

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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99 AUG 17 PM 3:31

STATE OF INDIANA )  
) SS:  
COUNTY OF LAKE )

IN RE: JOHN A. ROGERS, DECEDENT  
MORRIS W. CARTER  
RECORDER  
DECEASED 3-9-99

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

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**NOT OFFICIAL!**

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the Lake County Recorder!

1. That the above-named decedent died March 9, 1999 intestate while domiciled in Lake County, and your affiant herein is the surviving spouse of the decedent.
2. That forty-five (45) days have elapsed since the death of the decedent, and your affiant and the decedent remained married until the decedent's death.
3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
4. That the following named persons are the only heirs of the decedent:

Johnnie B. Rogers  
3140 W. 21<sup>st</sup> Place  
Gary, IN 46404

Surviving Spouse/Affiant herein

Pamela Rogers  
3140 W. 21<sup>st</sup> Place  
Gary, IN 46404

Child

Linda Caldwell Rogers  
3140 W. 21<sup>st</sup> Place  
Gary, IN 46404

Child

Caroline Smith  
21419 Clare Ave.  
Maple Heights, OH 44137

Child

Dwight Rogers  
11819 C., Romwell  
Cleveland, OH 44120

Child

Johnnie Rogers  
24455 Lakeshore Blvd.  
#1100  
Euclid, OH 44123

Child



**FILED**

AUG 17 1999

**PETER BENJAMIN  
LAKE COUNTY AUDITOR**

0262

1500  
ju  
# 12565

Sammie Rogers                      Child  
P.O. Box 8107, R.I.C.I.  
Mansfield, OH 44901

Brenda Rogers                      Child  
1007 Quilliams  
Cleveland, OH 44121

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowances provided by IC § 29-1-8-1, including costs and expenses of administration and reasonable funeral expenses.

6. That among the decedent's probate assets are two parcels of real estate which were owned by the decedent located in Gary, Lake County, Indiana, more particularly described as follows:

PART OF THE NORTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 23 TOWNSHIP 36 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, COMMENCING AT A POINT 462 FEET EAST OF THE NORTHWEST CORNER OF SAID SECTION; THENCE EAST 132 FEET TO A POINT ON THE NORTH LINE OF SAID SECTION; THENCE SOUTH 660 FEET ON A LINE PARALLEL TO THE WEST LINE OF SAID SECTION; THENCE WEST 132 FEET PARALLEL TO THE NORTH LINE OF SAID SECTION TO A POINT 462 FEET OF THE WEST LINE OF SAID SECTION; THENCE NORTH 660 FEET TO THE PLACE OF BEGINNING IN LAKE COUNTY, INDIANA, Key No. 48-1-13; Value \$1,000.00. Commonly known as vacant Lot part now under water on Martin Luther King Drive, Gary, Indiana.

and

LOT 10, BLOCK 4, TOLLESTON CLUB PROPERTY, CITY OF GARY, AS SHOWN IN PLAT BOOK 26, PAGE 56, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, Key No. 41-49-0396-0010; Commonly known as vacant ½ lot small farms area, City of Gary, Indiana. Value \$1,500.00.

7. 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:

<i>Name</i>	<i>Address</i>	<i>Amount Due</i>
<u>NBD Bank N/A</u>	<u>P.O. Box 6085</u> <u>Indianapolis, IN 46206</u>	<u>\$11,100.00</u>

8. 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:

Johnnie B. Rogers 3140 W. 21 <sup>st</sup> Place Gary, IN 46404	Surviving Spouse	50% interest as tenant in common
Pamela Rogers 3140 W. 21 <sup>st</sup> Place Gary, IN 46404	Child	7.14% interest as tenant in common

Linda Caldwell Rogers                      Child                      7.14% interest as tenant in common  
3140 W. 21<sup>st</sup> Place  
Gary, IN 46404

Caroline Smith                                  Child                      7.14% interest as tenant in common  
21419 Clare Ave.  
Maple Heights, OH 44137

