

*William E. Davis  
8410 Maple Ave.  
Gary, 46413*

845614

**DULY ENTERED  
FOR TAXATION**

STATE OF INDIANA )  
COUNTY OF LAKE )

SS: MAR 13 1985

IN RE: NOLEN CLAUDIE DOWNS,  
DECEDENT

*James O. Priddy*

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on the 19th day of October, 1980, while domiciled in Lake County.
2. That no petition for the appointment of personal representative of said decedent is pending in any court in this State and that forty-five (45) days have elapsed since the death of the decedent.
3. That the following named person was the only heir, of the decedent: Euna M. Downs, wife, deceased, of 6819 Ridgeland Street, Hammond, Indiana. (Date of Death October 10, 1985).
4. That the Administratrix of the Estate of Euna Downs is Jerline Boren.
5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.
6. That among the decedent's probate assets is a parcel of real estate which was owned by Mr. Downs by the entirety with Mrs. Downs located in Lake County, Indiana, more particularly described as follows:  
 FORSYTHE HIGHLANDS 2ND. ADD.  
 All of lot 21 block 7, and the South  
 8 ft. of lot 22, block 7 Hammond, Indiana.
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. There are no creditors.
8. That the individual entitled to the real estate as a result of the decedent's death is the Estate of Euna Downs and her heirs at law as provided under the laws of intestate succession in the Indiana Probate Code; Jerline Boren, daughter, of 3574 Thompkins Street, Gary, Indiana; and William C. Downs, son, R.R. 3 Box 1231

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MAR 13 3 38 PM '85  
RUBOLPH  
RECORDERS  
CLAY

31  
850

Norfolk Avenue, Crete, Illinois 60417.

9. That the gross value of the estate of the decedent, Nolen Downs, as determined for the purpose of the Federal Estate Taxes, was less than the value required for filing of a Federal Estate Tax return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

10. That the Nolen Downs' estate was not subject to Indiana Inheritance Tax.

Jerline J. Boren  
AFFIANT

I affirm under the penalties of perjury that the foregoing representations are true.

Jerline J. Boren  
JERLINE J. BOREN  
ADMINISTRATRIX OF  
THE ESTATE OF  
EUNA M. DOWNS

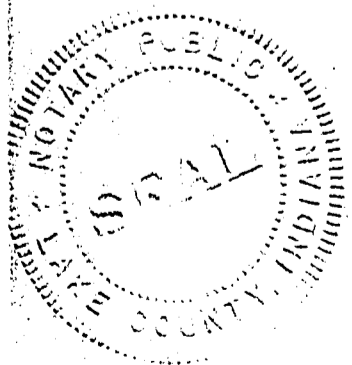
STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a notary public in and for Lake County, this 19<sup>th</sup> day of February came Jerline J. Boren and acknowledged the execution of the foregoing affidavit and oath.

William E. Davis  
WILLIAM E. DAVIS

My Commission expires 2/23/88

This instrument prepared by William E. Davis Member Indiana Bar.



TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

Li: 2 Perma. n.s.  
OCT 11-1985  
HAMMOND HEALTH COMMISSIONER

Date Issued

EMBALMER'S NAME John C. Ault

LICENSE No. 1350

FUNERAL HOME

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1783

CAUSE

CONDITIONS  
IF ANY  
WHICH  
GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

Local No. 745

TYPE  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED'S  
RESIDENCE  
IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE OF  
INSTITUTION.

DECEASED'S  
RESIDENCE  
IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE OF  
INSTITUTION.

