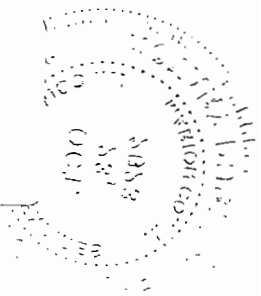


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2019-080833

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2019 Nov 22 10:11 AM



State Parcels No.: 45-15-34-105-007.000-014
45-15-34-105-008.000-014

AFFIDAVIT FOR TRANSFER OF REAL ESTATE

Richard L. Granger ("Affiant") affirms:

July 31

1. **Frances E. Granger ("Decedent")**. Decedent died 2001, a resident of Lake County, Indiana.
2. Affiant is the son of the Decedent.
3. **Real Estate**. The Decedent died the owner of real estate, commonly known as **14133 Parrish Ave., Cedar Lake, Indiana ("Real Estate")**, being more particularly described as:

Lots Forty-Six (46) and Forty-Seven (47), both in block Three (3), in Jane Dwan Gardens, Cedar Lake, Indiana, as the same appears of record in Plat Book 20, Page 56, in the Recorder's Office in Lake County, Indiana.

The Decedent acquired title to the Real Estate by Instrument dated March 20, 1959, recorded January 3, 1961 as Document No. 302388 in the Office of the Recorder of Lake County, Indiana.

4. **Estate of Decedent**. The Decedent died intestate. No application or petition for the appointment of a personal representative of the estate of Decedent is pending or has been granted in any jurisdiction. The Decedent was unmarried at the time of her death. The Decedent was survived by her children, **Kathy Johanson, Jeri Brubaker, Michael W. Granger, Lynda Stoltenberg, and Richard L. Granger**. The Decedent was not survived by issue of any deceased child or children.

Thus, the Decedent's heirs, pursuant to I.C. 29-1-2-1 are her children, **Kathy Johanson, Jeri Brubaker, Michael W. Granger, Lynda Stoltenberg, and Richard L. Granger**, each of whom acquired, upon the death of their mother, an undivided one-fifth (1/5) interest in and to the Real Estate.

5. **Taxes / Creditors**. The Decedent's estate was not of an amount as to be subject to Federal Estate tax or Indiana Inheritance Tax. Affiant is aware of no creditors or unpaid claims of Decedent. The period for filing of claims against the Decedent's estate has expired.

6. **Heirs / Transferees**. Affiant makes this affidavit for the purpose of clarifying title to the Real Estate and to induce the Assessor and Auditor and Recorder of Lake County, Indiana to transfer the records of such offices to show the Decedent's interest in and to the Real Estate vested in her children, **Kathy Johanson, Jeri Brubaker, Michael W. Granger, Lynda Stoltenberg, and Richard L. Granger**, an undivided one-fifth (1/5) interest to each.

Dated: November 7, 2019.

Richard L. Granger

Richard L. Granger

FILED

COMMUNITY TITLE COMPANY
FILE NO. 1917526

Affidavit for Transfer of Real Estate; pg. 2
14133 Parrish Ave., Cedar Lake, Indiana
State Parcels No.: 45-15-34-105-007.000-014
45-15-34-105-008.000-014

NOV 22 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

31037

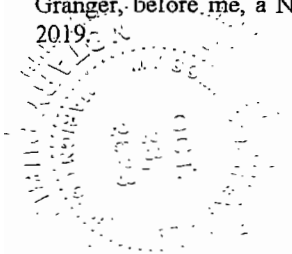
CK 12013

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AM

) SS:

COUNTY OF MARION)

The foregoing Affidavit for Transfer of Real Estate was subscribed and sworn to by Richard L. Granger, before me, a Notary Public in and for said County and State, this day 7th day of November 2019.



