

STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

In the Matter of
L. C. WILLIAMS, Deceased
Date of Death: December 8, 1990

SMALL ESTATE AFFIDAVIT

EARNESTINE WILLIAMS, residing at 421 Monroe Street, Gary, Indiana 46402,
being first duly sworn upon her oath, states:

1. That she is the Widow and Surviving Spouse of the Decedent, L. C. WILLIAMS.
2. That she is over eighteen (18) years of age, and that she has personal knowledge of the matters and things set forth in the herein Affidavit.
3. That the Decedent, L. C. WILLIAMS, died intestate on December 8, 1990 in Gary, Lake County, Indiana. More than forty-five (45) days have elapsed since the death of the Decedent, and no administration of the estate of said Decedent is pending in any court and proceedings therefore are not contemplated by anyone to the knowledge, information or belief of the Undersigned; and the Decedent's funeral expenses have been paid. (Death Certificate attached as Exhibit A.).
4. At the time of his death, the Decedent was the owner in fee simple of the following described real estate, located in Gary, Lake County, Indiana, to-wit:

Gary Land Company's 1st Subdivision, All Lot 27, Block 101
Key No. 44-0101-0027
Commonly Known As: 405 Monroe Street, Gary, Indiana 46402
5. That the aforesaid Earnestine Williams and L. C. Williams were married at the time that L. C. Williams acquired title to the herein-described real estate; and the marital relationship which existed between Earnestine Williams and L. C. Williams continued unbroken from the day he so acquired interest in subject real estate until the death of L. C. Williams.
6. It appears that the gross probate estate of L. C. Williams, less liens and encumbrances, do not exceed the sum of the following: the allowance, if any, provided by I.C. 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses; and the gross value of the estate of said decedent, as determined for the purpose of federal estate taxes, was less than the value required for the filing of a federal estate tax return. The estate of said decedent was not subject to Indiana inheritance taxes.

FILED

OCT 20 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

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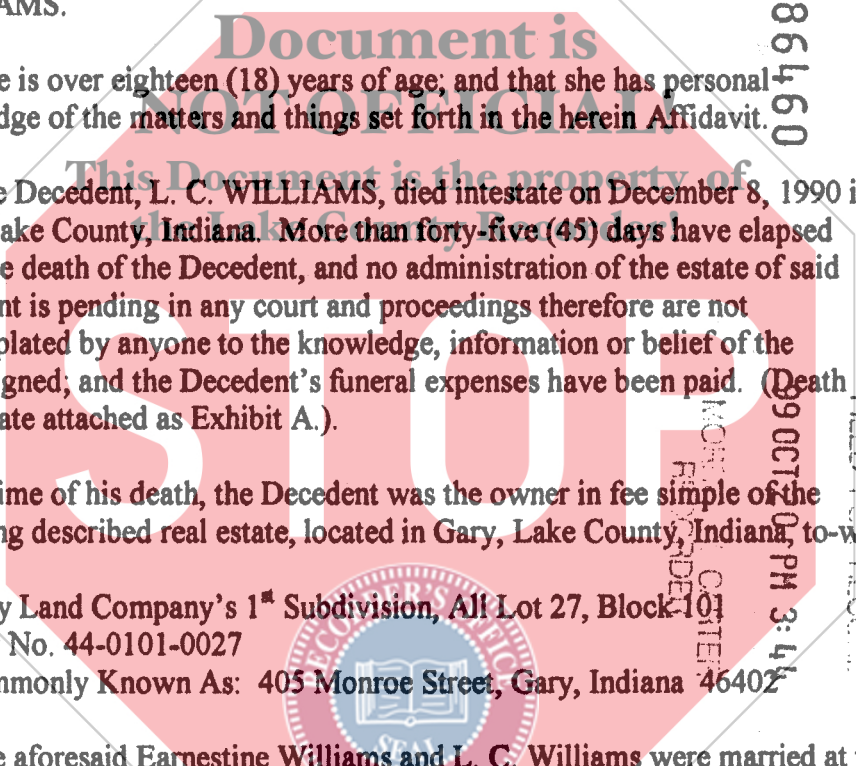
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



