

2019-085183

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

2019 Dec 10 9:48 AM

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

IN RE: KIM NORMAN SWANSON

**THIS DEED IS BEING RE-RECORDED TO CORRECT AFFIDAVIT  
AFFIDAVIT IN LIEU OF ADMINISTRATION**

1. That the above-named decedent died intestate on May 22, 2018, while domiciled in Lake County, Indiana, and the estate was of minimal value, wherein the opening of an estate was not required.

2. That forty-five (45) days have elapsed since the death of the decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. That the following named people are the only heirs of the decedent; are entitled to an equal share of the property and that the affiant has notified each of the heirs of her intention to present an affidavit under IC 29-1-8-1: *undivided one half interest. RFP*

DEBORAH LYNN SWANSON Adult <del>Daughter</del> SPOUSE 2499 East Lakeshore Drive Crown Point, IN 46307	AMY LYNN FETTERS Adult Daughter 910 Hampton Lane Chesterfield, IN 46017
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5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand and no/100 Dollars (\$50,000.00) as provided by I.C. 29-1-8-1, *the costs of Administration, and reasonable funeral expenses. RFP*

6. That the following is a full description of all the real and personal property belonging to the decedent, together with the estimated value thereof according to the best knowledge and information of the affiant herein.

Lot 219-A, Lakes of the Four Seasons, Unit No. 1, as recorded in the Recorder's Office in Lake County, Indiana.  
(Key No.: 45-17-09-429-001.000-044)

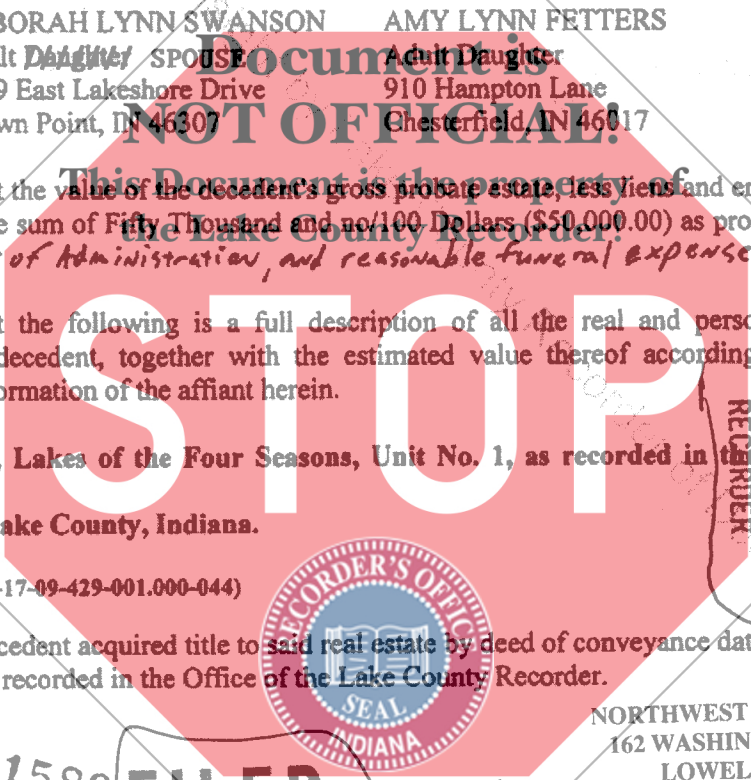
That the decedent acquired title to said real estate by deed of conveyance dated October 21, 1980, recorded in the Office of the Lake County Recorder.

NORTHWEST INDIANA TITLE  
162 WASHINGTON STREET  
LOWELL, IN 46356 24736  
219-696-0100

2018 05462

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
AUG 27 2018 PM 2:15



FILED

DEC - 9 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

AMOUNT \$ 25,315.82

CASH \_\_\_\_\_ CHARGE \_\_\_\_\_

CHECK # 2962

OVERAGE \_\_\_\_\_

COPY \_\_\_\_\_

NON-COM \_\_\_\_\_

CLERK

AUG 27 2018

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

27491

# *Deke*  
*2009*  
*600*

7. That the following list of persons, firms or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: None

8. That pursuant to the provisions of intestate succession, any and all property of the estate of KIM NORMAN SWANSON is bequeathed to DEBORAH LYNN SWANSON and AMY LYNN FETTERS in equal shares and the affiant requests that the above-enumerated real estate of the decedent, KIM NORMAN SWANSON, be transferred to them on behalf of each person identified in this Affidavit, accordance with provisions of I.C. §§ 29-1-8-1 and 29-1-8-2.

