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[Signature]

to add
Supplement to comply
with new IC 29 requirements

STATE OF INDIANA
LAKE COUNTY
2019 DEC 16 4:11 PM
MICHAEL BROWN

STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2019 055293

AFFIDAVIT OF HEIRSHIP

BROOKLYN A. LEMLER, being first duly sworn, under penalty of perjury, states as follows:

1. BROOKLYN A. LEMLER, is an adult, with personal knowledge of all facts stated herein. She is a resident of Porter County, Indiana, and currently resides at 6424 Monda Avenue, Portage, IN 46368.
2. She is the daughter of Christopher A. Badten, deceased, who was a resident of Lake County, Indiana, at the time of his death. Christopher A. Badten was the owner, as Tenant in Common with Robynn C. Badten (n/k/a Robynn C. Toomey) of the property at 1608 Magnolia Avenue, Dyer, IN 46311 (the "Real Estate"), which is legally described as follows:

The South 110 feet of the North 220 feet of the West 707.275 feet of the North 1/2 of Section 7, Township 35 North, Range 9 West of the 2nd Principal Meridian, lying East of the West Line of the East 7.70 acres of the Northwest 1/4 of said Section, in the Town of Dyer, Lake County, Indiana, except the East 30 feet thereof, taken for Magnolia Avenue.

Tax Key No. 45-11-07-251-009.000-034

052543 FILED

3. Christopher A. Badten died intestate on July 15, 2015, while a resident of Lake County, Indiana.
4. At the time of his death, Christopher A. Badten was divorced and JOHN E. PETALAS children.
5. At the time of his death, Christopher A. Badten, had the following adult children named below as his sole heirs:
Brooklyn A. Lemler (f/k/a Brooklyn A. Badten), 6424 Monda Avenue, Portage, IN 46368.;
Kevin M. Badten, 4840 W. 93rd Terrace, Crown Point, IN 46307.

JOHN E. PETALAS
LAKE COUNTY AUDITOR

6. The value of Christopher A. Badten's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided in IC § 29-1-8-1, after accounting for the mortgage on the real estate, the other costs and expenses of administration and reasonable funeral expenses.

7. The gross value of the estate of Christopher A. Badten as determined for the purpose of Federal Estate Taxes does not require the filing of a Federal Estate Tax Return.

8. The estate of Christopher A. Badten is not subject to Indiana Inheritance Tax, nor does it owe taxes of any type.

9. This Affidavit is made by the undersigned to confirm that by the laws of intestate succession: BROOKLYN A. LEMLER and KEVIN M. BADTEN have succeeded to the interest of Christopher A. Badten in the Real Estate.

Handwritten initials: JSC, KLC

Handwritten: \$25,000 JTB

Handwritten: ✓ # 3065

2021-071069
4:11 PM 2021 Dec 9
GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED
DEC 09 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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STATE OF INDIANA)

)

COUNTY OF LAKE)

PARCEL #45-03-30-455-008.000-023

SUPPLEMENT TO AFFIDAVIT OF HEIRSHIP

BROOKLYN A. LEMLER, being first duly sworn upon her oath, now Supplements the Attached affidavit of heirship filed alleges and states as follows:

1. That pursuant to Indiana Code 29-1-2-1(d)(1) provides the interest of CHRISTOPHER A. BADTEN in the above captioned real estate now vests in his intestate heirs as follows:

Brooklyn A. Lemler FTA Brooklyn Badten 50%
6424 Monda Avenue, Portage, IN 46368

Kevin Badten, 4840 w 93rd Terrace, Crown Point, IN 46307 50%

2. That no administration was had as to the Estate of CHRISTOPHER A. BADTEN, and none is contemplated by anyone to the knowledge and belief of the affiant. The estate of CHRISTOPHER A. BADTEN was not subject to any federal estate tax occasioned by his demise.

3. That the value of the gross probate estate does not exceed:
(B) fifty thousand dollars (\$50,000).

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

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

6. That the affiant has notified each distributee identified in the affidavit of the affiant's intention to present an affidavit under this section.

7. That pursuant to Indiana Code 29-1-7-15.1(b) "No real estate located in Indiana of which any person may die seized shall be sold by the executor or administrator of the deceased person's estate to pay any debt or obligation of the deceased person, which is not a lien of record in the county in which the real estate is located, or to pay any costs of administration of any decedent's estate, unless a petition for administration is filed in court

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under section 5 of this chapter not later than five (5) months after the decedent's death and the clerk issues letters testamentary or letters of administration not later than seven (7) months after the decedent's death."

