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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 020525

2019 APR -8 AM 10:44

MICHAEL B. BROWN
RECORDER

Property Number:
45-10-12-178-013.000-034

Tax Mailing Address:
1514 ROKOSZ LN
DYER IN 46311-1395

HEIRSHIP AFFIDAVIT

State of Indiana)
) SS:
County of Lake)

Comes now Gregg A. Stoffle, the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

1. Gregg A. Stoffle is an adult currently residing at 1514 Rokosz Lane, Dyer IN 46311-1395, in the County of Lake, State of Indiana, and has personal knowledge of the facts stated in this Heirship Affidavit as a surviving son of Eileen Stoffle.
2. Eileen Stoffle was also known as Eileen T. Stoffle.
3. Eileen Stoffle died on October 11, 2018, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death is attached to this Heirship Affidavit as Exhibit "A" and made a part of this Heirship Affidavit by reference.
4. At the time of her death, Eileen Stoffle was the owner in fee simple and the record title holder of the following described real estate located in Lake County, Indiana:

The North 46.25 feet of Lot 2 in Wildflower Estates, an Addition to the Town of Dyer, as per plat thereof recorded in Plat Book 78, page 68 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1514 Rokosz Lane
Dyer IN 46311-1395

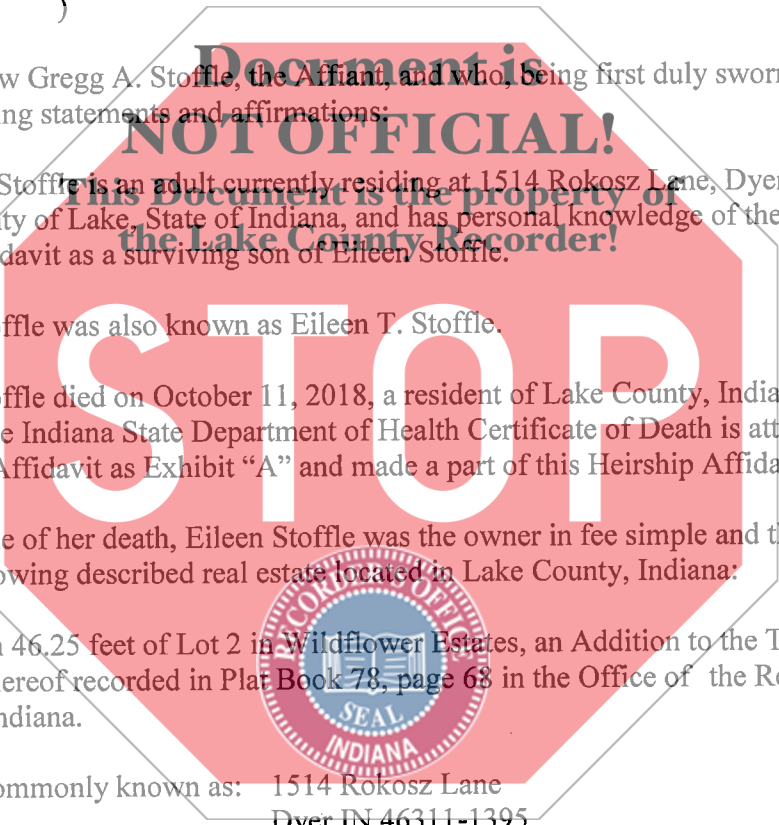
Property Number: 45-10-12-178-013.000-034

(Heirship Affidavit – Page 1 of 3)

FILED

APR 07 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR



Greater Indiana Title Company

2000 5445

22685

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am

5. Eileen Stoffle obtained her interest in said real estate through the Warranty Deed dated February 27, 2014, and recorded March 7, 2014, as Document number 2014 013027, in the Office of the Recorder of Lake County, Indiana, made by Gregg A. Stoffle and Eileen Stoffle, Tenants in Common with Right of Survivorship, to Eileen Stoffle.
6. Eileen Stoffle died intestate and no estate was administered in any jurisdiction.
7. There were no Federal Estate taxes due by reason of the death of Eileen Stoffle.
8. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty-thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses.
9. Eileen Stoffle died a widow and left two heirs surviving her, all being her adult children, namely, the following:

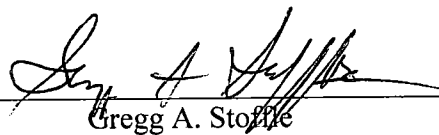
Grant A. Stoffle, Jr., adult son, of 30 Belle Terre Ct, Greenville, SC 29609;

and

Gregg A. Stoffle, adult son, of 1514 Rokosz Lane, Dyer IN 46311-1395.

