STATE OF INDIANA

COUNTY OF LAKE

SS: 2019 032212 SMALL ESTATE AFFIDAVIT STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 MAY 30 AM 11:54

MICHAEL B. BROWN

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Deborah D. Bombin, being first duly sworn upon her oath, deposes and says:

- 1. That Deborah D. Bombin is the daughter of Richard Bombin and makes this affidavit based upon her own personal knowledge.
- 2. That by deed recorded October 20, 2014, as Document No. 2014 066236 in the Office of the Recorder of Lake County, Indiana, Richard Bombin acquired title to the following described real estate located in Lake County, Indiana, to-wit:

Lot #44, Unit 2, in C. Gorley's Rolling Hill Estates Subdivision, as per plat thereof, recorded in Plat Book 25, page 53, in the Recorder's Office of Lake County, Indiana. S

Commonly known as 7714 Durbin Street, Schererville, IN 46375

- ယ That Richard Bombin died testate on **L** which time a resident of Lake County, State of Indiana. A copy **ctthe** Certificate of Death is attached. \Box
- At the death of Richard Bombin and pursuant to the terms of his Last Will and Testament dated March 13, 2018 and published May 1, 2018, in the Lake Circuit Court sitting at Crown Point, Indiana under Cause No. 45C01-1805-EM-37, the title to the above-described real estate Calvested in Deborah D. Bombin, Gina nterest, as tenants in A. Bombin-Wilk and Angelø common.
- current debt on the property secured by a mortgage to Congressional Bank, dated April 18, 2017 and recorded May 12, 2017 as Document No. 2017 028925 is in excess, of \$130,000.00 leaving an equitable value of less than \$50,000.00.

That while their percentage of \$150,000 00, c

- 6. It appears that the decedent's gross probate estate in Indiana, 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. funeral expenses.
- The purpose of this affidavit is to induce the Lake County Auditor to show the transfer on his/her records.

AFFIANT FURTHER SAYETH NOT.

Deborah D. Bombin

Subscribed and sworn to before me, a Notary Public in and for said County and State this ______ day of May, 2019, personally appeared Deborah D. Bombin and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hexeunto subscribed my name and affixed my official 25920

MY COMMISS

Res

JUL 0 1 2019

Printed Name of Notary

MAIL TAX BILLS TO: JOHN E. PETALAS LAKE 1020 Wiens Lane Out, IN 4031

TAX ID NUMBER: 45-11-24-204-013.000-036

GRANTEE (S) ADDRESS: 2622 QUILLE AND JOHN JULY JULY 3

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF, AUTOROP at Law, In 46311

219-662-2977 325 North Main Street, Crown Point, IN 46307. File No. IN-19-61387-01

I affirm, under the penalties for perjury, that I have taken reasonable fare to reduce the each social security number in this document unless required by law.