7. The aforesaid L. C. Williams left him surviving the following heirs under the law of intestate succession, to-wit:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Earnestine Williams	421 Monroe Street, Gary, Indiana	Surviving Spouse
Johnnie L. Williams	5235 W. 22 nd Avenue, Gary, Indiana	Son
Delora J. Mayes	1576 Whitcomb Street, Gary, Indiana	Daughter
Ella J. Hudson	341 Johnson Street, Gary, Indiana	Daughter
Rosetta Sims	421 Monroe Street, Gary, Indiana	Daughter
Carolyn Hutson	731 Martin L. King, Dr, Gary, Indiana	Daughter
James L. Williams	7739 Indian Boundary, Gary, Indiana	Son
Dennis A. Williams	4321 West 22 nd Avenue, Gary, Indiana	Son
Bernadine D. Williams	421 Monroe Street, Gary, Indiana	Daughter
Jeraldine Williams	421 Monroe Street, Gary, Indiana	Daughter
Milton D. Williams	5738 Forest Court, Apt. A214, Gary, Indiana	Son
Tonianette C. Williams	1024 Benton Street, Gary, Indiana	Daughter

That the aforesaid L. C. Williams left him surviving no other children, or issue of pre-deceased children, except as herein-mentioned.

8. That upon the death of the Decedent, one half (1/2) interest in subject property vested in the aforesaid Earnestine Williams; 1/22 interest vested in each of the eleven (11) children of the Decedent, under the Indiana law of intestate Succession.
9. As a result of the death of the Decedent, the aforesaid real property should be transferred to and titled in the names of the following persons, as tenants in common:

	<u>Name</u>	<u>Interest</u>
1.	Earnestine Williams	1/2 Undivided Interest
2.	Johnnie L. Williams	1/22 Undivided Interest
3.	Delora J. Mayes	1/22 Undivided Interest
4.	Ella J. Hudson	1/22 Undivided Interest
5.	Rosetta Sims	1/22 Undivided Interest
6.	Carolyn Hutson	1/22 Undivided Interest
7.	James L. Williams	1/22 Undivided Interest
8.	Dennis A. Williams	1/22 Undivided Interest
9.	Bernadine D. Williams	1/22 Undivided Interest
10.	Jeraldine Williams	1/22 Undivided Interest
11.	Milton D. Williams	1/22 Undivided Interest
12.	Tonianette C. Williams	1/22 Undivided Interest

FURTHER, Affiant saith naught.



 EARNESTINE WILLIAMS
 Affiant

State of Indiana
County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, this 5th day of October, 1999, personally appeared Earnestine Williams and acknowledged the execution of the annexed and foregoing Affidavit; and swore to the truth of the statements made therein. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission expires:

12-25-2000

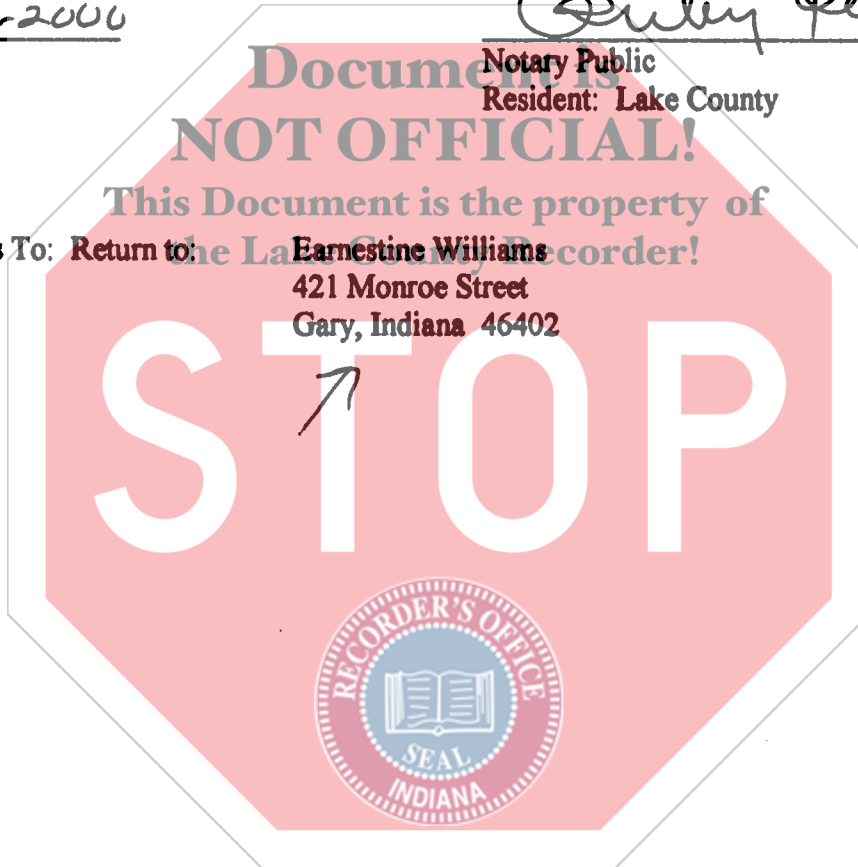
Dwight Kerp

Document is
Notary Public
Resident: Lake County

NOT OFFICIAL!

