

STATE OF INDIANA
COUNTY OF LAKE

99884260

IN RE: JAMES W. FULLER, Decedent

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 OCT 13 AM 9:13

MORRIS W. CARTER
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Solomon Cameron, having been first duly sworn upon his oath states:

1. That the above-named decedent died intestate on September 2, 1992, while domiciled in Lake County, Indiana. A copy of the Death Certificate is attached to this Affidavit as Exhibit "A".

2. That forty-five (45) days have elapsed since the death of the decedent.

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

4. That the following named person is the sole heir of the decedent's estate:

Solomon Cameron, 3500 W. 19th Ave., Gary, IN 46404, Nephew

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by IC § 29-1-4-1, 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 was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

**Chicago-Tolleston Land & Investment Company's
Oak Park Addition to Tolleston, Lot 7, Block 19, in the City of Gary,*
Commonly known as 2524 Connecticut St., Gary, IN 46407
Key No. 46-147-7.
recorded in Plat Book 2, page 35, in the Office of the Recorder of
Lake County, Indiana.**

7. There are no known creditors of the estate and no claims have been made against the decedent's estate.

8. Sara Fuller Lane, who had an interest in the real estate located at 2524 Connecticut Street,

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**PETER BENJAMIN
LAKE COUNTY AUDITOR**

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and was an heir of Rachel Fuller, died on January 13, 1976 and her heirs were Plaz Lane and Lee Richard Lane.

9. That the individual entitled to the real estate as a result of the decedent's death is:

Solomon Cameron, 3500 W. 19th Ave., Gary, IN 46404

10. That the gross value of the estate of the decedent, James W. Fuller, 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.

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

AFFIANT FURTHER SAITH NOT

Solomon Cameron
Solomon Cameron

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, on June 26, 1999., personally appeared Solomon Cameron, who personally appeared and acknowledged the execution of the foregoing instrument.

My Commission Expires: _____

Robert L. Lewis
Notary Public

Typed/Printed name of Notary Public

This instrument was prepared by:
Robert L. Lewis

Robert L. Lewis
Notary Public State of Indiana
Lake County
My Commission Expires 08/28/06

* 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.

5CC + 3 FREE Vets FOR ADMINISTRATIVE USE ONLY
 INDIANA STATE DEPARTMENT OF HEALTH

Local No. 98-0483

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

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
 DEATH

CERTIFIER

HEALTH
 OFFICER

1 DECEASED—NAME (First, Middle, Last) Richard S. Fuller		2 SEX Male	3a TIME OF DEATH 12:15 P. M	3b DATE OF DEATH (Month, Day, Yr) July 7, 1998	
4 SOCIAL SECURITY NUMBER 313-07-7148	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) October 16, 1914	
7 BIRTHPLACE (City and State or Foreign Country) Opelika, Alabama	8a WAS DECEDENT A US VETERAN? YES				
8b YEAR LAST SERVED IN US ARMED FORCES? 1946	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9a FACILITY NAME (If not institution, give street and number) 2524 Connecticut Street	9b CITY, TOWN, OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Divorced	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sheerman	12b KIND OF BUSINESS/INDUSTRY USX Steel Corp.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 2524 Connecticut Street		
13e ZIP CODE 46407	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) Black	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 12th		18 FATHER'S NAME (First, Middle, Last) William Fuller Sr.			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Rachael (Unknown)		20a INFORMANT'S NAME (Type/Print) Solomon Cameron			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3500 W. 19th Avenue Gary, Indiana 46404		20c Relationship Nephew			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) July 13, 1998 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr		22b EMBALMER'S LICENSE NO. #29400047	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	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc 2959 W. 11th Avenue Gary, Indiana 46404		
25 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Prostate Cancer DUE TO (OR AS A CONSEQUENCE OF) Conditions if any which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)					
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 AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY 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 <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					
29b SIGNATURE AND TITLE OF CERTIFIER R. S. Drassa		29c MEDICAL LICENSE NO. 01031484	29d DATE SIGNED (Month, Day, Year) 7/9/98		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. D. S. Drassa 8127 Merrillville Road Merrillville, Indiana 46410					
31 HEALTH OFFICER'S SIGNATURE 			32 DATE FILED (Month, Day, Year) JUL 13 1998		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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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