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STATE OF INDIANA)
)
COUNTY OF LAKE)

2019-088083
SS: 2019 Dec 19 10:39 AM

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

**AFFIDAVIT OF DEATH AND
AFFIDAVIT FOR TRANSFER OF REAL ESTATE**

The Affiant, MARTIN ARVIN, being first duly sworn upon his oath, deposes and says as follows:

1. The Affiant is one of the surviving adult children of Esther Troutwine, deceased (hereinafter "Esther").
2. Esther was a single woman when she acquired title to the following described real estate situated in Lake County, Indiana, to-wit:

The North 75 feet of Lot 33 and the South 10 feet of Lot 34 in Crestwood Park, in Hobart, as per plat thereof, Recorded in Plat Book 31 Page 8 in the Office of the Recorder of Lake County, Indiana.

Tax Parcel Number: 45-08-36-257-004-000-018
This Document is the property of the Lake County Recorder!

And the property address of: 319 Driftwood Drive, Hobart, Indiana 46342 (hereinafter "Real Estate"), but the tax parcel number and property address are provided for informational purposes only and are not part of the description of the Real Estate by a Warranty Deed dated December 11, 2009 and recorded on December 11, 2009 in the Office of the Recorder of Lake County, Indiana as Instrument No. 2009-082215.

3. Esther was the mother of two children, Martin Arvin and Terese Arvin (hereinafter "Martin" and "Terese"). Esther died intestate on April 6, 2014 leaving Martin and Terese as her sole heirs at law (hereinafter "Heirs").
4. Title to the Real Estate was immediately vested in the Heirs as tenants in common upon Esther's death by operation of law in accordance with IC 29-1-7-23, subject to the power of a Personal Representative to divest title under the requirements of IC 29-1-7-15.1.

HOLD FOR MERIDIAN TITLE FILED

DEC 18 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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5. No petition was filed for probate of a Will and for issuance of Letters Testamentary, for appointment of an administrator with the Will annexed or for the appointment of an administrator under IC 29-1-7-5 within five months after Esther's death, nor did the Clerk issue Letters Testamentary or Letters of Administration within seven months after Esther's death, so the power of a Personal Representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the Heirs as follows:

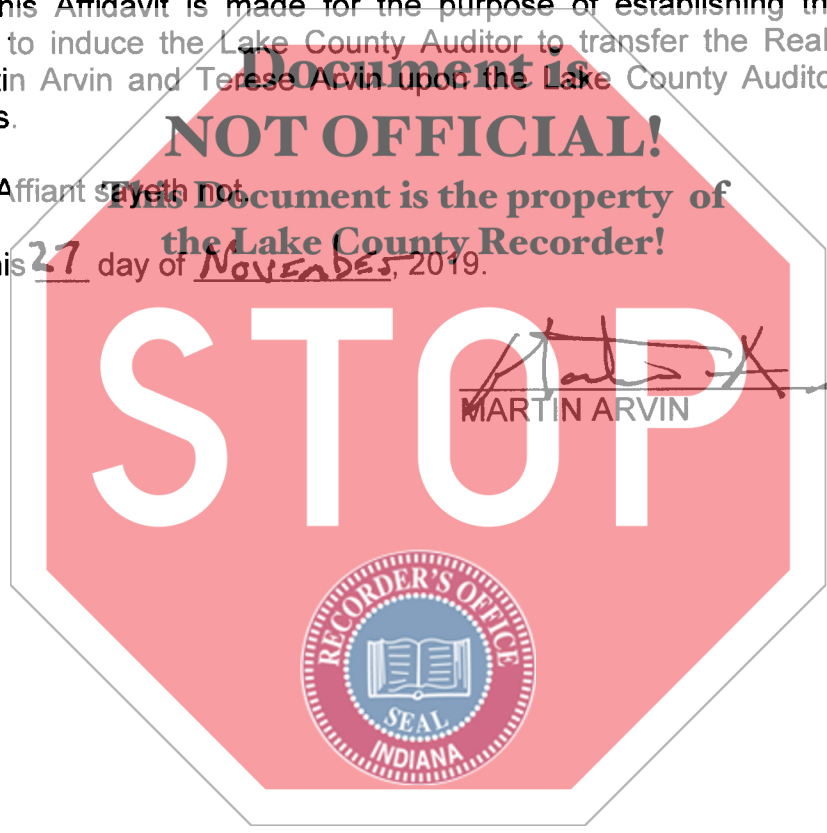
Martin Arvin Esther's son 50%
319 Driftwood Drive
Hobart, IN 46342

Terese Arvin Esther's daughter 50%
3537 Luewan Court
Indianapolis, IN 46325

6. This Affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the Real Estate to the names of Martin Arvin and Terese Arvin upon the Lake County Auditor's real estate transfer records.

Further Affiant says that ~~Yes~~ ~~Document is~~ ~~the property of~~

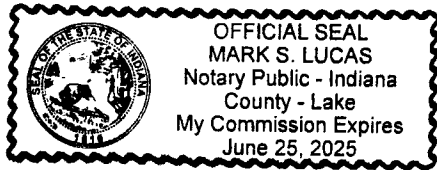
Dated this 27 day of NOVEMBER, 2019.



[Signature]
MARTIN ARVIN

STATE OF INDIANA)
)
COUNTY OF LAKE) SS:

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 27th day of November, 2019.



Mark S. Lucas
Mark S. Lucas, Notary Public

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. Mark S. Lucas

This document prepared by:

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
Mark S. Lucas
Lucas, Hgcomb & Medrea, LLP
300 East 90th Drive, Merrillville, IN 46410
(219) 769-3561

STOP





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 212659

Local No 001152

EDR No 00000378758

State No 016379

1. Decedent's Legal Name (First, Middle, Last) ESTHER TROUTWINE				1a. Maiden Name (If female) SABERNAK		2. Sex FEMALE	3. Time Of Death 01:25 AM	4. Date Of Death (Month/Day/Year) 04/06/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 90	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) 11/27/1923		8. Birthplace (City and State or Foreign Country) CROWN POINT, IN	
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				10a. If Death Occurred Somewhere Other Than A Hospital <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) ST MARY MEDICAL CENTER INC									
12. City Or Town, State, And Zip Code HOBART, IN, 46342					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town HOBART				
18c. Street And Number 319 DRIFTWOOD STREET						18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) MICHAEL SABERNAK				23. Parent's Name (First, Middle, Last) SEPHIA SABERNAK			23a. Parent's Last Name Before First Marriage KRAUSE		
24. Informant's Name MARTIN ARVIN		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 319 DRIFTWOOD STREET, HOBART, IN 46342					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility RENDINA FUNERAL HOME INC, 5100 CLEVELAND STREET, GARY, IN 46408						27a. Funeral Home License Number: FH83007819		
27b. Signature Of Indiana Funeral Service Licensee: ANTHONY S. RENDINA JR, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01210402		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. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of): 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____					
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I ATRIAL FIBRILLATION		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 type="checkbox"/> No <input checked="" 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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?	38. Apt. No.	38d. Zip Code		
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 (Over Street)			
41. Signature, Of Person Certifying Cause Of Death: NAZZAL OBAID, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: NAZZAL OBAID, 6375 US HWY 6 SUITE B, PORTAGE, IN 46368						44. License Number 01028410A		45. Date Certified 04/14/2014	
46. Additional Funeral Service Provider:						47. Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 14 2014			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)