STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED

OCT 02 1997

SAM ORLICH
AUDITOR LAKE COUNTY

97067103

IN THE MATTER OF)
EVELYN T. DUNGEE,)
Deceased.)

SMALL ESTATE AFFIDAVIT FOR TRANSFER OF REAL ESTATE

Kenneth A. Dungee, being duly sworn upon his oath, deposes and states as follows:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 OCT -6 PM 8:4
MORRIS W. CARTER
RECORDER

1. Evelyn T. Dungee, the above-named decedent died intestate on the 16 day of March, 1997 while residing in Lake County, Indiana.

2. No petition for the appointment of personal representative is pending in any court in this state and forty-five days have elapsed since the death of the decedent.

3. The affiant, Kenneth A. Dungee, residing at 25 W. 688 MacArthur Avenue, Carol Stream, IL 60188, is the adult son of the decedent.

4. The only heirs of the decedent are:
Kenneth A. Dungee-adult son
Kevin Dungee-adult grandchild

5. The value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowances provided I.C. 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.

6. Among decedent's probate assets is a parcel of real estate which was owned by the decedent and located in Lake County, Indiana, more particularly described as follows:

> Oak Park Addition, Lot 8, Block 8, South 8 feet, (4) four inches, Lot 7, Block 8
> Commonly known as 2326 Pennsylvania Street, Gary, IN
>
> Key No. 46-136-8

7. There are no creditors of the estate of the decedent.

8. The gross value of the estate of the decedent, EVELYN T. DUNGEE, as determined for purposes of Federal taxes was less than the value required for the

William Clyde Jones 700 W. Ridge Rd. Gary 46407

filing of a Federal Estate Tax Return and the decedent's estate was not subject to a Federal Estate or Indiana Inheritance Tax.

Kenneth A. Dungee
KENNETH A. DUNGEE, Affiant

Subscribed and sworn to before me, a Notary Public, this 14th day of August, 1997.

WILLIAM C JONES
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. MAR. 9,1998

William C Jones
NOTARY PUBLIC

10cc

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 96 0893 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED--NAME (First Middle Last): Alfred G. Dungee Sr.
2. SEX: Male
3a. TIME OF DEATH: 11:50 p.
3b. DATE OF DEATH (Month, Day, Yr.): December 14, 1996
4. SOCIAL SECURITY NUMBER: 331-10-6371
5a. AGE--Last Birthday (Years): 78
5b. UNDER 1 YEAR Months / 5c. UNDER 1 DAY Days Hours Minutes
6. DATE OF BIRTH (Mo. Day. Yr.): September 02, 1918
7. BIRTHPLACE (City and State or Foreign Country): King William County
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL X Inpatient; ER/Outpatient; DOA; OTHER: Nursing Home; Residence; Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Gary Methodist Northlake
9c. CITY, TOWN, OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Evelyn T. Dungee
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Forklift Driver
12b. KIND OF BUSINESS/INDUSTRY: USSX
13a. RESIDENCE--STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 2326 Pennsylvania Street
13e. ZIP CODE: 46407
13f. INSIDE CITY LIMITS: No X Yes
13g. ON A FARM?: X No Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: X No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE--American Indian, Black, White, etc. (Specify): Afro-Amer.
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Charles Dungee
19. MOTHER'S NAME (First, Middle, Maiden Surname): Florence Foriott Dungee

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Evelyn Dungee
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2326 Pennsylvania Street Gary, IN 46407
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: X Burial; Cremation; Donation; Entombment; Removal from State; Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 21, 1996 Evergreen Memorial Park
21c. LOCATION--City or Town, State: Hobart, IN
22a. EMBALMER'S NAME: Sherman Banks III
22b. EMBALMER'S LICENSE NO.: FDO 1016254
23. WAS DEATH REPORTED TO CORONER?: No Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FDO 1015177
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Smith Bizzell & Warner Funeral Home, 4209 Grant St, Gary, IN, 46408

FILED
OCT 02 1997
SAM ORLICH
AUDITOR LAKE COUNTY

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Acute Asthma
DUE TO (OR AS A CONSEQUENCE OF):
b. Chronic Obstructive Pulmonary Disease
DUE TO (OR AS A CONSEQUENCE OF):
c. Left Ventricular Dysfunction
DUE TO (OR AS A CONSEQUENCE OF):
d. Valvular Heart Disease

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No): no
28. WAS MEDICAL EXAMINER PERFORMED? (Yes or No): No
29. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No):

CERTIFIER

29a. CERTIFIER (Check only one):
X CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
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.
CORONER 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.

