

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

S 04_043 Affidavit for transfer of real property.

2000 000347

2000 JAN -4 PM 1:52

STATE OF INDIANA
COUNTY OF LAKE SS:

MORRIS W. CARTER
RECORDER

IN RE: CORA L. DENEAL, DECEDENT

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on November 5, 1998, while domiciled in Lake County, Indiana.

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 persons are the only heirs of the decedent:

Michael L. DeNeal, Adult Son
2220 Rhode Island Street
Gary, Indiana 46407

5. 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:

Ironwood Unit A, South six (6) Feet of
Lot five (5), Block 11 & all of Lot six
6), Block 11,
EX. South Eighteen (18) Feet of Lot
seven(7), Block 11, Key # 45-0092-0006,
commonly known as: 2220 Rhode Island St.

6. 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:

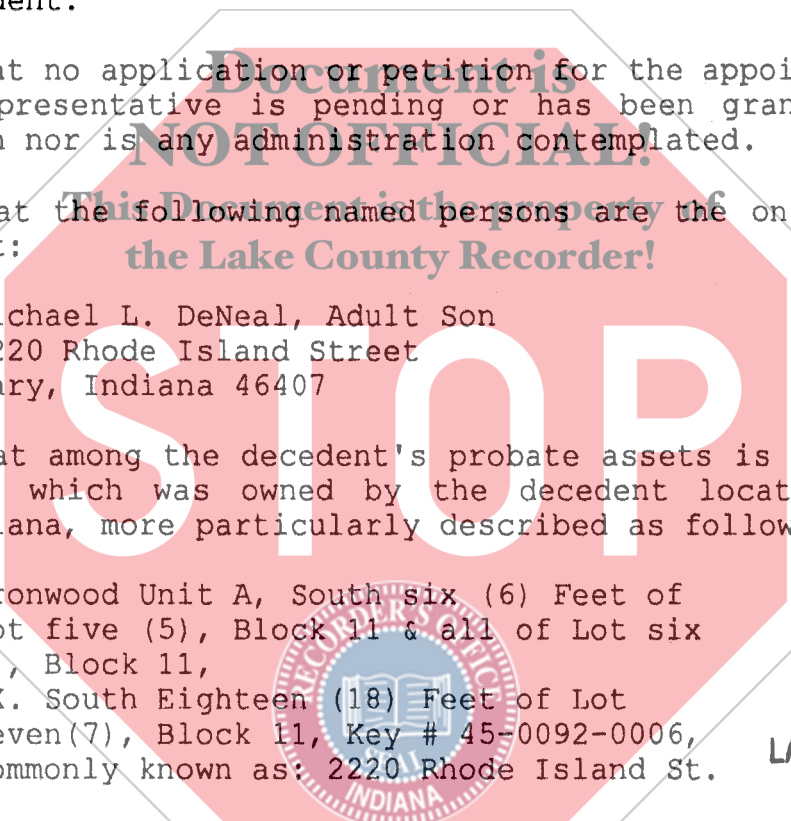
Beneficial Mortgage Co. of Indiana \$1600.00
Schereville Lincoln Ridge Plaza
Schereville, Indiana 46375

7. That the value of the decedent's gross probate estate, does not exceed the sum of:

1. \$25,000.00
2. The costs and expenses of administration
3. Reasonable funeral expenses

12268

17.00
CASH



FILED

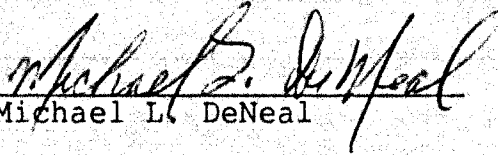
JAN 04, 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

8. That the decedent's estate was not subject to Federal Estate Tax.

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

Further Affiant sayett not


Michael L. DeNeal

State of Indiana
County of Lake

Subscribed and sworn to before me a Notary Public, this
31st day of December, 1999.

THOMAS V BARNES
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. MAY 4, 2001

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!


Notary Public, Thomas V. Barnes

STOP

Document prepared by Thomas V. Barnes, Attorney at Law,
1345 Bigger St., Gary, IN 46404 219 944 9946



* 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 non-disclosure.

300

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Cora L. DeNeal), SEX (Female), TIME OF DEATH (12:40 A.M.), DATE OF DEATH (November 5, 1998), SOCIAL SECURITY NUMBER (345-14-1596), AGE (81), DATE OF BIRTH (November 15, 1916), BIRTHPLACE (Opelika, Alabama), PLACE OF DEATH (Residence), FACILITY NAME (2220 Rhode Island Street), CITY (Gary), COUNTY (Lake), MARRITAL STATUS (Widowed), SURVIVING SPOUSE (N/A), DECEASED'S USUAL OCCUPATION (Homemaker), KIND OF BUSINESS/INDUSTRY (Home), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (Gary), STREET AND NUMBER (2220 Rhode Island Street), ZIP CODE (46407), CITIZEN OF WHAT COUNTRY (USA), RACE (Black), DECEASED'S EDUCATION (2 Years), FATHER'S NAME (Macy Heard), MOTHER'S NAME (Ella Echols), INFORMANT'S NAME (Jahmal DeNeal), MAILING ADDRESS (2220 Rhode Island Street Gary, Indiana 46407), RELATIONSHIP (Grandson), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (November 10, 1998, Oak Hill Cemetery, Gary, Indiana), EMBALMERS NAME (Roosevelt Allen Sr.), EMBALMERS LICENSE NO (#01051696), WAS DEATH REPORTED TO CORONER? (Yes), SIGNATURE OF FUNERAL DIRECTOR (Valerie Broadal), LICENSE NUMBER (#08700646), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Guy & Allen Funeral Directors, Inc, 2959 W. 11th Avenue Gary, Indiana 46404, 83007704), PART I (Cerebrovascular Accident, Hypertension, Arterio-sclerosis heart disease), PART II (Other significant conditions), CERTIFIER (R. Hovhannessian M.D.), MEDICAL LICENSE NO (01023583), DATE SIGNED (11/17/98), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Raffy Hovhannessian 7863 Broadway Merrillville, Indiana 46410), HEALTH OFFICER'S SIGNATURE (Raffy Hovhannessian M.D.), DATE FILED (NOV 12 1998), MANNER OF DEATH (Natural), DATE OF INJURY (JAN 14, 2000), PLACE OF INJURY (At home), LOCATION (2226), DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER