

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

BONNIE LITTLES, being first duly sworn upon oath,
deposes and says:

1. That HAZEL L. LOYD died leaving no will on December 12, 1996 while domiciled in Lake County, Indiana; that HAZEL L. LOYD'S husband, PIZO BLUFORD LOYD, predeceased her on June 2, 1980; and that no appointment of a personal representative is contemplated for HAZEL L. LOYD.
2. That Affiant is the daughter of decedent HAZEL L. LOYD.
3. That HAZEL L. LOYD left three children surviving, and that the following named persons are the only heirs and devisees of the decedent: BONNIE LITTLES, adult daughter, LAURIE ANN LOYD, adult daughter, and HAROLD WAYNE LOYD, adult son, and decedent left no other surviving child or children or descendants of any deceased child or children.
4. That all funeral expenses in connection with the death of said decedent have been paid in full, and all creditors of decedent's estate have been paid in full.
5. That decedent died owning certain real estate, described as follows:

Lots numbered 38, 39 and the North 3 feet of Lot No. 37, in Block No. 13, as marked and laid down on the recorded plat of Tolleston on the Hill, as the same appears of record in Plat Book 2, page 55, in the Recorder's Office of Lake County, Indiana, commonly known as 3641 Florida Street, Lake Station, Indiana.

6. Said premises were formerly owned as tenants by the entireties by HAZEL L. LOYD and PIZO BLUFORD LOYD, and the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of death.
7. That all of the assets of said decedent which would be includable for Federal estate tax purposes were not sufficient to necessitate payment of Federal

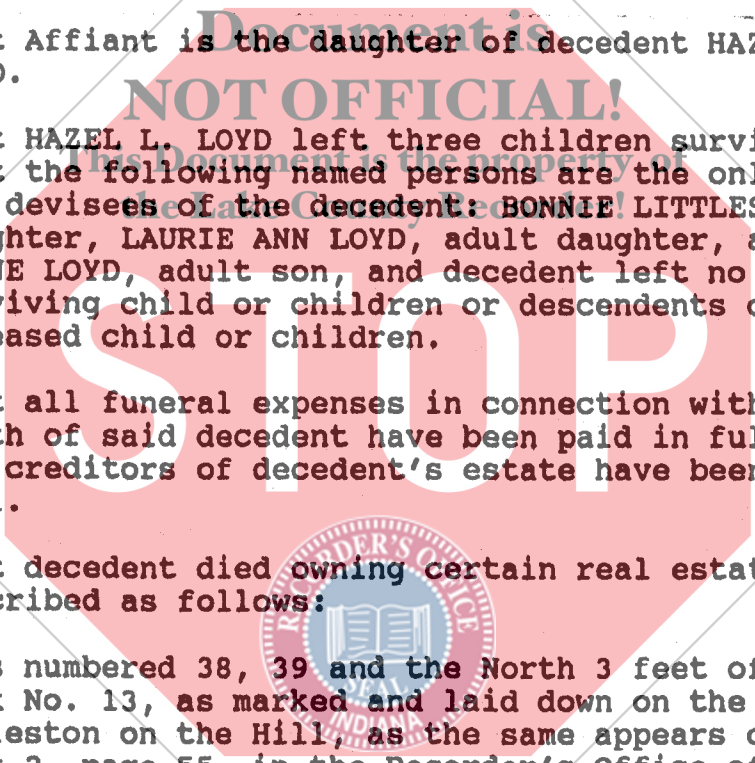
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 JUN 26 AM 9:00

45-15-002612

TICOR TITLE INSURANCE
Crown Point, Indiana



JUN 25 1998

SAM ORLICH
AUDITOR LAKE COUNTY

Return: Cepali & Cepali
17 Main St.
Holt.

001803 1600
Krn
TI

Estate Tax and that no Indiana Inheritance Tax was due.

8. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: the allowance, if any, provided by IC 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.
9. That 45 days have elapsed since the death of the decedent.
10. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
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 provided under the laws of intestate succession in the Indiana Probate Code and are as follows:

BONNIE LITTLES 1/3 undivided interest
Adult daughter
1109 Franklin Street
Valparaiso, IN 46383

LAURIE ANN LOYD 1/3 undivided interest
Adult daughter
645 North M. Street
Livermore, CA 94550

HAROLD WAYNE LOYD 1/3 undivided interest
Adult son
8701 W. Joliet Road
LaPorte, IN 46350

Further Affiant sayeth not.


Bonnie Littles
BONNIE LITTLES

Subscribed and sworn before me, a Notary Public, this 19 day
of JUNE, 1998.

My Commission expires: 1-26-01

County of residence: Porter

Prepared by: Atty. Jeffrey Cefali, 17 Main, Hobart, IN 46342.