8. Inasmuch as no administration of the Estate of CHRISTOPHER A. BADTEN was had within the seven (7) month period following his demise, title to said parcel real estate vests to the intestate heirs of CHRISTOPHER A. BADTEN, as provided herein.

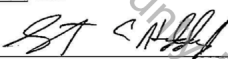
9. This affidavit is made for the purpose of demonstrating that the fee simple interest in said parcel of real estate commonly known 1305 Hoffman Street, Hammond, IN 46327 is now held by BROOKLYN LEMLER, ANNETTE PEREZ, AND ELOISA PEREZ and subject only to easements, taxes and restrictions of record.


BROOKLYN A. LEMLER..

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 29th day of November 2021




Printed: Steve E. Haddad, Notary Public
Residing in Lake County, Indiana
My Commission Expires: 10/18/2025

This instrument prepared by Steve E. Haddad, attorney at law, 6949 Kennedy Avenue, Suite D, Hammond, Indiana 46323. I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.


Steve E. Haddad



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracy, IN 47884
59397

Local No 002426

EDR No 00000459448

State No 034411

1. Decedent's Legal Name (First, Middle, Last) CHRISTOPHER ALLEN BADTEN		14. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 08:20 AM		4. Date Of Death (Month/Day/Year) 07/15/2015			
5. Social Security Number		6a. Age - Yrs 58		6b. Under 1 Year Months Days Hours Minutes		7. Date of Birth (Month/Day/Year) 07/21/1956		8. Birthplace (City and State or Foreign Country) HAZEL CREST, IL			
9. Ever in U.S. Armed Forces?		10. If Death Occurred In A Hospital:		11. Place Of Death Occurred Somewhere Other Than A Hospital:		12. City Or Town, State, And Zip Code SAINT JOHN, IN 46373		13. County Of Death LAKE			
11. Facility Name (If Not Institution Give Street and Number) 9680 INDUSTRIAL DRIVE		12. City Or Town, State, And Zip Code		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Kind Of Business/Industry BUSINESS			
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation MACHINIST		17. Kind Of Business/Industry MACHINE SHOP					
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		18c. Street And Number 1608 MAGNOLIA AVENUE		18d. Apt. No. 46311			
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19a. Zip Code 46311		19b. Zip Code 46311		19c. 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. Father's Name (First, Middle, Last) FRED BADTEN		23. Mother's Maiden Last Name HAFNER			
24. Informant's Name KEVIN BADTEN		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1608 MAGNOLIA AVENUE, DYER, IN 46311		25. Place Of Disposition REGIONAL CREMATION SERVICE		25c. Location - City, Town, And State MUNSTER, IN			
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)		25c. Location - City, Town, And State		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. Signature Of Indiana Funeral Service Licensee KEVIN W. KISH, BY ELECTRONIC SIGNATURE		27b. License Number Of Licensee FDD1021590		27c. License Number Of Licensee FDD1021590		27d. License Number Of Licensee FDD1021590		27e. License Number Of Licensee FDD1021590			
28. Part 1. 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 Of Death. Add Additional Lines If Necessary.		28. Part 2. 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 Of Death. Add Additional Lines If Necessary.		28. Part 3. 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 Of Death. Add Additional Lines If Necessary.		28. Part 4. 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 Of Death. Add Additional Lines If Necessary.		28. Part 5. 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 Of Death. Add Additional Lines If Necessary.			
Immediate Cause (Final Disease Or Condition Resulting In Death) A. LACERATION OF LEFT LUNG WITH BILATERAL PNEUMO HEMOTHORAX		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. _____ C. _____ D. _____		29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. Cause Of Death (See Instructions And Examples) LACERATION OF LEFT LUNG WITH BILATERAL PNEUMO HEMOTHORAX			
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, Not Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, Not Pregnant Within The Past Year <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		34. Date Of Injury (Month/Day/Year) 07/15/2015		35. Time Of Injury 08:20 AM		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) BUSINESS	
37. Location Of Injury - State INDIANA		37a. City Or Town ST. JOHN		37b. Street & Number 9680 INDUSTRIAL DRIVE		37c. Zip Code 46373		37d. Zip Code 46373			
38. Describe How Injury Occurred GUNSHOT WOUND		39. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other		40. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other		41. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		42. License Number NOT VALID UNLESS		43. Date Certified 07/21/2015	
44. Signature Of Person Certifying Cause Of Death MERRILEE D. FREY, BY ELECTRONIC SIGNATURE		44. Name, Address And Zip Code Of Person Certifying Cause Of Death MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307		45. Additional Funeral Service Provider		46. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		47. For Registrar Only - Date Filed (Month/Day/Year) JUL 22 2015		48. For Registrar Only - Date Filed (Month/Day/Year) JUL 22 2015	