2020

2020 Nov 6

2:51 PM

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

STATE OF INDIANA:

IN RE: TIMOTHY ALLAN COMPTON

COUNTY OF LAKE

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- 1. That TIMOTHY ALLAN COMPTON, decedent, died intestate on March 23, 2020 while domiciled in Lake County, Indiana.
- 2. That seven months (7) have elapsed since the death of the decedent, TIMOTHY ALLAN COMPTON. See attached Death Certificate. 15
- 3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.
- 4. That the following named person is an heir legally entitled to the estate of: TIMOTHY ALLAN COMPTON.
- 5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00), as provided under IC § 29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.
- 6. That among the decedents' probate assets is a parcel of real estate which was owned by the decedents located at 424 McKinley Avenue, Hobart, Indiana in lake County, Indiana, more particularly described as follows:

Lots 26, 27, 28, 29 and 30, Block 7, Forth Addition to New Chicago, as shown in Plat Book 6, page 14, in Lake County. #21-40-26 thru 30. #5-09-19-336-021.000-022

- 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 the individual entitled to the real estate as a result of the decedent's death is JEREMY A. COMPTON

FILED

NOV 0 6 2020

JOHN E. PETALAS LAKE COUNTY AUDITOR 25 CS IN RE: TIMOTHY ALLAN COMPTON, DECEDENT

9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of TIMOTHY ALLAN COMPTON be transferred to JEREMY A. COMPTON pursuant to the laws of intestate succession, in accordance with the provisions of IC §

Promy O COT OFFICIAL!

JEREMY A COMPTON his Document is the property of

the Lake County Recorder!

ACKNOWLEDGEMENT

STATE OF INDIANA

29-1-8-1, § 29-1-8-2, and § 29-

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared JEREMY A. COMPTON who acknowledged the execution of the foregoing Small Estate Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 62 day of Nylember , 2020.

My Commission Expires: /0-2-2425 Signature:

SS:

My County of Residence: LAKE Printed: FRANCES Delices WALLEL

FRANCES DELORES WALKER
Notary Public, State of Indiana
Commission Number 704630
My Commission Expires
October 2, 2025