Dwight Rogers                                  Child                      7.14% interest as tenant in common  
11819 C., Romwell  
Cleveland, OH 44120

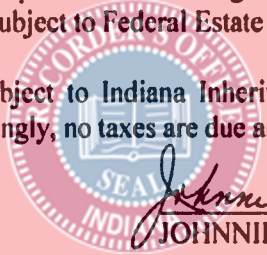
Johnnie Rogers                                  Child                      7.14% interest as tenant in common  
24455 Lakeshore Blvd.  
#1100  
Euclid, OH 44123

Sammie Rogers                                  Child                      7.14% interest as tenant in common  
P.O. Box 8107 R.I.C.I.  
Mansfield, OH 44901

Brenda Rogers                                  Child                      7.2% interest as tenant in common  
1007 Quilliams  
Cleveland, OH 44121

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

10. That the decedent's estate was subject to Indiana Inheritance Tax, but the spousal and child exemptions exceed the valuations of gift and accordingly, no taxes are due and no filings due.

  
*Johnnie B. Rogers*  
JOHNNIE B. ROGERS  
Surviving Spouse

STATE OF INDIANA    )  
                                  )SS:  
COUNTY OF LAKE    )

Subscribed and sworn to before me, a Notary Public, of and for said State and County this 17<sup>th</sup> day of August, 1999.

*Shirley Kish*  
Shirley Kish, NOTARY PUBLIC

My Commission Expires: 7/12/01  
County of Residence: Porter

This instrument prepared by J.J. Stankiewicz, Attorney at Law,  
7870 Broadway, North Suite, Merrillville, IN 219-769-1177

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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.

8CC INDIANA STATE DEPARTMENT OF HEALTH

Local No. 89-0191

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) John A. Rogers		2 SEX Male	3a TIME OF DEATH 9:35 P	3b DATE OF DEATH (Month Day Year) March 9, 1999	
4 SOCIAL SECURITY NUMBER 426-52-9694	5a AGE—Last Birthday (Year) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) November 13, 1928	
7 BIRTHPLACE (City and State or Foreign Country) Holly Spring, Mississippi	8a WAS DECEDENT A US VETERAN? NO	8b YEAR LAST SERVED IN US ARMED FORCES? N/A	9 PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input checked="" type="checkbox"/>		
9a FACILITY NAME (If not institution, give street and number) 3140 West 21st Place		9b CITY TOWN OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Johnnie Burnett	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Tractor Operator		12b KIND OF BUSINESS/INDUSTRY City of Gary	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 3140 West 21st Place		
14 ZIP CODE 46404	15 INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	16 CITIZEN OF WHAT COUNTRY? U.S.A.	17 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (If yes specify Cuban, Mexican, Puerto Rican, etc.)	18 RACE—American Indian, Black, White, etc. (Specify) Black	
19 FATHER'S NAME (First Middle Last) Sam Rogers		19 MOTHER'S NAME (First Middle Last Surname) Maggie Blanton			
20a INFORMANT'S NAME (Type/Print) Johnnie Rogers		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3140 West 21st Place Gary, Indiana 46404	20c Relationship Wife		
21a 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)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 13, 1999 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Roosevelt 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 		24b LICENSE NUMBER (of Licensee) #08700298	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704		
26 PART I Enter the deceased 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 <u>Chronic Obstructive Pulmonary Disease</u>		1 Year	
Conditions if any which gave rise to the immediate cause stating the underlying cause last		b _____		_____	
		c _____		_____	
		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) NO		28a WAS AN AUTOPTBY PERFORMED? (Yes or no) NO	28b WERE AUTOPTBY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a 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			
29b SIGNATURE AND TITLE OF CERTIFIER 		29c MEDICAL LICENSE NO. 24392	29d DATE SIGNED (Month Day Year) 4/5/99		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr H Dalal 5825 Broadway Merrillville, Indiana 46410					
31 HEALTH OFFICER (Type/Print) 				32 DATE FILED (Month Day Year) APR 08 1999	
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			