

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 025885

2019 MAY -3 AM 9:26

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                                  )  
COUNTY OF LAKE )

SS: IN RE:

MICHAEL JOSEPH BALCAZAR,  
Deceased

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**  
**WITHOUT THE NEED TO OPEN AN ESTATE**

The undersigned, upon personal knowledge and belief, makes these statements under the statutory requirements of I.C. 29-1-8, et seq., and I.C. 29-1-2-1, et. seq.



1. MICHAEL JOSEPH BALCAZAR, s/k/a MICHAEL J. BALCAZAR, died intestate on Jan. 7, 2019, while domiciled in Lake County, Indiana.

2. The value of his gross probate estate, wherever located, less liens and encumbrances, does not exceed \$50,000.00 as provided under I.C. 29-1-8-3, allowing for the costs and encumbrances of administration and reasonable funeral expenses.

3. More than 45 days have passed since Decedent's death. (Certificate attached).

4. No petition for the appointment of personal representative for the Decedent has been granted and none is contemplated.

5. That among Decedent's probate assets is a parcel of real estate

**FILED**

MAY 03 2019 Page 1 of 5

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Rr

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

which was owned by the Decedent, located in DYER, Indiana, more particularly described as **Parcel Key# 45-10- 01-431-0012.000-034** with a legal description of :

Lot 103 in the Northgate Second Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 40, page 28, in the Office of the Recorder of Lake County, Indiana,

**more commonly known as 650 - 211<sup>th</sup> St., Dyer, Indiana.**

6. That the undersigned has notified the other heir of MICHAEL J. BALCAZAR of her intention to present this Affidavit under I.C. 29-1-8, et.seq.

7. That the claimant is entitled to delivery or payment of the property on behalf of each person identified in the affidavit.

8. The name and address of each heir that is entitled to a share of the property is as follows:

A. SUSAN J. BALCAZAR, of 650 - 2311<sup>th</sup> St., DYER, IN. Susan is the **surviving wife** of the Deceased, and owns an **undivided 1/2 share** by intestate distribution under I.C. 29-1-2-1 et seq.

B. MICHAEL DAVID BALCAZAR, age 20, of 650 - 211<sup>th</sup> St., Dyer, IN, is the **only issue** of the Deceased and owns an **undivided 1/2 share**.

C. Tax bill shall be mailed to: SUSAN J. BALCAZAR, 650 -211<sup>th</sup> St., Dyer, IN 46311.

9. The claimants are all of and the only legal heirs of the Deceased, above, Michael J. Balcazar and are entitled to payment or delivery of the following property:

Lot 103 in the Northgate Second Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 40, page 28, in the Office of the Recorder of Lake County, Indiana,

commonly known as 650 - 211<sup>th</sup> St., Dyer, Indiana, with the Property Tax ID # 45-10-01-431-012,000-034.

That further, ~~affiant says that~~ **This Document is the property of Lake County Recorder!**

5-2-19  
DATE

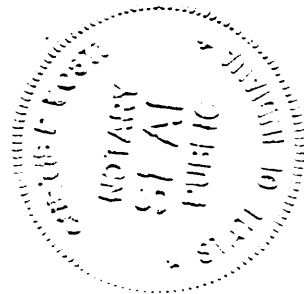
Susan Balcazar  
AFFIANT  
SUSAN J. BALCAZAR

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )



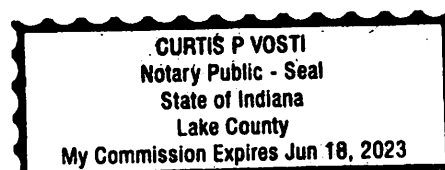
Subscribed and sworn to me, a Notary Public, this 2<sup>nd</sup> day of <sup>May</sup> ~~April~~, 2019.

Christie P. Vester  
NOTARY PUBLIC



My Commission expires  
June 18, 2013

Resident of Lake County, Indiana

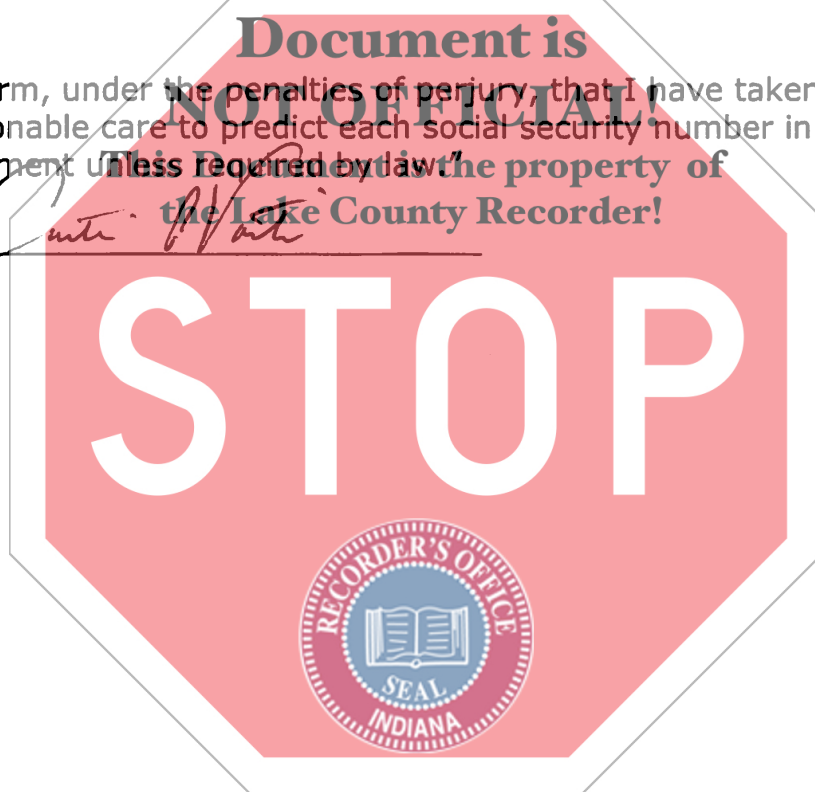


NOTARY'S PRINTED SIGNATURE

*This form prepared by Curtis P. Vosti, attorney at law, PO Box 4522 Hammond, IN 46324*

