

91021585

STATE OF INDIANA)

COUNTY OF LAKE)

SS:

IN THE MATTER OF)
BILLIE JEAN SMITH,)
deceased)

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILE NO. 98-100
MAY 6 4 12 PM 1991
RECORDED

AFFIDAVIT FOR TRANSFER OF REAL AND PERSONAL PROPERTY

YOLANDA J. MOORE, of 704 Vermont Street, Gary, IN 46402, being duly sworn upon her oath, deposes and says:

1. That Affiant is over the age of twenty-one (21) years of age and otherwise under no legal disability.

2. That Affiant is a surviving Daughter of BILLIE JEAN SMITH, hereinafter referred to as "decedent".

3. That decedent died November 10, 1990, as evidenced by a Death Certificate attached hereto and Made a part of this Affidavit.

4. That decedent was a legal resident of the State of Indiana, County of Lake, residing at the following address:

704 Vermont Street
Gary, IN 46402

This Document is the property of

5. That the heirs of the decedent are all adults whose names and addresses are as follows:

NAME	RELATIONSHIP	ADDRESS
NATHANIEL WINSTON, JR.	Son	P. O. Box 273 Ft. Dodge, IA 50501-0273
ALBERT B. WINSTON	Son	704 Vermont Street Gary, IN 46402
YOLANDA J. MOORE	Dght.	704 Vermont Street Gary, IN 46402
RONALD E. WINSTON	Son	5306 West 21st Avenue Apt. 206 Gary, IN 46402
REGINA M. DAVIS	Dghtr.	1018 E. 49th Avenue Gary, IN 46409
TANYA M. SMITH	Dght.	704 Vermont Street Gary, IN 46402
ORLANDO D. SMITH	Son	704 Vermont Street Gary, IN 46402
JERRY C. SMITH	Son	7407 Fair Oak Avenue Apt. 303 Dallas, TX 75231



ONLY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

MAY 6 1991

Auditor's Signature
AUDITOR LAKE COUNTY

6. That no petition for the appointment of an Administrator or Executor of the Estate of decedent has been made, granted, nor is any pending or contemplated.

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

8. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of \$8,500.00 as provided by I.C. 29-1-8-3, the costs and expenses of administration, and reasonable funeral expenses.

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1000

9. That the following is a full description of all the real and personal property belonging to the decedent, together with the estimated value thereof, according to the best knowledge, information and belief of the Affiant herein.

A. REAL PROPERTY

Lot 39, in Block 45, in Gary Land Company's First Subdivision in the City of Gary, as shown in Plat Book 6, page 15, in Lake County, Indiana. #44-45-4a

Commonly known as 704 Vermont Street, Gary, Indiana, 46402.

Value = \$7,500

B. PERSONAL PROPERTY

Escrow refund check from Waterfield Mortgage Company in the amount of \$466.92.

10. That by reason of the above, the Affiant requests that the above enumerated Personal Property of the decedent be transferred to her pursuant to the laws of Intestate Succession, as provided in the Indiana Code.

11. That the individuals entitled to the Real Estate as a result of the decedent's death are the decedent's heirs at law as specified in Paragraph 5 above.

12. That all of the debts of the decedent are paid; that no Federal Estate Tax nor Indiana State Inheritance Tax are due by reason of the decedent's death.

WHEREFORE, Affiant requests that Waterfield Mortgage Company transfer the Personal Property specified herein to-wit: Escrow Refund Check in the amount of \$466.92, to her and the Affiant herein shall release said Waterfield Mortgage Company from any liability regarding the proper application of said Personal Property.

That the Affiant herein, YOLANDA J. MOORE, hereby charges herself with the responsibility of property disbursement of the funds according to the provisions of the Indiana Code and hereby agrees to hold harmless said Waterfield Mortgage Company from any liability with regard to the transfer of said Personal Property.

FURTHER AFFIANT SAYETH NOT.


Yolanda J. Moore
YOLANDA J. MOORE

Subscribed and sworn to before me, a Notary Public, this 23rd day of April, 1991.

Mary P. Coons
MARY P. COONS, Notary Public
Resident of Porter County

My Commission Expires:
January 6, 1995

This instrument prepared by:
ARNOLD KREVITZ - 5347-45
Attorney At Law
503 East 86th Avenue
Merrillville, IN 46410
(219) 769-1300
FAX: (219) 769-1302

