

FILED

2023-521695
09/11/2023 03:18 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

Sep 11 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)

) In Re: Ralph K. Helfen, Decedent

COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER ON DEATH

I, Robert A. Helfen, being duly sworn, state as follows:

1. Ralph K. Helfen died on August 17, 2023. A copy of his death certificate is attached.

2. At the time of death, the decedent owned certain real estate commonly known as 910 W. Pine Street, Griffith, Indiana, in Lake County and more particularly described as follows:

Lot 92 in Northtown Estates 2nd Addition to Griffith, as per plat thereof, recorded in Plat Book 37 page 1, in the Office of the Recorder of Lake County, Indiana.

Commonly Known As: 910 W. Pine Street, Griffith, IN 46319

Tax ID #45-07-34-206-035.000-006

3. This real estate was subject to a transfer on death deed, dated March 31, 2016, recorded in the office of the Lake County Recorder on April 7, 2016 as instrument number 2016-021410.

4. The name and address of each designated beneficiary who survived the owner of the real estate is as follows:

Robert A. Helfen, 4039 N. Springfield Avenue, Chicago, IL 60618

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



Robert A. Helfen

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. **375138**

Local No 002929

EDR No 000011596655

State No 2023-042792

1. Decedent's Legal Name (First, Middle, Last) Ralph K. Helfen		1a. Maiden Name (If Female)		2. Gender Male		3. Time Of Death 12:34 PM		4. Date Of Death (Month/Day/Year) 08/17/2023	
5. Social Security Number 82		6a. Age - Yrs 82		6b. Under 1 Year Months: 0 Days: 0 Hours: 0 Minutes: 0		7. Date of Birth (Month/Day/Year) 09/28/1940		8. Birthplace (City, State or Foreign Country) Hammond, Indiana	
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"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Death on Arrival		11. 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		12. <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) Symphony Of Dyer									
12. City Or Town, State, And Zip Code Dyer, Indiana 46311			13. Cause 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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			16a. Last Name Before First Marriage			16. Decedent's Usual Occupation Computer Engineer		17. Kind Of Business Industry Electronics	
18. Residence - State IN		18a. County Lake		18b. City Or Town Griffith					
18c. Street Address Number 910 W Pine Street		18d. Apt No.		18e. Zip Code 46319		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education Master's Degree (e.g. MA, MS, MEd, MS)		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) Aloysius Helfen			23. Parent's Name (First, Middle, Last) Florence Helfen			23a. Parent's Last Name Before First Marriage Vonderheid			
24. Informant's Name Robert Helfen		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 4039 N Springfield Avenue, Chicago, IL, 60618					
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. Place Of Disposition Merrillville, IN		25d. Location - City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kierman Road, Highland, Indiana, 46322		27a. Funeral Home License Number FH11700003					
27b. Signature of Indiana Funeral Service Licensee <i>Corinne J. Kasper</i>		Electronically Signed		27c. License Number (Of Licensee) FD01014511					
Cause Of Death (See Instructions And Examples)									
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. Cardiopulmonary Arrest			B. Cardiovascular Disease			C. Unknown			
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. Cardiovascular Disease			C. Unknown			D. Unknown			
Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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 At Least 1 Year Before Death <input type="checkbox"/> Unknown (Entered Within Five Foot Rule)		33. Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Negligent <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Was An autopsy performed? <input type="checkbox"/> Yes <input checked="" 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, Worked Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Was Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. Bldg.		38d. Zip Code	
39. Describe How Injury Occurred									
41. Signature - Of Person Certifying Cause Of Death <i>Alexander A Stemer</i>		Electronically Signed		42. Center (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Date Certified			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Alexander A Stemer 10110 S Donald S. Powers Drive 101D, Munster, IN 46321		44. Additional Funeral Service Provider		45. For Registrar Only - Date Filed (Month/Day/Year) 08/23/2023					
45. Signature of Local Health Officer: <i>Richard Cornetta</i>		Electronically Signed		46. For Registrar Only - Date Filed (Month/Day/Year) 08/23/2023					
AMENDMENT TO CERTIFICATE OF DEATH (ORIGINAL OR PHOTOCOPY)									
LAKE COUNTY HEALTH OFFICER									