10. The above named heirs succeeded to the interest of Eileen Stoffle pursuant to IC § 29-1-7-23 and IC § 29-1-2-1(d)(1) and are the owners in equal shares of said real estate.
11. The purpose of this Heirship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Grant A. Stoffle, Jr. and Gregg A. Stoffle are the owners of said real estate and to place of record with the Lake County Recorder's Office that Grant A. Stoffle, Jr. and Gregg A. Stoffle are the owners of said real estate .

Further Affiant saith not.



 Gregg A. Stoffle

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, on this 22 day of March, 2019, by Gregg A. Stoffle, the Affiant.

BRENDA SOHOVICH
Notary Public - Seal
State of Indiana
Porter County
My Commission Expires Nov 5, 2022

Document is NOT OFFICIAL!
Notary's Signature: [Signature]
This Document is the property of the Lake County Recorder!
Notary's Printed Name: _____

Notary's County of Residence: _____

Notary's Commission Expires: _____

After recording return to and Mailing Address of Affiant: **Gregg A. Stoffle**
1514 ROKOSZ LN
DYER IN 46311-1395

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company commitment no. IN05445.

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. Chris Fox

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 600231

EDR No 00000670216

State No 051385

Decedent's Last Name (First, Middle, Last) **EILEEN T STOFFLE** GR **GRANBERG** Sex **FEMALE** Time of Death **07:27 PM** Date of Death **NOV 13 2018**

Age - Yrs **64** Months **07** Days **13** Hours **07** Minutes **13** Seconds **07/13/1954** City or Town **CHICAGO, IL**

Place of Death **ST CATHERINE HOSPITAL INC** City or Town, State, and Zip Code **EAST CHICAGO, IN, 46312**

Relationship to Decedent **HOMEMAKER** Cause of Death **SEPTIC SHOCK**

Residence - State **INDIANA** County **LAKE** City or Town **DYER**

Street and Number **1514 ROKOSZ LANE** Zip Code **46311**

Decedent's Education **HIGH SCHOOL GRADUATE OR GED COMPLETED** Race **NOT HISPANIC**

Parent's Name (First, Middle, Last) **OSCAR GRANBERG** Relationship to Decedent **ANN GRANBERG**

Informant's Name **GREGG STOFFLE** Relationship to Decedent **1514 ROKOSZ LANE, DYER, IN 46311**

Method of Disposition **Final** Name and Complete Address of Funeral Facility **SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311**

Signature of Indiana Funeral Service Licensee **TIMOTHY G SMITS, BY ELECTRONIC SIGNATURE** License Number **FD06295101**

Part I - Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death

Immediate Cause (Final Disease Or Condition Resulting In Death) **A. SEPTIC SHOCK**

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

Part II - Enter Other Significant Conditions Contributing To Death (Unless Resulting In The Underlying Cause Given In Part I)

Did Tobacco Use Contribute To Death? **No**

Date of Injury (Month/Day/Year) **07/13/1954** Time of Injury **07:13**

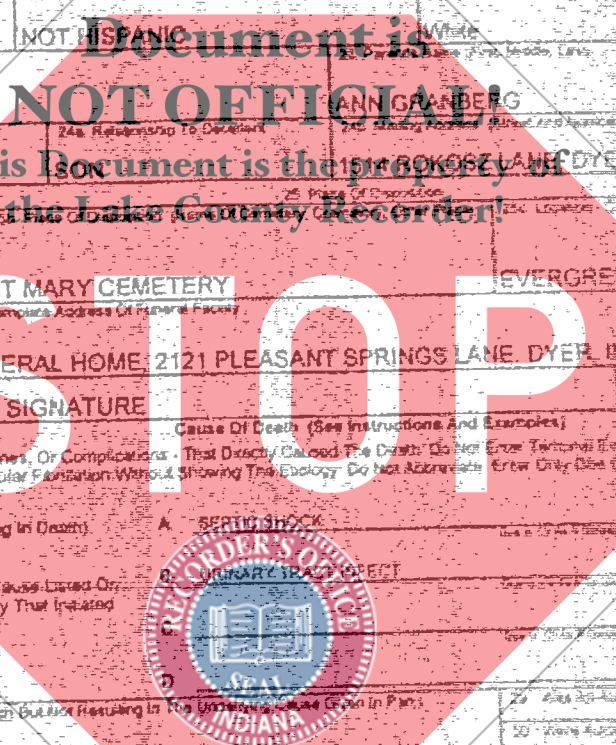
Location of Injury - State **INDIANA** City or Town **DYER** Street & Interval **1514 ROKOSZ LANE**

Signature of Person Certifying Cause of Death **WASSIM ATASSI, BY ELECTRONIC SIGNATURE**

Name, Address And Zip Code Of Person Certifying Cause of Death **WASSIM ATASSI, 9596 GORDON DR., HIGHLAND, IN 46322**

Signature of Local Health Officer **GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE**

For Registrar Only - Date Filed (Month/Day/Year) **OCT 22 2018**



VOID IF ALTERED OR ERASED