**Document is**  
"I affirm, under the penalties of perjury, that I have taken  
reasonable care to predict each social security number in this  
document unless required by law!"

*Curtis P. Vosti*





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

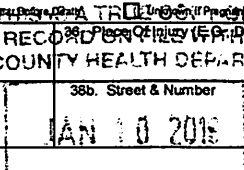
Tracking No. 182264

Local No 900053

EDR No 00000686330

State No 000725

1. Decedent's Legal Name (First, Middle, Last) <b>MICHAEL JOSEPH BALCAZAR</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:17 PM</b>		4. Date Of Death (Month/Day/Year) <b>01/07/2019</b>		
5. Social Security Number		6a. Age - Yrs <b>53</b>		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) <b>01/11/1965</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>										
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice Facility <input 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) <b>FRANCISCAN HEALTH - DYER</b>												
12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>SUSAN BALCAZAR</b>				15a. Last Name Before First Marriage <b>SHEPARD</b>				16. Decedent's Usual Occupation <b>MACHINIST</b>		17. Kind Of Business/Industry <b>MANUFACTURING</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>DYER</b>			18d. Apt. No.		18e. Zip Code <b>46311</b>	
18c. Street And Number <b>650 211TH STREET</b>			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>			22. Parent's Name (First, Middle, Last) <b>MICHAEL BALCAZAR</b>			
23. Parent's Name (First, Middle, Last) <b>MATILDE BALCAZAR</b>			23a. Parent's Last Name Before First Marriage <b>RIOS</b>			24. Informant's Name <b>SUSAN BALCAZAR</b>			24a. Relationship To Decedent <b>SPOUSE</b>			
24b. Mailing Address (Street And Number, City, State, Zip Code) <b>650 211TH STREET, DYER, IN 46311</b>			25. Place Of Disposition <b>KELLY-CARROLL CREMATION SERVICES GARY, IN</b>									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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)			25c. Location - City, Town, And State			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27. Name And Complete Address Of Funeral Facility <b>FAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373</b>			27a. Funeral Home License Number: <b>FH10200006</b>			27b. Signature Of Indiana Funeral Service Licensee: <b>RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD20400030</b>			
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. <u>ANOXIC BRAIN INJURY</u> Due to (Or As A Consequence Of): <u>3 DAYS</u> 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. <u>VENTRICULAR FIBRILLATION</u> Due to (Or As A Consequence Of): <u>3 DAYS</u> C. <u>RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): <u>3 DAYS</u> D.												
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>HYPERTENSION</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Finding 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 checked="" type="checkbox"/> No <input 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 43 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant, But 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			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) <b>NOT VALID UNLESS</b>							
41. Signature, Of Person Certifying Cause Of Death: <b>DAVID BRUCE LEMKE, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			44. License Number <b>01044357A</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>DAVID BRUCE LEMKE, 5454 HOHMAN, HAMMOND, IN 46320</b>						45. Date Certified <b>01/09/2019</b>			47. *Ages:			
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 10 2019</b>						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												



RAISED SEAL AFFIXED

SEAL OF THE STATE OF ILLINOIS  
AUG 26TH 1818

SEAL OF THE STATE OF ILLINOIS  
AUG 26TH 1818

COOK COUNTY VITAL RECORDS

COUNTY OF COOK  
STATE OF ILLINOIS  
OFFICE OF THE COUNTY CLERK  
CERTIFICATION OF MARRIAGE

LICENSE NUMBER: 9739759-0

GROOM'S NAME: MICHAEL  
AGE: 32

B E T W E E N

J.

BALCAZAR

BRIDE'S NAME: SUSAN  
AGE: 30

A N D

J.

NELSON

DATE OF MARRIAGE: NOVEMBER 22, 1997

O N

WERE UNITED IN MARRIAGE IN THE COUNTY OF COOK, AND STATE OF ILLINOIS

Document is

RELIGIOUS

CEREMONY

NOT OFFICIAL!

NAME: KATHRYN J. KEENER-HAN  
OFFICIATE TITLE: MINISTER

This Document is the property of  
the Lake County Recorder!

PLACE OF MARRIAGE: PARK FOREST, ILLINOIS

DATE RECORDED: DECEMBER 01, 1997  
APPLICATION DATE: NOVEMBER 05, 1997

02431536

This is to certify that this is a true and correct abstract from the official record filed with the office of the Cook County Clerk.

ISSUED AT: COUNTY BUILDING  
CHICAGO, ILLINOIS 60602-1304

05/09/2001

11:20

*David D. Orr*

DAVID D. ORR  
COUNTY CLERK

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature

VOID WITHOUT

REMAINS UNALTERED OR ERASED

INDIANA