STATE OF INDIANA LAKE COUNTY FILED FOR FOOT

8 04\_043 Affidavit for transfer of real proper 2.000 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

- That the above-named decedent died intestate on November 5, 1998, while domiciled in Lake County, Indiana.
- That forty-five (45) days have elapsed since the death of the decedent.
- 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.
- That the following named persons are the only heirs of the decedent: the Lake County Recorder!

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

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,

JAN 04, 2000

EX. South Eighteen (18) Feet of Lot seven(7), Block 11, Key # 45-0092-0006, commonly known as: 2220 Rhode Island St.

PETER BENJAMIN LAKE COUNTY AUDITOR

list of persons, firms, the following That 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

- That the value of the decedent's gross probate estate, does not exceed the sum of:
  - 1. \$25,000.00

Q'

- 2. The costs and expenses of administration
- 3. Reasonable funeral expenses

1 2263

- 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

0

Q°

Document is

Notary Public, Thomas V. Barnes

Subscribed and sworn to before me a Notary Public, this 3/57 day of December, 1999. It is the property of

NOTARY PUBLIC STATE OF INDIANA

LAKE COUNTY
MY COMMISSION EXP. MAY 4,2001

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

			representation of the							
being requested being pursue its statuto	TATE: The Social Security of this state agency in order ry responsibility. Disclosure will be made and the state of the st	# is 3CC of is INDIANAS	STATE DEP	ARTMEN	NT OF	HEALTH				
Local No		ERIES ARE CONFIDENTIAL PE	CERTIFICAT ER IC 16-1-19-3	TE OF DE	EATH	State	No	••		
TYPE/PRINT IN	1 DECEASED-NAME (Fire M		DeNeal		2 sex Femal	e 3. TIME OF DEA 12:40	TH 35 DA A NO	reof DEATH (News)	, 1998	
PERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 345-14-1596	Se AGE—Last Birthday (Years) 8 1.	Sb UNDER 1 YEAR Months Days			ember 15, 1916		7 BIRTHPLACE(City and Since or Foreign Country) Opelika, Alabama		
	MAS DECEDENT A US VETERAN? NO	86 YEAR LAST SERVED IN US ARMED FORCES? N/A	ļ ———			OTHER Nursing Home C				
DECEDENT	96 FACILITY NAME (If not institute 2220 Rhode	mon give street and number) Island Street	9c.		city, town Gary	y. Town OR LOCATION OF DEATH Gary		So county of DEATH Lake		
	10. MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife givermeden name)	SURVIVING SPOUSE (If wife greymaden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) HOMEMAKET			126 KIND OF BUSINESS/INDUSTRY Home		
	13a RESIDENCE—STATE Indiana	Indiana Lake Gary 2220 Rhode Island Stree							eet	
	130 ZIP CODE 13/ INSIDE CIT	TY LIMITS 14 CITIZEN OF WHAT COUNTRY	15 WAS DECEDENT Y? X XIXIO  Mexican Puerto F	Yes (If yes, spe	GIN7 16 cify Cuben	Bleck_White etc. (Specify)		17 DECEDENT'S E pecify only highest gr Secondary (0-12)		
PARENTS	18 FATHERS NAME (First, Middle, Last)  18 FATHERS NAME (First, Middle, Last)  19 MOTHERS NAME (First, Middle, Morden Surname)									
INFORMANT	Macy Heard  Ella Echols  200 INFORMANTS NAME (Type/Prind)  Jahmal DeNeal  200 Rhode Island Street Gary, Indiana 46407 Grandson									
;	Jahmal DeNeal  21a METHOD OF DISPOSITION  Commission		216 DATE AND PLACE		l (Name of cem	etery, crematory, or		DN—City or Town Si		
DISPOSITION	Donation Other (Special Control of Control o	(Ay)		ak Hill (				,Indiana		
•	Roosevelt Al			L696	25	NAME ADDRESS AND LIC	ENSE NUMBE	R OF FUNERAL HOM	AE _	
	Column (of Licensee)  (a) & Allen Funeral Directors, Inc  #08700646 2959 W. 11th Avenue Gary, Indiana 4640 83007704									
	28 PART I Error the disease injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory  Approximate Interval Between Onser and Death  (MMEDIATE CAUSE (Final)									
CAUSE OF	disease or condition  DUE TO FOR AS A CONSEQUENCE OF)  resulting in death)  DUE TO FOR AS A CONSEQUENCE OF)									
DEATH	Conditions if any which gave rise to the immediate cause stating the underlying CDUE TO (OR AS A CONSEQUENCE OF)									
	PART II Other significant conditions	đ	See IN	DIANALILIE						
	PART II Other administrations	s - Conditions contributing to desir	but not previously stated in		NAS DECEDEN PREGNANT OF POSTPARTUM (Yes or no)	R 90 DAYS PERFORM	AED?	286 WERE AUTO AVAILABLE COMPLETIO OF DEATH?	PRIOR TO ON OF CAUSE	
	(Check only H	ERTIFYING PHYSICIAN To the I	f examination and/or invest	tigation in my opinio	n death occurre	nd at the time, date, and place	and due to the			
CERTIFIER	296 SIGNATURE AND THE OF	CORONER On the basis of examin CERTIFIER CYCLLSLA			occurred at the	29c MEDICAL LICENSE	NO	29d DATE, SIGNE	D (Month Day Year)	
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 28) (Type, Print)  Dr. Raffy Hoyanessian 7863 Broadway Merrillville, Indiana 46410									
HEALTH OFFICER	31 HEALTH OFFICER'S SIGNATUR	* VWM	ent	MDA	74	LE	·	32 DATE FILED	-Z. 1382.,	
	33 MANNER OF DEATH	34e DAJE OF INJUR	1 .	34c INJUR (Yes o	Y AT WORK?	34d DESCRIBE HOW		CURRED		
	Accident   Investigation     Suicide   Cauld not be   Determined     Homicide	340 PLACE OF INJU	JRY—At home farm street ecify)	t factory office	PETE	LOCATION (Street and Num  R BENJAMIN	1	oute Number City or 1	1	

34h MOTOR VEHICLE ACCIDENT? (Yes or no) II ye specify drive

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

349 DATE PRONOUNCED DEAD (Month Day Year)

مورار