29b. SIGNATURE AND TITLE OF CERTIFIER: X [signature]
29c. MEDICAL LICENSE NO.: 01036654
29d. DATE SIGNED (Month, Day, Year): 12-23-96

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Anekwee 3195 Broadway
31. HEALTH OFFICER'S SIGNATURE: [signature] M.D. MPH
32. DATE FILED (Month, Day, Year): DEC 23 1996

33. MANNER OF DEATH: X Natural; Accident; Suicide; Homicide; Pending Investigation; Could not be Determined
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.

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CERTIFIED BY

M.D. M.P.H

HEALTH COMMISSIONER
CITY OF GARY, IND.

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*ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 97-0198 CERTIFICATE OF DEATH State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED--NAME (First, Middle, Last): Evelyn Dungee
2 SEX: Female
3a TIME OF DEATH: 10:25A. M
3b DATE OF DEATH (Month, Day, Yr.): March 16, 1997
4 *SOCIAL SECURITY NUMBER: 225-28-8240
5a AGE--Last Birthday (Years): 75
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo. Day. Yr.): October 21, 1921
7 BIRTHPLACE (City and State or Foreign Country): Uniontown, Pa.
8a WAS DECEDENT A U.S. VETERAN?: No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?
9a PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: Inpatient; ER/Outpatient; DOA. OTHER: Nursing Home; X Residence; Other (Specify)
9b FACILITY NAME (If not institution, give street and number): 2326 Pennsylvania St.
9c CITY, TOWN, OR LOCATION OF DEATH: IX GARY
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Widowed
11 SURVIVING SPOUSE (If wife, give maiden name)
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a RESIDENCE--STATE: IN
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Gary
13d STREET AND NUMBER: 2326 Pennsylvania Street
13e ZIP CODE: 46407
13f INSIDE CITY LIMITS: No X Yes
13g ON A FARM?: X No Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN?: X No Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE--American Indian, Black, White, etc. (Specify): African-Americ
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Graham Jones
19 MOTHER'S NAME (First, Middle, Maiden Surname): Abbie Bradford

INFORMANT

20a INFORMANT'S NAME (Type/Print): Kenneth Dungee
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 25 W. 688 MacArthur Chicago, IL 60620
20c. Relationship: Son

DISPOSITION

21a METHOD OF DISPOSITION: X Burial; Cremation; Entombment; Removal from State; Donation; Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 22, 1997 Evergreen Memorial Park
21c LOCATION--City or Town, State: Hobart, IN
22a EMBALMER'S NAME: Amos Retic
22b EMBALMER'S LICENSE NO: FDO 1015177
23. WAS DEATH REPORTED TO CORONER?: No Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Amos Retic
24b. LICENSE NUMBER (of Licensee): FDO 1015177
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Smith Bizzell & Warner Funeral Home, FH19600034, 4209 Grant St. Gary, IN. 46408

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PROBABLE MYOCARDIA INFARCTION	
	DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

FILED OCT 02 1997 SAM ORLICH AUDITOR LAKE COUNTY

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No): No
28. WAS AN AUTOPSY PERFORMED? (Yes or No)
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): No

CERTIFIER

29a CERTIFIER (Check only one):
X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
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) as stated
CORONER: 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.

29b SIGNATURE AND TITLE OF CERTIFIER: X Dr. O. Williams MD
29c MEDICAL LICENSE NO.: 01026836
29d DATE SIGNED (Month, Day, Year): 3-18097
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. O. Williams 2200 Grant St. Gary Ind. 949-3203.

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: M.D. M.P.H.
32 DATE FILED (Month, Day, Year): MAR 20 1997

33. MANNER OF DEATH: Natural; Accident; Suicide; Homicide; Pending Investigation; Could not be Determined
34a DATE OF INJURY (Month, Day, Year)
34b TIME OF INJURY
34c. INJURY AT WORK (Yes or no)
34d. DESCRIBE HOW INJURY Ooccurred
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.

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CERTIFIED BY.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE MAR 20 1997