Janet Potts
Janet Potts Notary Public
Commission expiration: 10/23/2023
Notary Commission #: 673516
Residing in: Marion County, Indiana

I affirm, under the penalty for perjury,
that I have taken reasonable care to redact
each Social Security Number in this document,
unless otherwise required by law.
Charles R. Grahn



Please Return Recorded Instrument to: 4646 S. Franklin Rd.
Indianapolis, IN 46239

Send Tax Bills To (Grantee's Address): SAME

This Instrument prepared by:
Charles R. Grahn, Atty. # 11029-49
Clark Quinn Moses Scott & Grahn, LLP
320 N. Meridian St., Suite 1100
Indianapolis, Indiana 46204
(317) 637-1321

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Tracking No. 213633

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1717-01
128068

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED - NAME (First, Middle, Last) Frances E. Granger 2 SEX Female 3a. TIME OF DEATH 3:10 PM 3b. DATE OF DEATH (Month, Day, Yr.) July 31, 2001

4 * SOCIAL SECURITY NUMBER [REDACTED] 5a. AGE - Last Birthday (Years) 78 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Mo., Day, Yr.) March 03, 1923 7. BIRTHPLACE (City and State or Foreign Country) Mattson Indiana

8a. WAS DECEDENT A U.S. VETERAN? No 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A PLACE OF DEATH (Check only one See instructions) HOSPITAL: Inpatient OTHER: Nursing Home Other (Specify) ER/Outpatient DOA Residence

DECEDENT

9b. FACILITY NAME (if not institution, give street and number) St. Anthony Medical Center 9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point 9d. COUNTY OF DEATH Lake

10. MARITAL STATUS (Specify) Widowed 11. SURVIVING SPOUSE (if wife, give maiden name) N/A 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Secretary 12b. KIND OF BUSINESS/INDUSTRY Legal

13a. RESIDENCE - STATE Indiana 13b. COUNTY Lake 13c. CITY, TOWN OR LOCATION Cedar Lake 13d. STREET AND NUMBER 14133 Parrish Ave.

13e. ZIP CODE 46303 13f. INSIDE CITY LIMITS No Yes 13g. ON A FARM? No Yes 14. CITIZEN OF WHAT COUNTRY? USA 15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes 16. RACE - American Indian, Black, White, etc. (Specify) White 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last) Lewis Hills 19. MOTHER'S NAME (First, Middle, Maiden Surname) Vera Booze

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Melvin Granger 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Crown Point, IN 46307 20c. Relationship Son

DISPOSITION

21a. METHOD OF DISPOSITION Burial Entombment Removal from State Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 4, 2001 German Methodist Cemetery 21c. LOCATION - City or Town, State Cedar Lake, Indiana

22a. EMBALMER'S NAME Michelle L. Tracy 22b. EMBALMER'S LICENSE NO. FD29700007 23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b. LICENSE NUMBER (of Licensee) FD29700007 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH19900060 109 N. East St., Crown Point, Indiana

CAUSE OF DEATH

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Multi system organ failure 5 hours b. Staphylococcal septicemia 5 hours c. Dementia 5 years d. Hypertension 7 years

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I cardiac arrhythmia 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

CERTIFIER

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. 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. 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) as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER [Signature] 29c. MEDICAL LICENSE NO. 01033089 29d. DATE SIGNED (Month, Day, Year) 8-5-2001

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Elizabeth Przeniczny M.D. 5265 Commerce Dr., Crown Point 46307 31. HEALTH OFFICER'S SIGNATURE [Signature] 32. DATE FILED (Month, Day, Year) August 3, 2001

33. MANNER OF DEATH Natural Pending Investigation Accident Could not be Determined Suicide Homicide 34a. DATE OF INJURY (Month, Day, Year) 34b. PLACE OF INJURY - At home, farm, street, factory, etc. building, etc. (Specify) 34c. LOCATION (Street and Number or Rural Route Number, City or Town, State) 34d. DESCRIBE HOW INJURY OCCURRED

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or No) Yes, specify driver, passenger, pedestrian, etc. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT NOV 18 2019 LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED