

4

STATE OF INDIANA
COUNTY OF LAKE

95010752

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
IN RE THE DECEDENT:
95 FEB 20 11 28 AM '95 RICHARDSON

RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Comes now **VIRGINIA WHITTAKER**, first being duly sworn upon her oath and states as follows:

1. That the above-named decedent died intestate on the 29th day of February, 1994, while domiciled in Lake County.

2. That no petition for the appointment of a 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 persons are the only heirs of the decedent:



<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>ADDRESS</u>
Virginia Whittaker	Daughter	Adult	3217 N. 16th St. Milwaukee, WI 53206
June Merritter	Daughter	Adult	4214 W. Virginia Ave. Apt. 11 Phoenix, AZ 85009
Estelle Rogers	Granddaughter	Adult	2476 W. Highway 319 Aynor, SC 29511
Ostella J. Wade	Granddaughter	Adult	3217 North 16th St. Milwaukee, WI 53206

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

FEB 28 1995

SAM ORLICH
AUDITOR LAKE COUNTY

001359

0021

4. That the value of Decedent's gross probate estate, less liens encumbrances, does not exceed the sum of the allowances provided by I. C. 29-1-4-1, the cost and expenses of administration and reasonable funeral expenses.

5. That among the Decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particular described as follows:

Second addition to Pulaski Village all of Lot 7, Block 1, Lake County, Indiana.

More commonly known as: 1925 Tennessee Street, Gary, Indiana 46407. Unit and Key No. 25 47-0429-0007.

This Document is the property of

6. 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: NONE.

7. That 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 in the Indiana Probate Code, namely:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>ADDRESS</u>
Virginia Whittaker	Daughter	Adult	3217 N. 16th St. Milwaukee, WI 53206
June Merritter	Daughter	Adult	4214 W. Virginia Ave. Apt. #11 Phoenix, AZ 85009
Estelle Rogers	Granddaughter	Adult	2476 W. Highway 319 Aynor, SC 29511
Ostella J. Wade	Granddaughter	Adult	3217 North 16th St. Milwaukee, WI 53206

8. That the gross value of the estate of decedent, SYLVIA MAE RICHARDSON, as determined for the purposes of Federal Estate Taxes, was less than the value required for the filing of Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

9. That the decedent's estate was not subject to Indiana Inheritance Tax.

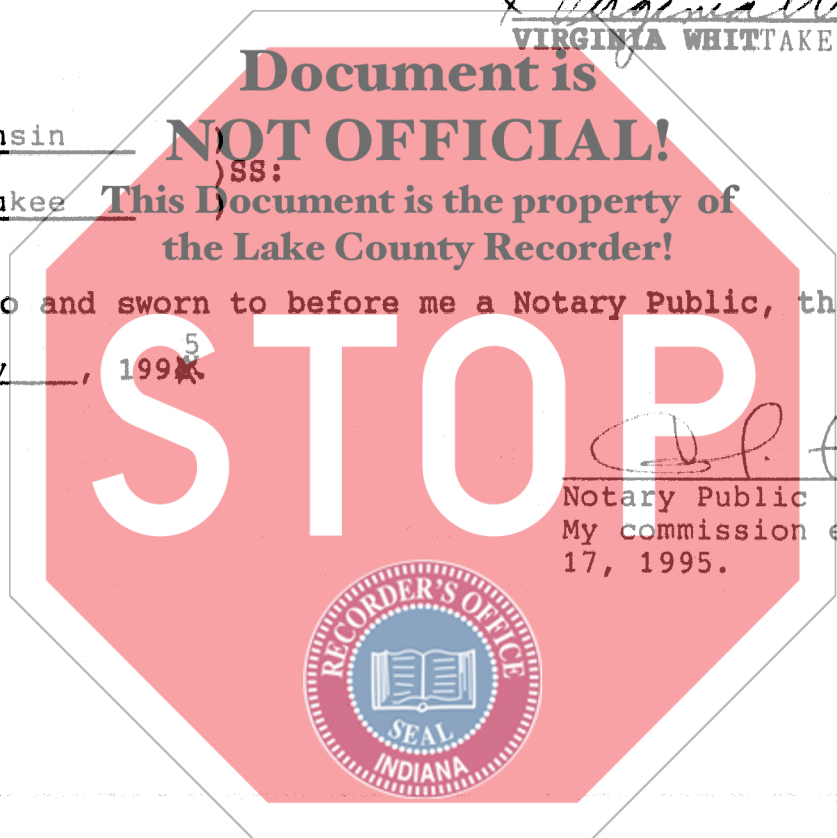
Virginia Whittaker
VIRGINIA WHITTAKER, Affiant