PARENTS

DISPOSITION

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No. \_\_\_\_\_

632

1. DECEASED—NAME FIRST MIDDLE LAST <u>Euna M. Downs</u>			2. SEX <u>female</u>	3. DATE OF DEATH (MONTH DAY YEAR) <u>October 10, 1985</u>	
4. RACE—(e.g. White, Black, American Indian, etc.) <u>white</u>	5a. AGE—Last Birthday (Yrs) <u>83</u>	5b. UNDER 1 YEAR MO. DAY	5c. UNDER 1 DAY HOURS MINS	6. DATE OF BIRTH (Mo. Day Yr.) <u>3/7/1902</u>	7a. COUNTY OF DEATH <u>Lake</u>
7b. CITY, TOWN OR LOCATION OF DEATH <u>Hammond</u>			7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in other grid street and number) <u>St. Margaret Hospital</u>		7d. IF HOSP OR INST. Indicate DOA, OP/ Emer. Rm., Inpatient (Specify) <u>Inpatient</u>
8. STATE OF BIRTH (If not in U.S.A. name country) <u>Kentucky</u>	9. CITIZEN OF WHAT COUNTRY <u>USA</u>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		11. SURVIVING SPOUSE (If wife give maiden name) <u>- -</u>	
12. SOCIAL SECURITY NUMBER <u>317-50-4362</u>			13. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Home maker</u>		14. KIND OF BUSINESS OR INDUSTRY
15a. RESIDENCE—STATE <u>Indiana</u>	15b. COUNTY <u>Lake</u>	15c. CITY, TOWN OR LOCATION <u>Hammond</u>		15d. STREET AND NUMBER <u>6819 Ridgeland Ave.</u>	
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			17. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. INSIDE CITY LIMITS (Specify YES or NO) <u>yes</u>
19. FATHER—NAME FIRST MIDDLE LAST <u>Jack Downs</u>			20. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Link Knight</u>		
21. INFORMANT—NAME (Type or print) RELATIONSHIP <u>William C. Downs (Son)</u>		22. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <u>R.R.#3 Box 1231 Crete, Ill. 60417</u>			
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <u>Burial</u>		24. CEMETERY OR CREMATORY—FUNERAL HOME <u>Chapel Lawn Mem. Gardens</u>		25. LOCATION CITY OR TOWN STATE <u>Schenerville, Ind.</u>	
26. DATE (MONTH, DAY, YEAR) <u>Oct. 12, 1985</u>		27. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP) <u>Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.</u>		28. 46323	
29. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. 29a. (Signature) <u>Frank R. Hieber</u>			30. DATE SIGNED (Mo., Day, Yr.) <u>10-11-85</u>		31. HOUR OF DEATH <u>4:15 P.</u>
32. NAME OF ATTENDING PHYSICIAN (Type or Print) <u>Frank R. Hieber M. D.</u>			33. MAILING ADDRESS—PHYSICIAN <u>7550 Hohman Ave. Muncie, Ind.</u>		
34. HEALTH OFFICER—SIGNATURE <u>Franklin G. Perma de M. D.</u>			35. DATE RECEIVED BY LOCAL HEALTH OFFICER <u>OCT 11 1985</u>		
36. PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) <u>Cardiac Arrest</u>			37. Interval between onset and death		
38. (b) DUE TO OR AS A CONSEQUENCE OF <u>Ischemic Heart Disease</u>			39. Interval between onset and death <u>unknown</u>		
39. (c) DUE TO OR AS A CONSEQUENCE OF			40. Interval between onset and death		
41. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			42. AUTOPSY (Specify Yes or No)		
43. _____			44. _____		

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
OCT 22 1980  
Date typed

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME John G. Ault  
FUNERAL HOME LICENSE No. 1350  
FUNERAL DIRECTOR'S LICENSE No. 1783  
FUNERAL HOME No. 280  
FUNERAL DIRECTOR'S SIGNATURE

Local No. 787  
TYPE OR PRINT PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
DECEASED'S USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  
PARENTS  
DISPOSITION  
M.D. OR D.O.  
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST  
CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 730

1. DECEASED—NAME FIRST: NOLEN MIDDLE: C. LAST: DOWNS				2. SEX M	3. DATE OF DEATH (MONTH, DAY, YEAR) 10/19/80
4. RACE—(a) White White	5. AGE—Last Birthday (Yrs.) 80	6. DATE OF BIRTH (Mo., Day, Yr.) 6-6-1900	7. COUNTY OF DEATH Lake		
8. CITY, TOWN OR LOCATION OF DEATH Hammond		9. HOSPITAL OR OTHER INSTITUTION—(Name if not on other, give street and number) St. Margaret Hospital		10. IF HOSP. OR INST. Indicate D.O.A. OP/ Emer. Rm., Inpatient (Specify) inpatient	
11. STATE OF BIRTH (if not in U.S.A. name country) Kentucky	12. CITIZEN OF WHAT COUNTRY	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	14. SURVIVING SPOUSE (if wife, give maiden name) Euna Downs		15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
16. SOCIAL SECURITY NUMBER 310-22-9018		17. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Burner		18. KIND OF BUSINESS OR INDUSTRY J. & L. Steel	
19. RESIDENCE—STATE Indiana	20. COUNTY Lake	21. CITY, TOWN OR LOCATION Hammond		22. 15. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. 16a. STREET AND NUMBER 6819 Ridgeland		24. 16b. INSIDE CITY LIMITS (Specify Yes or No) yes		25. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26. FATHER—NAME FIRST: Joseph MIDDLE: LAST: Downs		27. MOTHER—MAIDEN NAME FIRST: Alpha MIDDLE: LAST: Griffin		28. INFORMANT—NAME (Type or print) Mrs. Euna Downs	
29. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		30. CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn Mem. Gardens		31. LOCATION Schererville, Indiana	
32. DATE (MONTH, DAY, YEAR) October 21, 1980		33. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.			
34. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. FR Heber		35. DATE SIGNED (Mo., Day, Yr.) 10-19-80		36. HOUR OF DEATH M	
37. NAME OF ATTENDING PHYSICIAN (Type or Print) FR Heber					
38. MAILING ADDRESS—PHYSICIAN 7905 Crummet Munster, Indiana					
39. HEALTH OFFICER—SIGNATURE Franklin J. Gurnea				40. DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 22 1980	
41. IMMEDIATE CAUSE PART I (a) Ischemic Heart Disease		42. INTERVAL BETWEEN ONSET AND DEATH unknown			
43. DUE TO, OR AS A CONSEQUENCE OF.		44. INTERVAL BETWEEN ONSET AND DEATH			
45. DUE TO OR AS A CONSEQUENCE OF.		46. INTERVAL BETWEEN ONSET AND DEATH			
47. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))		48. AUTOPSY (Specify Yes or No) 24.			