Jeffrey V. Cefali
Notary Public Jeffrey V. Cefali

42012

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CERTIFICATE OF DEATH

1. DECEASED NAME (First Middle Last) HAZEL L LOYD				2. SEX Female	3a. TIME OF DEATH 1:25AM	3b. DATE OF DEATH (month Day Yr) December 12, 1996	
4. SOCIAL SECURITY NUMBER 311-32-0891		5a. AGE - Last Birthday (Years) 63	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) Jan 6, 1933		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> EOC OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
10. FACILITY NAME (If not institution, give street and number) 3841 Florida Street				11. CITY TOWN OR LOCATION OF DEATH Lake Station		12. COUNTY OF DEATH Lake	
13. MARITAL STATUS (Specify) Widowed		14. SURVIVING SPOUSE (If wife, give maiden name) NONE		15. DECEDENT'S USUAL OCCUPATION (The kind of work done during most of working life. Do not use retired) Homemaker		16. KIND OF BUSINESS INDUSTRY Home	
17a. RESIDENCE - STATE Indiana		17b. COUNTY Lake		17c. CITY TOWN OR LOCATION Lake Station		17d. STREET AND NUMBER 3641 Florida Street	
18a. ZIP CODE 46405	18b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 18c. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	19. CITIZEN OF WHAT COUNTRY? USA		20. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		21. RACE - American Indian, Black, White, etc. (Specify) White	
22. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____				23. FATHER'S NAME (First, Middle, Last) Rudolph Goad			
24. MOTHER'S NAME (First, Middle, Maiden Surname) Lavonne Murray				25. INFORMANT'S NAME (Type/Print) Laurie Loyd			
26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5345 Rose Avenue, Portage, IN 46368				27. Relationship Daughter			
28a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		28b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Dec 14, 1996 Graceland Cemetery		28c. LOCATION - City or Town State Valparaiso, Indiana			
29a. EMBALMER'S NAME James J. Krause		29b. EMBALMER'S LICENSE NO. FD01006463		30. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
31a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		31b. LICENSE NUMBER (of Licensee) FD01006463		31c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003068 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342			
32. PART I: 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 one cause on each line. Cardiac - pulmonary and due to UT							Approximate Interval Between Onset and Death
33. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT							
34. IMMEDIATE CAUSE OF DEATH OR CAUSE OF DEATH RESULTING IN DEATH DEC 16 1996							
35. Conditions if any which give rise to the immediate cause stating the underlying cause last							
36. PART II: <i>Alexander D. Gilligan</i> death but not previously stated in Part I LAKE COUNTY HEALTH COMMISSIONER				37. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		38. WAS AN AUTOPSY PERFORMED? (Yes or no) No	
				39. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No			
40. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		41. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		42. MEDICAL LICENSE NO. 01032690		43. DATE SIGNED (Month Day Year) 12/16/96	
44. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Sami Ahmadzai MD, 6924 Indianapolis Blvd, Hammond, IN 46324							
45. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Gilligan MD</i>						46. DATE FILED (Month Day Year) December 16, 1996	
47. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		48. DATE OF INJURY (Month Day Year)		49. TIME OF INJURY		50. INJURY AT WORK? (Yes or no)	
51. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		52. DESCRIBE HOW INJURY OCCURRED					
53. LOCATION (Street and Number or Rural Route Number City or Town State)							
54. DATE PRONOUNCED DEAD (Month, Day, Year)				55. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			



TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD
Law for State Office Use

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

Disposition Permit
Issued /
Provisional
Certificate
 Yes No

2

DECEASED'S NAME: *Vernice M. Grubbs*

FUNERAL HOME: *Funeral Home*
FUNERAL DIRECTOR'S LICENSE No. 1575
FUNERAL DIRECTOR'S LICENSE No. 2012
NATURE: *Funeral Home*

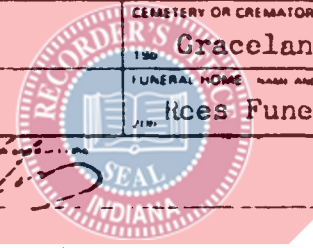
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50-300-34 & 35
Tolleston on the Hill N. 3' of L 37 Bl 13
all 9.50' L 38 Bl 13
S. 15' of L 37 Bl 13

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1040

DECEASED—NAME Pizo Bluford Loyd, Jr.		SEX Male	DATE OF DEATH (month, day, year) June 2, 1980
BACE— <i>White</i>	AGE—Last birthday 47	DATE OF BIRTH (month, day, year) 8/9/32	COUNTY OF DEATH Porter
CITY, TOWN OR LOCATION OF DEATH Valparaiso		HOSPITAL OR OTHER INSTITUTION—Name of hospital, clinic, nursing home, etc., and number Porter Memorial Hospital	IF HOSP ON INST (check one) (circle) 7a Inpatient
STATE OF BIRTH Kentucky	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, DIVORCED, WIDOWED Married	SURVIVING SPOUSE (if wife, give maiden name) Hazel L. Goad
SOCIAL SECURITY NUMBER 401-42-0966		OCCUPATION (check one) (circle) Janitor	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel, Sheet & Tin
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Lake Station	
STREET AND NUMBER 3641 Florida Street		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (check one) (circle) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PORTUGUESE, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME Pizo Loyd, Sr. (Deceased)		MOTHER—NAME Mae Dukes (Deceased)	
INFORMANT—NAME Hazel L. Loyd		MAILING ADDRESS 3641 Florida Street, Lake Station, Indiana 46705	
BURIAL INFORMATION—REMOVAL, OTHER Burial		CEMETERY OR CREMATORY—FUNERAL HOME Graceland Cemetery	LOCATION Valparaiso, Indiana
DATE June 6, 1980		FUNERAL HOME—NAME AND ADDRESS Hoes Funeral Home, Inc., 600 West Ridge Road, Hobart, Indiana 46342	
NAME OF ATTENDING PHYSICIAN John L. Swarner, M.D.		DATE SIGNED June 5, 1980	HOUR OF DEATH 11:22 a.m.
ADDRESS 1102 East 44th Avenue, Valparaiso, Indiana 46383		DATE RECEIVED BY LOCAL HEALTH DEPARTMENT 6-10-80	
CAUSE PART I 1. <i>Progressive Failure</i> 2. <i>Pneumonia</i> 3. <i>Chronic obstructive lung disease</i> PART II <i>Cardiomyopathy (Arteriosclerosis) of the heart</i>			



STATE OF INDIANA
LAKE COUNTY
REC'D
JUL 30 10 46 AM '80
WILLIAM B. LUSH
REGISTRAR