INDIANA TITLE NETWORK COMPANY 325 NORTH MAIN DELO PANTEREDIFORITAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

MAY 3 0 2019

1535 <u>IOHN E. PETALAS</u> AKE COUNTY AUDITOR

0 KH

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First,	No 90'	1201	ED	R No 0000	0006373 ne (If female)	<u> 17 </u>	2. Sex	State No 0177	43 4: Date Of Death (Month/Day/Year
RICHARD J BOMBIN			·		, , ,		MALE	10:52 AM	04/04/2018
5 Social Security Number 6a.	Ago - Yrs	6b. Under 1 Year	6c. Under 1 Month	8d. Under 1 Day	6e. Under 1'Hour	7. Date of B	irth (Month/Day	(City	and State or Foreign Country)
**********	<u>78</u>	Months	Days	Hours	Minutes		/12/1939	CHICAGO,	IL
9. Eyer in U.S. Armed Forces?	10. If Dea	in Occurred in A Hos	spile):		10a. If Death Occu Hospice Facility			. Hospital; □ Nursing Home/Long-term	Care Facility
Yes No Unknown			Department Outpotions	Dead on Arriva	Other (Specify)	<u> </u>	<u> </u>		34. 74.77
11. Footity Name (If Not Institute 7714 DURBIN STREE		nt and Number)			,	·	7.5		
12, City Or Town, State, And Zip					13. County C	Of Death	11 11 11	77	us At Time Of Death Married, But Separated 🔯 Divorce
SCHERERVILLE, IN,	46375				LAKĘ	: · <u>.</u>	<u> </u>	. Widowod.	☐ Never Married ☐ Unknown,
15. Surviving Spouse's Name:	٠٠;	- ::	150	i, Lasi Name Before f	irst Marriago	16	. Decedent's Us	ual Occupation	17. Kind Of Business/Industry
·			;		317		CHINIST		OIL REFINERY
18: Residence - State:		; 18a.	County	. !	18b: City Or Toy	vn ·			
INDIANA 18c. Street And Number		LAK	<u>(E</u>	· <u>· · · · · · · · · · · · · · · · · · </u>	SCHERERY	/ILLE		Apt. No. 18e. Zip C	Code 18/. Inside City Limits?
			/		•		104. 7		⊠ Yes □ Ño,
7714 DURBIN STREE	T		0. Decedent Of Hispa	e or Orlein	20001	bcodents Rac		463	375
HIGH SCHOOL GRAD	DUATE C	R GED		Docu	HICHT	15			
COMPLETED 22. Parent's Name (First, Middle,	Lasi)		OT HISPANIC	TA	V/hite	irst, Middle, L	sil	23a. Pa	rent's Last Namo Before First Marriag
ANTHONIV DOMBIN	. ,	./	110		THEREON DO	MEIN!		LIBE	PTO
ANTHONY BOMBIN 24: Informant's Name	·		241 Relationship	cument	THERESA BO	I (SEPHAND)	Tumber City Str		
DEBBIE BOMBIN			DAUGHTER	ake Co	2622 QUEEN	SLANE	DYER, IN 4	46311	
25a. Method Of Disposition		. 1 25h P		25. Pla	ce Of Disposition ematory, Other Place)		on - City, Town,		
☐ Burial 🔯 Cremation 🔲 Do	naition 🔲 Er		or proposition (i)	and or consciony, or					
Removal From State Other (Specify):		SMI	IS FUNERAL I	HOME CREM	ATORY	DYER.	IN The second		1
26. Was Coroner Contacted?	27.		te Address Of Funcral			1			27a. Funeral Home Ucensa Number
🛛 Yes 🗌 No	sı	ITS FUNER	AL HOME, 212	21 PLEASANT	SPRINGS LAI	NE, DYER	R. IN 4631		FH11000037
27b. Signature Of Indiana Funera JAMES E JANUSZ, E			NATURE				FD297	nse Number (Of Licensee): 00059	
28. Part I. Enter The Chain C			C	ause Of Death (Se	Instructions And E	mamples)	THIS IS A	TRUE CORY OF	Approximate Interval: Onset
Such As Cardiac Arrest, Res A Line. Add Additional Lines	piratory Алте	st, Or Ventricular F	ibnilation Without Si	howing The Etiology	. Do Not Abbreviate.	Epter On HI	TROOPS P	ON FILE WITH TH	F To Death
Immediate Cause (Final Dise			Death) A.	DIABETES	THE PARTY OF THE P			EALTH DEPARTM	YEARS
				IMPERIAL R	DEW O	Que la (Qr As A C	A DD	4 0 201D	
Sequentially List Conditions, Line A. Eriter The Underlying	Cause (Dis			HYPERTENSION		Que to IOr As A Co	anosquencia On:	0/2018	YEARS
The Events Resulting In Deal	h) Last		C	HYPERLIPIDEMIA		Sun to (Cr As A C	greedience of	7	YEARS
			D.	CORONARY ARTE	RY DISEASE		(kg/	and the same of th	YEARS
art II. Enter Other Significant Cor	ditions Confr	buting to Death But	Not Resulting in The	Underlying Gause Giv	SO IN POOR	29. Was 40	Agrost the battle	PARALTH CO!YGE	K ⊠ №
ARDIAC INFARCTION 11. Did Tobacca Use Contribute 1	Death2	32. If Fem.	ela:	· I	Hinn	30. Were Au		vailable to Complete The C	ausor Cricenth? Yos No
Yes Probably No 🗵		☐ Nat Preg	part Within Past Year	Pragract At Time Of Guzzi	Nat Program, But Program	มาใ Vilitzan 42 เป็นพูธ		Manner Of Death: Natural Homicode	Academt Pending Investigation
4. Date Of Injury (Montty/Day/Yea	. '	25. Time	nari, Bui Pregnant 43 Ceys To Of Injury :		Unknown if Program Water Of Injury (E.G., Deca		Construction Sit	Suicide D Could Not Be Do te, Restaurant, Wooded Are.	etermined a) 37. Injury At Work?
,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, nestant 1100000 Are	Yes No
2 Location Of Injury - State		38a. City C	or Town	38b. S	treef & Number	,	1000	38c. Apt. N	lo. 38d Zip Code
			. ::			· ~,			
Describe How Injury Occurred		· .	.,.			3.	40.	If Transportation injury, Spe	VALID UNLESS
Signature, Of Person Cerutyin	g Cause Of E	Death.			<u> </u>	;			VAEID UNLESS
ERARD M DAVIDSO Name, Address And Zip Code	N , BY E	LECTRONIC	SIGNATURE	·		4	□ Certifying	Check Only One) Physician Corone	
		•						44. License Number	. 45. Date Cortifled
ERARD M DAVIDSO Additional Funeral Service Pro-	N , 840 wder	KICHARD RO	JAD, DYER, II	N 46311		<u> </u>		02000745A	04/09/2018
Signature of Local Health Office	_			:		: '.	1	!	
HANDANA VAVILALA		ECTRONIC	SIGNATURE			49	. For Rogistra	r Only - Date Filed (Month) APR 09	
1				NY TO CERTIFICA	TE OF DEATH (ENT	RY OR ORIG	SINAL)		2010 ·
1 7 11	1					1 1 3		17.	Art James Branch