INDIANA STATE BOARD OF HEALTH

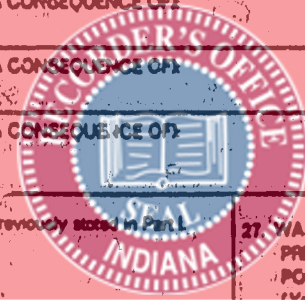
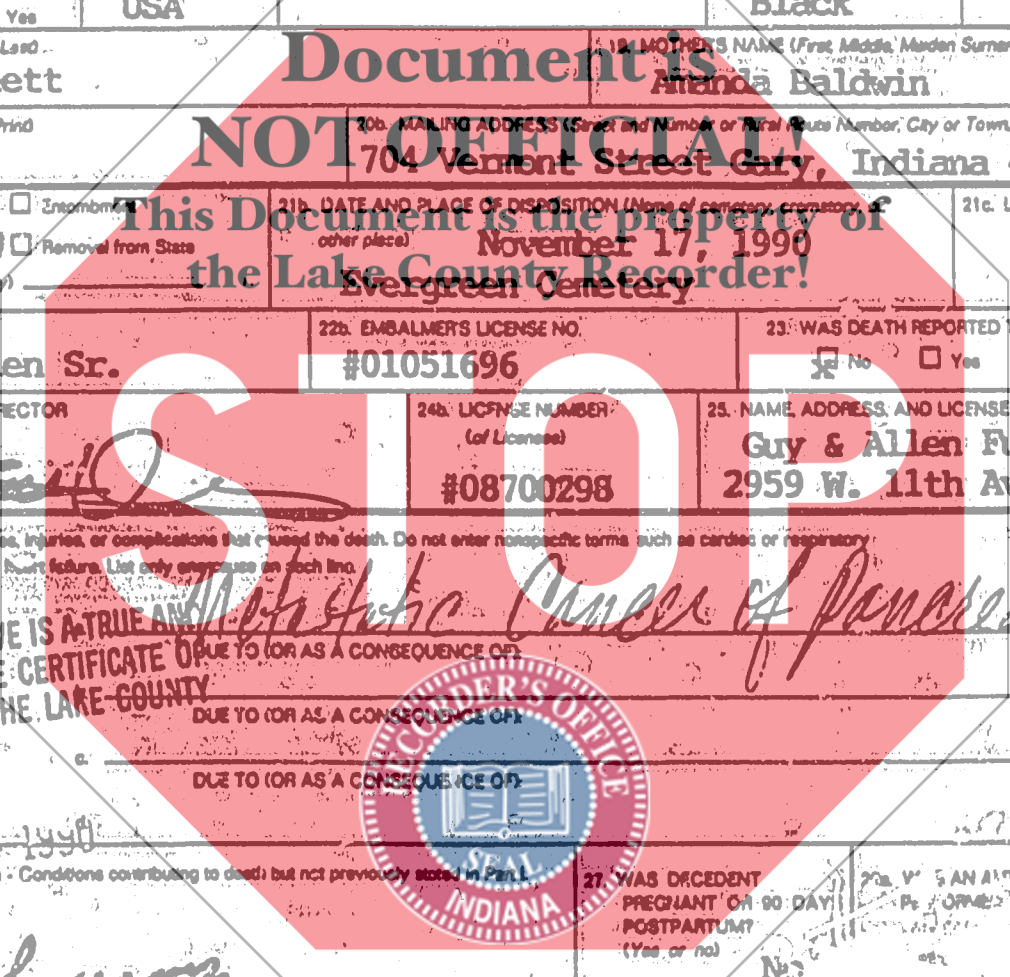
CERTIFICATE OF DEATH

State No.

Local No. 2325-91

TYPE/PRINT IN PERMANENT BLACK INK
DECEDENT
PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
CERTIFIER
HEALTH OFFICER
CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) Billie Jean Smith		2. SEX Female	3a. TIME OF DEATH 11-15 am	3b. DATE OF DEATH (Month, Day, Year) November 10, 1990	
4. SOCIAL SECURITY NUMBER 313-36-8199	5a. AGE—Last Birthday (Years) 54	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr) July 21, 1936	
7. BIRTHPLACE (City and State or Foreign Country) Westpoint, Mississippi	8a. WAS DECEDENT A U.S. VETERAN? N/A	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? No	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Dart Smith	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor	12b. KIND OF BUSINESS/INDUSTRY Gainer Bank		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary	13d. STREET AND NUMBER 704 Vermont Street		
13e. ZIP CODE 46402	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexico, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12th		18. FATHER'S NAME (First, Middle, Last) Billie Burnett			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Aranda Baldwin			20a. INFORMANT'S NAME (Type/Print) Dart Smith		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 704 Vermont Street, Gary, Indiana 46402			20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 17, 1990 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME May 1991 Allen Sr.		22b. EMBALMER'S LICENSE NO. #01051696	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) #08700298	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue #83007704		
26. PART I. IMMEDIATE CAUSE OF DEATH (Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only emphasis on such line.) Metabolic Cause of pancreas					
27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 Months					
28. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
29. WAS DECEDENT PREPREGNANT OR 90 DAY POSTPARTUM? (Yes or no) No					
29a. WERE AN AUTOPSY PERFORMED?					
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)					
30. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated. Barbara L. Fuller, M.D.					
31. HEALTH OFFICER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> CORONER <input checked="" type="checkbox"/> HEALTH OFFICER					
32a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		32b. MEDICAL LICENSE NO. 01034701	32c. DATE SIGNED (Month, Day, Year) 11/15/90		
33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Barbara L. Fuller, M.D., 3229 Broadway Gary, IN 46409					
34. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					
35. DATE FILED (Month, Day, Year) November 20, 1990					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



#44-45-42
39-36-45
May 1991