

Property No. 45-07-27-406-018.000-026

DULY ENTERED FOR TAXATION
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Jun 18 2021 SLG

STATE OF INDIANA)

JOHN E. PETALAS

) Jeffrey D. Batliner, Deceased

COUNTY OF LAKE)

) (AKA Jeff Batliner)

AFFIDAVIT OF DEVOLUTION OF REAL PROPERTY

Nancy Batliner, having been duly sworn according to law, states:

1. Jeffrey D. Batliner (aka Jeff Batliner) died intestate on November 25, 2017 while domiciled in Lake County, Indiana. A copy of his death certificate is attached.

2. At least seven months have elapsed since the death of the decedent.

3. No letters testamentary or letters of administration have been issued to a court-appointed personal representative for the decedent within the time limits specified in Indiana Code §29-1-7-15.1(d) and a probate court has not issued findings and an accompanying order preventing the limitations in Indiana Code §29-1-7-15.1(b) from applying to the decedent's real property.

4. I am related to the decedent as follows: Surviving Spouse

5. The following named persons are the only heirs of the decedent:

Nancy Batliner, Spouse, 3734 42nd Place, Highland, IN 46322

Michelle Batliner, Adult Daughter, 12800 Havenwood Court, Cedar Lake, IN 46303

Adam Batliner, Adult Son, 3734 42nd Place, Highland, IN 46322

6. Among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

LOT 18 IN BOULEVARD ESTATES 8TH ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 33 PAGE 59, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Commonly Known as: 3734 42nd Place, Highland, IN 46322

7. The decedent acquired title to the real estate by Warranty Deed dated December 14, 2005 and filed with the Lake County Recorder's Office on December 20, 2005 as Document #2005 111372.

8. The individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession as provided under IC §29-1-2-1, namely:

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 821-1426, 1
Affidavit of Devolution of Real Property
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Nancy Batliner, Spouse, 3734 42nd Place, Highland, IN 46322

Michelle Batliner, Adult Daughter, 12800 Havenwood Court, Cedar Lake, IN 46303

Adam Batliner, Adult Son, 3734 42nd Place, Highland, IN 46322

9. Each person's distributive share has been calculated as follows:

Nancy Batliner, Spouse, 50% Share

Michelle Batliner, Adult Daughter, 25% Share


Adam Batliner, Adult Son, 25% Share

Further Affiant sayeth naught.


Nancy Batliner, Affiant

STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 18th day of June, 2021, personally appeared: Nancy Batliner, and acknowledged the execution of the foregoing Affidavit in Aid of Title. In witness whereof, I have hereunto subscribed my name and affixed my official seal.


LesA A. Potacki, Notary Public
My commission expires 2/13/2026
Resident of Lake County



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. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45), (219) 864-7800
900 Parker Place, Suite A, Schererville, Indiana 46375

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-14209, I

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 148377



Local No 004076

EDR No 00000611416

State No 057857

1. Decedent's Legal Name (First, Middle, Last) JEFF BATLINER				12. Maiden Name (if female)		2. Sex MALE		3. Time of Death 10:39 AM		4. Date of Death (Month/Day/Year) 11/25/2017											
5. Social Security Number [REDACTED]		6a. Age - Yrs 57		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) 03/26/1960		8. Birthplace (City and State and Foreign Country) HAMMOND, 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 type="checkbox"/> Hospital Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility										10a. If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other (Specify)									
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT												13. County of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown							
12. City or Town, State, and Zip Code CROWN POINT, IN, 46307				15. Surviving Spouse's Name NANCY BATLINER				15a. Last Name Before First Marriage BABBITT		16. Decedent's Usual Occupation SALES		17. Kind of Business/Industry AUTOMOTIVE									
18a. Residence - State INDIANA				18b. County LAKE				18c. City or Town HIGHLAND													
19c. Street and Number 3734 42ND PLACE				11d. Apt. No.		18e. Zip Code 46322		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) JOHN BATLINER				23. Parent's Name (First, Middle, Last) KATHRYN BATLINER				23a. Parent's Last Name before First Marriage CARLSON													
24. Informant's Name NANCY BATLINER				24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street and Number, City, State, Zip Code) 3734 42ND PLACE, HIGHLAND, IN 46322													
25a. Method of Disposition <input type="checkbox"/> Burial <input checked="" 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) REGIONAL CREMATION SERVICE				25c. Location - City, Town, and State MUNSTER, IN													
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name and Complete Address of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321				27a. Funeral Home License Number: FH10700038													
28. Part I. Enter the Chain of Events - Disease, Injuries, or Complications - That Directly Cause the Death. Do Not Enter Terminal Event Such As Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Per Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease or Condition Resulting in Death) A. MULTIPLE INJURIES, FENTANYL RELATED DEATH B. _____ C. _____ D. _____				29. Cause of Death (See Instructions and Examples) THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH				27c. License Number (if Licensed) FDG1021693 JAN 25 2018 LAKE COUNTY HEALTH OFFICER													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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		33. Manner of Death: <input 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 checked="" type="checkbox"/> No			
34. Date of Injury (Month/Day/Year) 11/25/2017				35. Time of Injury 10:39 AM				36. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) ROAD				38d. Zip Code 46358									
38. Location of Injury - State INDIANA				38a. City or Town LOWELL				38b. Street & Number 2892 BELLSHAW ROAD				38c. Apt. No.									
39. Describe How Injury Occurred: MOTOR VEHICLE ACCIDENT												40. If Transportation Injury, Specify: <input type="checkbox"/> Oversteer <input type="checkbox"/> Passenger <input type="checkbox"/> Driver <input type="checkbox"/> Other				41. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
41. Signature, of Person Certifying Cause Of Death: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE				42. License Number 12/13/2017				43. Date-Certified 12/13/2017													
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307				44. License Number				45. Date-Certified													
46. Additional Funeral Service Provider:				47. Address				48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE													
49. For Registrar Only - Date Filed (Month/Day/Year): DEC 13 2017																					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																					
30. NC- 28. Cause A - PENDING INVESTIGATION 45. 11/28/2017 11:00:59 AM 33. PENDING INVESTIGATION 49. 11/29/2017																					