WHEREFORE, the affiant herein hereby requests that the Office of the Indiana Attorney General Unclaimed Property Division, and the Lake County Recorder, transfer said personal and real property to said affiant on behalf of each person identified in this Affidavit, pursuant to the Indiana Code and that distribution of said property to the affiant herein, shall release said Office of the Indiana Attorney General Unclaimed Property Division, and the Lake County Recorder from any liability with regard to the proper application and disbursement of said personal and real property; and that the affiant herein, DEBORH LYNN SWANSON, hereby charges herself with the responsibility of proper disbursement of the funds according to the provisions of the Indiana Code, and hereby agrees to hold harmless said Office of the Indiana Attorney General Unclaimed Property Division and the Lake County Recorder from any liability with regard to the transfer of said personal property.

**Document is NOT OFFICIAL!**

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*Deborah Lynn Swanson*  
DEBORAH LYNN SWANSON

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

**STOP**

Before me the undersigned, a Notary Public for the above County and State, personally appeared DEBORAH LYNN SWANSON, and she being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 13<sup>th</sup> day of August, 2018.



*[Signature]*  
Notary Public  
My Commission Expires: Sept 6, 2025  
County of Residence: LAKE

MICHELLE ANNE ZIBBLE  
Notary Public - Seal  
Lake County - State of Indiana  
Commission Number: 704951  
My Commission Expires Sep 6, 2025

**VERIFICATION**

I hereby verify under the penalties for perjury that I have taken reasonable care to ensure that any and all confidential information, including social security numbers, has been redacted pursuant to local rules and state law.

  
Robert F. Peters, Jr.

This instrument prepared by: Robert F. Peters, Jr., 123 N. Main Street, Suite 204-I, Crown Point, IN 46307, Attorney at Law # 22507-45

MAIL TO: Robert F. Peters, Jr., 123 N. Main Street, Suite 204-I, Crown Point, IN 46307



# CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018084587

DATE ISSUED: MAY 25, 2018

## DECEDENT INFORMATION

DATE FILED: MAY 24, 2018

NAME: KIM N SWANSON

DATE OF DEATH: MAY 22, 2018

SEX: MALE

SSN: ██████████

AGE: 065 YEARS

DATE OF BIRTH: JUNE 13, 1952

BIRTHPLACE: GARY, INDIANA, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: GOOD SHEPHERD HOSPICE

LOCATION OF DEATH: LAKELAND, POLK COUNTY, 33805

RESIDENCE: 2499 EAST LAKESHORE DRIVE, CROWN POINT, INDIANA 46307, UNITED STATES COUNTY: LAKE

OCCUPATION, INDUSTRY: SENIOR PROJECT MANAGER, ENGINEERING

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: DEBORAH L WILSON

FATHER'S/PARENT'S NAME: EVERETT SWANSON

MOTHER'S/PARENT'S NAME: NORMA AARONSON

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: DEBORAH L SWANSON

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 2499 EAST LAKESHORE DRIVE, CROWN POINT, INDIANA 46307, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: LEWIS H. HALL JR. F014495

FUNERAL FACILITY: GENTRY MORRISON CREMATION CENTER F066603

1805 US 98 S, LAKELAND, FLORIDA 33804

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: GENTRY MORRISON CREMATORY

LAKELAND, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1530

DATE CERTIFIED: MAY 24, 2018

CERTIFIER'S NAME: RICHARD W PINE

CERTIFIER'S LICENSE NUMBER: ME135471

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

## CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. MALIGNANT NEOPLASM OF PROSTATE

MONTHS

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

SECONDARY MALIGNANT NEOPLASM OF LIVER AND BONE

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:



VOID IF ALTERED OR ERASED