STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

IN THE MATTER OF THE OF THE ESTATE OF BEATRICE JEFFERY, DECEASED

97086099

97 DEC 15 PM 3:00

MICHAEL A. BROWN

SMALL ESTATES AFFIDAVIT FOR THE TRANSFER OF REAL PROPERTY

1. That the above named decedent died intestate on the 22nd day of January, 1990, while domiciled in Lake County.

2. That 45 days have elapsed since the death of the decedent.

3. That no application or petition for the appointment of personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

4. That the following named persons are the only heirs of the decedent, her children:

John Jeffery
Eden, North Carolina

Margaret McFerrin
Missouri

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

Hattie Preyer
Missouri

DEC 1997

Tommy L. Jeffery
5144 Jefferson St.
Gary, IN 46408

AUDITOR LAKE COUNTY

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum o the allowance provided by I.C. 29-1-8-1, 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 the decedent owned 50% of, located in Lake County Indiana, more particularly described as follows: Key #41-175-17

Lot 17 in Block 4, Broadway Home Acres Subdivision in the City of Gary as recorded in Plat Book 22, Page 17 in the office of the Recorder of Lake County.

That the Fair Market value for said real estate at the time of her death was

13,000

000

1193

Thirty Thousand ($30,000.00) That there exists a mortgage balance on said property in the amount of Twenty-eight Thousand ($28,000.00) dollars.

NET ESTATE (50% of equity in house)	**$1000.00**

7. That the following are creditors of the decedent:

Rees and Kleine (attorney fees)	$200.00
Kaufman Funeral Home	$200.00
Treasurer of Lake County (50% of real property taxes)	$1978.00
TOTAL ESTATE DEBT	$2398.00

TOTAL VALUE OF THE ESTATE (VALUE LESS DEBT) (-$1398.00)

8. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law, those listed in paragraph 4 above.

9. That the gross value of the estate of the decedent, Beatrice G. Jeffery, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. There was no Federal Estate Tax Due.

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

11. That the estate continues to accumulate debt as a result of the ongoing real property taxes, repairs to the home and other related expenses.

Wherefore the affiant prays the Recorder of Lake County removes the name of Beartice G. Jeffery from the title to said property and replace it with the four heirs of the decedent.

Further the affiant sayeth not.

Tommy L. Jeffery
Tommy L. Jeffery

Before me a Notary Public in and for said County and State and he did upon his oath attest to the truth of the forgoing statements and he did sign this on this 1 day of November, 1995 in my presence.

Patricia A. Rees
Notary Public
My Commission Expires: 7-5-99
Resident of Lake County

NOTARY PUBLIC SEAL INDIANA

This Instrument Prepared by Patricia A. Rees, Attorney at Law, P.O. Box 488, Hobart, In 46342

90-0085

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

al No. ..... State No. .....

PE/PRINT IN RMANENT ACK INK

EDENT

ENTS

ORMANT

POSITION

USE OF ATH

RTIFIER

ALTH FICER

RONER E ONLY

1 DECEASED—NAME (First Middle Last)		2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
Beatrice Jeffry		Female	3:28p. M	January 22,1990

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day. Yr)	7 BIRTHPLACE (City and State or Foreign Country)
	77			July 19, 1912	Tenn.

8a WAS DECEDENT A US VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No	None	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
St. Mary Medical Center	Gary	Lake

10 MARITAL STATUS (Specify)	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)	12b KIND OF BUSINESS/INDUSTRY
Widowed	None	Farmer	None

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Gary	5144 Jefferson Street

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46408	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	Black Amer.	5th. Grade	

18 FATHER'S NAME (First Middle Last)	19 MOTHER'S NAME (First Middle Maiden Surname)
	Fannie Mae Hicks

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State Zip Code)	20c Relationship
Margaret McFerrin	921 Ralston St., Gary, Indiana 46404	Sister

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	January 29,1990 Fern Oaks	Griffith, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
CELESTE P. KAUFMAN	FDE 1033626	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Celeste P. Kaufman Celeste P. Kaufman	FDE: 1033626	KAUFMAN FUNERAL HOMES, INCORPORATED 421 West Fifth Avenue, Gary, IN 46402 FDH No: 3002411

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 CARDIOPULMONARY ARREST

DUE TO (OR AS A CONSEQUENCE OF)

b CHRONIC OBSTRUCTIVE LUNG DISEASE

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

DUE TO (OR AS A CONSEQUENCE OF)

c CONGESTIVE HEART FAILURE

DUE TO (OR AS A CONSEQUENCE OF)

d

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	No	No	

29a CERTIFIER (Check only one)

☐ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
	01032180	1/31/90

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. Surendra Shah, 3520 Fairview Ave., Lake Station, Indiana

31. HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Helen K Fosta MD	FEB. 1 1990

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

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

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1