STATE OF Wisconsin
COUNTY OF Milwaukee

Document is NOT OFFICIAL!
SS: **This Document is the property of the Lake County Recorder!**

Subscribed to and sworn to before me a Notary Public, this 4th day of January, 199~~4~~⁵

D. P. F. Dahl
Notary Public
My commission expires April 17, 1995.



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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 41 _____
- 12 _____

EMBALMER'S NAME *Sam Oflich*
 FUNERAL DIRECTOR'S LICENSE No. *1173*
 FUNERAL HOME LICENSE No. *657*
 SIGNATURE *Sam Oflich*

Local No. **8A-0162**

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONVINCING IF ANY MEDICAL CARE WAS TO PRECLUDE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1 SYLVIA MAE RICHARDSON		SEX 2 F	DATE OF DEATH (MONTH, DAY, YEAR) 3 2-29-84
RACE—4a B	AGE—Last Birthday (MOS, DAYS) 5a 82	UNDER 1 YEAR (MOS, DAYS) 5b	UNDER 1 DAY (HOURS, MINS) 5c
CITY, TOWN OR LOCATION OF DEATH 7a GARY		HOSPITAL OR OTHER INSTITUTION—7c ST. MARY MEDICAL	IF HOSP OR INST. indicate DOA, DP, Tumor, etc., important (Specify) 7d INP.
STATE OF BIRTH—8 ILL.	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9 WIDOWED	SURVIVING SPOUSE (If wife, give maiden name) 11
SOCIAL SECURITY NUMBER 12 314-22-5893		USUAL OCCUPATION (Give kind of work done during most of working life, show if seasonal) 13 HOMEMAKER	KIND OF BUSINESS OR INDUSTRY 14b
RESIDENCE—STATE 15a IND.	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c GARY	STREET AND NUMBER 15d 1925 TENN. ST.
IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (YES, PARTIALLY OR NO) 15f YES	
16 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 WILLIAM L DOUGLAS		MOTHER—MAIDEN NAME 17 LOTTIE DICKENS	
INFORMANT—NAME (Type or print) 18a JUNE FLACK-DAUGHTER		RELATIONSHIP 18b DAUGHTER	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 18c 3726 BUCHANAN GARY, INDIANA
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b OAK HILL	LOCATION (CITY OR TOWN, STATE) 19c GARY INDIANA
DATE (MONTH, DAY, YEAR) 20a 3-3-84		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b ANDREW SMITH FUNERAL HOME 931 E. 21ST AVE.	
To the best of my knowledge, death occurred at the time, date and place stated due to the causes stated 21a <input checked="" type="checkbox"/>		DATE SIGNED (MOS, DAY, YEAR) 21b 3-8-84	HOUR OF DEATH 21c M
NAME OF ATTENDING PHYSICIAN (Type or print) 21d Dr. Benjamin F. Grant		MAILING ADDRESS—PHYSICIAN 21e 3195 Broadway Gary, Indiana 46409	
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b MAR 12 1984	
22c IMMEDIATE CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR ALL (a) AND (b)) PART 1 (a) X Recurrent Cerebral Infarction with Nephrotic Involvement ONE TYPED AS A CONSEQUENCE OF			
PART 1 (b) Hypertensive Arteriosclerotic Heart Disease with Aphasia and Swallowing Deficiency DUE TO OR AS A CONSEQUENCE OF			
PART 1 (c) Hypoproteinemia			
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given on PART 1 (a), (b) or (c) 24			