This Document is the property of

Mail Tax Bills To: Return to: Earnestine Williams
421 Monroe Street
Gary, Indiana 46402



600

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 1053

Date Issued July 28, 1999
Hammond Health Commissioner Franklin D. Remuda, M.D.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

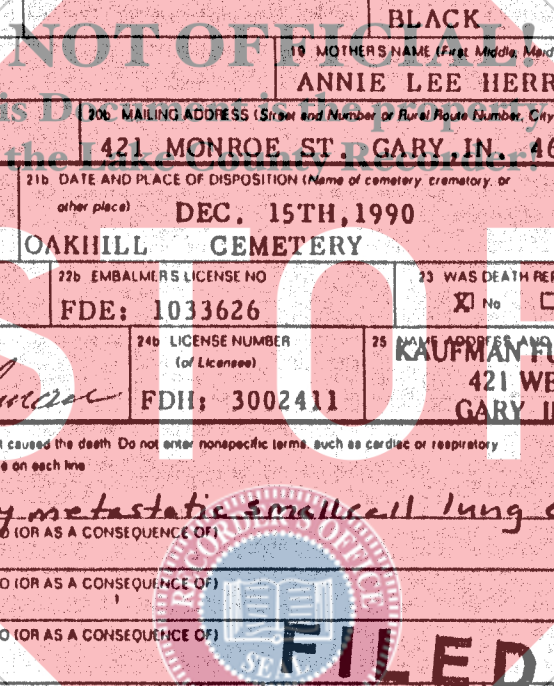
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) L.C. Williams				2 SEX Male		3a TIME OF DEATH 3:49 p.m.		3b DATE OF DEATH (Month Day Yr) December 8, 1990				
4 SOCIAL SECURITY NUMBER 315-28-1222		5a AGE—Last Birthday (Year) 64		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) JULY 9TH, 1926		7 BIRTHPLACE (City and State or Foreign Country) BISCO, ARK.		
8a WAS DECEDENT A US VETERAN? NO		8b YEAR LAST SERVED IN US ARMED FORCES? NONE		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence								
9b FACILITY NAME (If not institution, give street and number) ST. MARGARET HOSPITAL						9c CITY, TOWN OR LOCATION OF DEATH HAMMOND			9d COUNTY OF DEATH LAKE			
10 MARITAL STATUS (Specify) MARRIED		11 SURVIVING SPOUSE (If wife give maiden name) ERNESTINE MALLARD			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) LABORER			12b KIND OF BUSINESS/INDUSTRY STEEL MILL				
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN OR LOCATION GARY			13d STREET AND NUMBER 421 MONROE ST.					
13e ZIP CODE 46402		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U. S. A.		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) College (1-4 or 5+) 10TH		
18 FATHER'S NAME (First Middle Last) ARTHUR WILLIAMS						19 MOTHER'S NAME (First Middle Maiden Surname) ANNIE LEE HERRING						
20a INFORMANT'S NAME (Type/Print) ERNESTINE WILLIAMS				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 421 MONROE ST. GARY, IN. 46402				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) DEC. 15TH, 1990 OAKHILL CEMETERY				21c LOCATION—City or Town, State GARY, IN.				
22a EMBALMER'S NAME CELESTE P. KAUFMAN				22b EMBALMER'S LICENSE NO. FDE: 1033626		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a SIGNATURE OF FUNERAL DIRECTOR <i>Celeste P. Kaufman</i>				24b LICENSE NUMBER (of Licensee) FDH: 3002411		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME KAUFMAN FUNERAL HOME, INC. 421 WEST 5TH AVE. GARY, INDIANA 46402 FDH: 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions if any which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death		
a. <i>widely metastatic small cell lung cancer</i>										1 month		
b. DUE TO (OR AS A CONSEQUENCE OF)												
c. DUE TO (OR AS A CONSEQUENCE OF)												
d. DUE TO (OR AS A CONSEQUENCE OF)												
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>hepatic encephalopathy supraventricular tachycardia ventricular tachycardia</i>						27. WAS DECEDENT PREGNANT OR 90 DAYS PREPARTUR? (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) NO		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time 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 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 and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Benjamin</i> LAKE COUNTY AUDITOR						29c. MEDICAL LICENSE NO. 36259		29d. DATE SIGNED (Month, Day, Year) December 10, 1990		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) J. Gleaton, M.D., 7905 Calumet Avenue, Munster, Indiana 46321												
31. HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda, M.D.</i>										32. DATE FILED (Month, Day, Year) Dec. 11, 1990		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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) 002361						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.								



FILED