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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 021895

2000 MAR 30 AM 11:29

State of Indiana)
) In Re: Helen I. Echoles, Deceased
) August 24, 1999
County of Lake)
)

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.

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

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

4. That the following named person is the legal heir of decedent: J. Beatrice Avington, 1443 West 25th Street, Indianapolis, Indiana, Marion County, Indiana.

5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.

6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 2021 West 8th Avenue, Gary, Indiana described as follows:

> Lot 1, and that part of Lot 2, lying Northwesterly of a straight line extending from a point on the Northeasterly line of said lot which is 15 feet Southeasterly from the Northwest corner thereof to a point on the Southwesterly line of said lot, which is 16.54 feet Southeasterly of the Southwest corner thereof ibn Block 2, in Gary Land Company's Fourth Subdivision in the City of Gary, as per plat thereof, recorded in Plat Book 14, Page 15, in the Office of the Recorder of Lake County, Indiana.

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: NONE

8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.

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

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

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

MAR 30 2000

2021 West 8 Ave. 14.00 E.P.
02293 1817

La Tonya Marshall

PETER BENJAMIN
LAKE COUNTY AUDITOR

EXHIBIT A

SURVIVORSHIP AFFIDAVIT
RE: Helen I. Echoles, Deceased August 24, 1999

STATE OF INDIANA)
County of Lake) SS

Legal: 2021 West 8th Avenue, Gary, Indiana
Tax Unit 25 Key Number 44-156-1

On this 1st day of September, 1999 before me personally appeared Beatrice J. Avington to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:

2. Affiant is Heir, sister of decedent(s), owner
(Interest of Affiant in the above premises as "owner" "heir of owner" etc.)

3. Said premises were formerly owned by Helen I. Echoles

4. Said Helen I. Echoles, deceased August 24, 1999, intestate, in Lake County, Indiana.

5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of $15,000.00, and to the best of Affiant's knowledge there is no Inheritence tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No (if yes identify the divorce proceedings: N/A

7. Affiant's relationship to the deceased was Sister.

Signature J. Beatrice Avington
J. Beatrice Avington
1443 West 25th Street
Indianapolis, Indiana

Subscribed and sworn to before me by the Affiant this 20th day of March, 2000 (year)

Jacquelyn Draper-Henrose My Commission expires: 12-13-2004 County of Lake
Notary

ISSUED BY MARION COUNTY HEALTH DEPARTMENT

[redacted]

TTENTION ESTATE: The Social Security # is ng requested by this state agency in order to sue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

cal No. 006573

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

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CEDENT

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ORMANT

SPOSITION

USE OF A

RTIFIER

AL OR FICER

NOT VALID UNLESS MACHINE NUMBERED AND SIGNED WITH MULTICOLOR RIBBON ON THE REVERSE SIDE

1 DECEASED—NAME (First, Middle, Last): Helen I. Echoles			2 SEX: Female	3a TIME OF DEATH: 9:35 P M	3b DATE OF DEATH (Month, Day, Yr): August 24, 1999
4 *SOCIAL SECURITY NUMBER: 312-50-2930	5a AGE—Last Birthday (Years): 87	5b UNDER 1 YEAR: Months / Days	5c UNDER 1 DAY: Hours / Minutes	6 DATE OF BIRTH (Mo. Day. Yr.): Jan. 12, 1912	7 BIRTHPLACE (City and State or Foreign Country): Olive Branch, Illinois
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL XX Inpatient; ☐ ER/Outpatient ☐ DOA	OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence		
9b FACILITY NAME (If not institution, give street and number): Methodist Hospital		9c CITY, TOWN, OR LOCATION OF DEATH: Indianapolis	9d COUNTY OF DEATH: Marion		
10 MARITAL STATUS (Specify): Widowed	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Beautician	12b KIND OF BUSINESS/INDUSTRY: Self-employed		
13a RESIDENCE—STATE: Indiana	13b COUNTY: Lake	13c CITY, TOWN, OR LOCATION: Gary	13d STREET AND NUMBER: 2021 West 8th Avenue		
13e ZIP CODE: 46404	13f INSIDE CITY LIMITS? ☐ No XX Yes	13g ON A FARM? XX No ☐ Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? XX No ☐ 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): 12	College (1-4 or 5 +)				
18 FATHER'S NAME (First, Middle, Last): Harvey B. Avington		19 MOTHER'S NAME (First, Middle, Maiden Surname): Mattie Burris			
20a INFORMANT'S NAME (Type/Print): J. Beatrice Avington	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1443 West 25th Street Indpls, IN 46208		20c Relationship: Sister		
21a METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 30, 1999 Evergreen Memorial Park Cemetery		21c LOCATION—City or Town, State: Hobart, Indiana		
22a EMBALMER'S NAME: Brooks E. Cunningham	22b EMBALMER'S LICENSE NO: FDE1000580	23 WAS DEATH REPORTED TO CORONER? XX No ☐ Yes			
24a SIGNATURE OF FUNERAL DIRECTOR: Maeva Stuart	24b LICENSE NUMBER (of Licensee): FDE1022538	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Stuart Mortuary, Inc. #83003514 2201 N. Illinois St. Indpls, IN 46208			

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. End Stage CHF	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF): Valvular heart disease	
	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: Atrial fibrillation

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	

29a CERTIFIER (Check only one):
XX CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ 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
☐ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Gregory Spurgin MD	010 25200	9/8/99

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Gregory Spurgin 6920 Parkdale Place #207 Indianapolis, Indiana 46254

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Virginia A. Caine M.D	SEP 9 1999

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				
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			

SDH06-004 State Form 12112 (R5/1-96)