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 232169

Local No 001187	II ED	R No 0000		The second secon		No 01574	
		1a. Maiden Nam	e (If remale)	2. Sex	THE PARTY NAMED IN	Harriston	4. Date Of Death (Month/Day/Year)
TIMOTHY ALLAN COMPTON 5. Social Security Number 6a. Age - Yrs 6b. Under	r 1 Year 6c. Under 1 Month	n 6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/	A STATE OF THE PARTY.	8. Birthplace (City a	03/23/2020 and State or Foreign Country)
65 Months	Days	Hours	Minutes	05/09/195	4	GARY, IN	
9. Ever in U.S. Armed Forces? 10. If Death Occurred	In A Hospital:	Section Section 1	公下不告在 公告 在 在 在 是 有	red Somewhere Other Th	an A Hospital		
☐ Yes ☒ No ☐ Unknown ☒ Inpatient ☐ Eme	ergency Department Outpatien	t Dead on Arrival	Other (Specify)	Decedent's Home	Nursir	ng Home/Long-term (Sare Facility
11. Facility Name (If Not Institution, Give Street and Num ST MARY MEDICAL CENTER INC	per)				Martine Si Provider S	Average Engineer in	CONTROL DESIGNATION OF STREET
12. City Or Town, State, And Zip Code			13. County Of Death			14. Marital Status At Time Of Death	
HOBART, IN, 46342			LAKE			☐ Married ☐ Married, But Separated ☒ Divorced ☐ Widowed ☐ Never Married ☐ Unknown	
15. Surviving Spouse's Name	158	a. Last Name Before Fi	rst Marriage	16. Decedent	s Usual Occup	pation	17. Kind Of Business/Industry
18. Residence - State	L 49a Cousty	tralling the	40h Oh O-T-	DISABLE		N	IONE
	18a. County		18b. City Or Town				
INDIANA 18c. Street And Number	LAKE	TERRET ANDRES	HOBART		Bd. Apt. No.	18e. Zip Co	ode 18f. Inside City Limits?
424 MCKINLEY AVENUE		array array				462	Yes No
19. Decedent's Education	20. Decedent of Hispa	anic Origin	menalo	cedeni's Race	Ary ortho	4634	
SOME COLLEGE CREDIT, BUT NOT DEGREE	A NOT HISPANIC	Docu	White				
22. Parent's Name (First, Middle, Last)	NC	MHOH	23. Parent's Name (Fi	rst, Middle, Last)		23a, Pare	ent's Last Name Before First Marriage
WILLIAM COMPTON	Thin Do		CATHERINE O	COMPTON	2	RUSS	ELL = = =
24. Informant's Name	The state of the s	**********	tierretteriet	(Street And Number, Car		1	
JEREMY COMPTON	Southe		e Of Disposition	THAVENUE, H	IOBARI,	IN 46342	
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation ☐ Entombrenet	25b. Place Of Disposition (N			25c. Location - City, To	own, And State	e Thilling	
Removal From State	HEIGHTO ODE	TORY	4	OLUGA GO LIEN	OLUTO II		
Other (Specify): 26. Was Coroner Contacted? 27. Name And	HEIGHTS CREMA Complete Address Of Funeral			CHICAGO HEI	GH I S, IL		27a. Funeral Home License Number:
☐ Yes ☒ No	CREMATION SERV	ICES SEON N	MADISON STR	EET CROWN B	OINT IN	46307	FH11300014
27b. Signature Of Indiana Funeral Service Licensee KELLY MICHELLE SPROUSE, BY E.		STREET, STREET	WAD CON OTK	27c.		ber (Of Licensee):	
Happilepp lepplement in	Ci	ause Of Death (See		xamples)	170003	The same of the	Approximate
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, I Such As Cardiac Arrest, Respiratory Arrest, Or Ven	njuries, Or Complications - Tricular Fibrillation Without St	That Directly Caused howing The Etiology.	The Death. Do Not E Do Not Abbreviate. E	nter Terminal Events Enter Only One Cause	On		Interval: Onset To Death
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resu	Iting In Death) A	CARDIAC ARRYTH	MAS C TOTAL				DAYS
		E.O.C.		Due to (Or As A Consequence Of)			DAVE
Sequentially List Conditions, If Any, Leading To The Line A. Enter The Underlying Cause (Disease Or In	dause Listed OII	ATRIAL THROMBU		Due to (Or As A Consequence Of)		111111111	DAYS
The Events Resulting In Death) Last	C.			Due to (Or As A Consequence Of)		- Highli	
	D.	E .	EAL		12 1 2 1 2 1 2 1 2 1	TEST TEST	
Part II. Enter Other Significant Conditions Contributing to D	leath But Not Resulting In The	Underlying Cause Give	DIANA	 Was An Autopsy Pe Were Autopsy Finding 		Yes Complete The Car	⊠ No
NATURAL 31. Did Tobacco Use Contribute To Death? 32	2. If Female:			o. Were ratopsy i main	33. Manner (Surveyor and Surveyor	Yes No
I I I Yes I I Probably I I No IXI Unknown	Not Pregnant Within Past Year Not Pregnant, But Pregnant 43 Days T	seed in the contractor in the destroyers	Not Pregnant, But Pregna Unknown If Pregnant With	The second secon		☐ Homicide ☐ Ac	cident Pending Investigation
The second secon	5. Time Of Injury		e Of Injury (E.G., Dece	dent's Home, Construction			37. Injury At Work?
38. Location Of Injury - State 38	Ba. City Or Town	38h St	reet & Number		1 1 2 1 1 1	38c. Apt. No.	Yes No
oc. Education of Injury a date					-	000, 11,011	
39. Describe How Injury Occurred			1 2 1 1 1 1 1 1 1		40. If Transp	ortation Injury, Speci or Passenger Peo	fy:
41. Signature, Of Person Certifying Cause Of Death:					PARTY D	1401	TALID UNLESS
RUPESH J. SHAH , BY ELECTRONIC	SIGNATURE IS A	TRUE COPY C	F		er (Check On ving Physician	☐ Coroner	Health Officer
43. Name, Address And Zip Code Of Person Certifying Co	I AKE COUNTY I	HEALTH DEPAR	RTMENT			ense Number	45. Date Certified
RUPESH J. SHAH , 202 E 86TH PLA 46. Additional Funeral Service Provider:	CE, MERRILLVILLE	E, IN 46411			0200 47. *A	2106A kas:	04/24/2020
48. Signature of Local Health Officer:	APR	2 3 U 2020		49. For Regi	strar Only -	Date Filed (Month/D	ay/Year):
CHANDANA VAVILALA, VIA ELECTR			TE OF PEAT	Lipidanilla	12511	APR 24 2	
49: 03/30/2020	AMENDME	ENT TO CERTIFICA	4: 2020/03/22	KT OR ORIGINAL)			
2020/03/22 2020/03/22	LAKE COUNT	TY HEALTH OF			121		
49: 04/03/2020 45: 3/25/2020 12:00:00 AM	Tarelle and I am		IEIEI				
49: 04/03/2020		The second secon	CONTRACTOR OF STREET	· · · · · · · · · · · · · · · · · · ·	200000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached. PROOF: This Document is the property of #NDIANAhe Lake County Recorder! STATE OF COUNTY OF personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Zackery Com Ot ton be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said GRANTOR(S)the same: and the said WITNESS at same time subscribed his/her name as a witness thereto **NOTARY PUBLIC SIGNATURE NOTARY PRINTED NAME** ALEXIS NICOLE LOPEZ Notary Public - Seal **Notary Name exactly as Commission** Lake County - State of Indiana Commission Number NP0718753 Notary Public-State of INDIANA My Commission Expires Feb 21, 2027

My Commission Expires: 02/21

Commission No: NP071