be in any way limited or that the freedom to transfer property during the life of either of us be in any way limited. My will and that of my wife are separate and independent of each other and are not joint mutual wills.

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SWC

**LAST WILL AND TESTAMENT OF
SIDNEY W. CONN**

IN WITNESS WHEREOF, I have subscribed my name to this my Last Will and Testament, consisting of four (4) typewritten pages, affixing my initials to each of the pages for better identification all in the presence of the persons witnessing it at my request on this 14th day of February, 2001.

Sidney W. Conn
**Document is
SIDNEY W. CONN, TESTATOR
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**
The foregoing instrument, consisting of this and four (4) typewritten pages, was signed, published, and declared by SIDNEY W. CONN, Testatrix, to be his Last Will and Testament, in our presence. We then at his request and in his presence and in the presence of each other, signed our names as witnesses to the same this 14th day of February, 2001.

Sondra L. Sarver
SONDRA L. SARVER
Witness

501 Main Street
Hobart, Indiana 46342



Ervin C. Carstensen
ERVIN C. CARSTENSEN
Witness

503 Main Street
Hobart, Indiana 46342

SS S W/C

**ATTESTATION FOR SELF-PROVED
LAST WILL AND TESTAMENT OF
SIDNEY W. CONN**

Comes now, SIDNEY W. CONN, the Testator, and SONDRAL SARVER and ERVIN C. CARSTENSEN, the subscribing witnesses herein, who hereby declare under the penalties of perjury, that we have signed and executed the foregoing instrument designated as the Last Will and Testament of SIDNEY W. CONN.

1. That the Testator executed the instrument as his Will;
2. That, in the presence of both witnesses, the Testator signed and acknowledged his signature;
3. That the Testator executed the Will as his free and voluntary act for the purpose expressed in it;
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) years or more of age.

All of which is attested to this 17 day of February, 2001.

Sidney W Conn
SIDNEY W. CONN, TESTATOR

Sondra L Sarver
SONDRA L. SARVER, WITNESS

Ervin C Carstensen
ERVIN C. CARSTENSEN, WITNESS

[Handwritten initials]
SS S W C



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 136413

Local No. 003314

EDR No 00000600830

State No 047332

Form containing fields for decedent information (SIDNEY WARREN CONN), social security number, date of birth (06/14/1924), birthplace (SALT LICK, KY), facility name (ST MARY MEDICAL CENTER INC), residence (HOBART, IN, 46342), occupation (CRANE OPERATOR), education (8TH GRADE OR LESS), parent's name (LEVI CONN), informant's name (PATRICIA CLARK), method of disposition (Burial), funeral home (EDMONDS & EVANS FUNERAL HOME), cause of death (MYOCARDIAL INFARCTION), and certifier information (MILTON STANLEY GASPARIS).



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 29 2017

NOT VALID UNLESS

AN ESTATE: The Social Security # is stated by this state agency in order to fulfill its statutory responsibility. Disclosure is required and there will be no penalty for refusal.

EX 10

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 395-02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

| | | | | |
|--|---|---|---|---|
| 1. DECEASED—NAME (First, Middle, Last) MILDRED I CONN | | 2. SEX Female | 3a. TIME OF DEATH 1:38 AM | 3b. DATE OF DEATH (Month, Day, Year) February 14, 2002 |
| 4. SOCIAL SECURITY NUMBER [REDACTED] | 5a. AGE—Last Birthday (Years) 70 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) July 25, 1931 |
| 7a. WAS DECEDENT A U.S. VETERAN? No | 7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A | 8a. PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence | | |
| 9a. FACILITY NAME (If not institution, give street and number) 501 S Liberty Place | | 9c. CITY, TOWN OR LOCATION OF DEATH Hobart | | 9d. COUNTY OF DEATH Lake |
| 10. MARITAL STATUS (Specify) Married | 11. SURVIVING SPOUSE (If wife, give maiden name) Sidney Conn | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Supervisor | | 12b. KIND OF BUSINESS/INDUSTRY Manufacturing |
| 13a. RESIDENCE—STATE IN | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION Hobart | | 13d. STREET AND NUMBER 501 S Liberty Place |
| 13e. ZIP CODE 46342 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 13g. ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? U.S.A. | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) |
| 16. RACE—American Indian, Black, White, etc (Specify) White | | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +) | | |
| 18. FATHER'S NAME (First, Middle, Last) Emory Rogers | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Hester Hunt | | |
| 20a. INFORMANT'S NAME (Type/Print) Sidney W. Conn | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 501 S Liberty Place, Hobart, IN 46342 | | 20c. Relationship Husband |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Feb 18, 2002 McCoo Cemetery | | 21c. LOCATION—City or Town, State Portage IN |
| 22a. EMBALMER'S NAME James J. Krause | | 22b. EMBALMER'S LICENSE NO. FDO1006463 | | 23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i> | | 24b. LICENSE NUMBER (of licensee) FDO1006463 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488 |
| 26. PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I | | 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No | | |
| 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No | | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No | | |
| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. | | 29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | 29c. MEDICAL LICENSE NO. 01043633 |
| 29d. DATE SIGNED (Month, Day, Year) 2/15/02 | | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Tom N. Galouzis MD 1600 S. Lake Park Avenue, Hobart, IN 46342 | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Bart D.O.</i> | | 32. DATE FILED (Month, Day, Year) February 19, 2002 | | |
| 33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) |
| 34d. DESCRIBE HOW INJURY OCCURRED FEB 19 2002 | | 34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) | | |
| 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | |
| 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. | | | | |

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

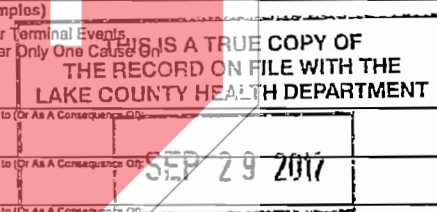
Tracking No. 136413

Local No 003314

EDR No 00000600830

State No 047332

Main form containing fields for decedent information (SIDNEY WARREN CONN), date of death (09/27/2017), cause of death (MYOCARDIAL INFARCTION), and certifying physician (MILTON STANLEY GASPARI).



NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)