

STATE OF INDIANA
LAKE COUNTY
FILED

2000 025579
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2000 APR 14 AM 9:21
IN RE: EFFIE L. DAVIS, Decedent
MONROE J. GATFER
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Arnold Flack, having been first duly sworn upon his oath states:

1. That the above-named decedent died intestate on the 21st day of February, 2000, 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 only heir of the decedent's estate:

Arnold Flack, 219 N. Hill St., South Bend, IN, son

and he is entitled to the entire undivided interest of the real estate.

5. That the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: Twenty Five Thousand Dollars (\$25,000.00), the costs and expenses of administration, and reasonable funeral expenses.

6. That among the decedent's probate assets are two parcels of real estate which were owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Lot 35 and the South half of Lot 36, in Block No. **FILED**
as shown on recorded plat of Boulevard Addition to
Tolleston, being a subdivision of part of Section 8,
Township 36 North, Range 8 West of the 2nd P.M., APR 11 2000
in Lake County Indiana, as the same appears of
record in Plat Book 6 page 38, in the Recorder's **PETER BENJAMIN**
Office of Lake County, Indiana. Commonly known **LAKE COUNTY AUDITOR**
as 1753 Taft St., Gary, Indiana.

00574

19.00
6324

and
Lot 34, Block 1, Boulevard Addition to Tolleston, in the
City of Gary

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

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

Arnold Flack, 219 N. Hill St., South Bend, IN.

9. That the gross value of the estate of the decedent, Effie L. Davis, 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.

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

AFFIANT FURTHER SAITH NOT.



ARNOLD FLACK



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, on
March 29, 2000.

My Commission Expires:
3-9-2007



Notary Public

CAROL CULVER

Typed/Printed name of Notary Public

↓
Attorney
Robert L. Lewis
2148 W. 11th Ave.
Gary, In. 46404

* 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.

10CC
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. **00 0161**

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) Effie L. Davis		2 SEX Female	3a TIME OF DEATH 5:40 P M	3b DATE OF DEATH (Month Day Yr) February 21, 2000	
4 SOCIAL SECURITY NUMBER 317-20-9018	5a AGE—Last Birthday (Years) 75	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) October 4, 1924	
7 BIRTHPLACE (City and State or Foreign Country) Round Pond, AR	8a WAS DECEDENT A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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) 1753 Taft Street		9b CITY, TOWN, OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Inventory Management		12b KIND OF BUSINESS/INDUSTRY U.S.X. Steel	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 1753 Taft Street	
13e ZIP CODE 46404	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? 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th		College (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) Claude Roby		19 MOTHER'S NAME (First, Middle, Maiden Surname) Ella Moore			
20a INFORMANT'S NAME (Type/Print) Arnold Flack		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 219 North Hill Street South Bend, IN 46614		20c Relationship Son	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) February 25, 2000 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, IN	
22a EMBALMER'S NAME Roosevelt Allen Jr.		22b EMBALMER'S LICENSE NO. #01051701	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) #08700298	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac arrest, shock, or heart failure. List only one cause on each line. ACUTE MYOCARDIAL INFARCTION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 DAY		FILED APR 11 2000 PETER BENJAMIN LAKE COUNTY AUDITOR	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		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)			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I OVARIAN CARCINOMA		DUE TO (OR AS A CONSEQUENCE OF)			
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 		29c MEDICAL LICENSE NO. 01030107	
29d DATE SIGNED (Month Day, Year) 3-6-2000		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Barai 125 E. 89th Ave Merrillville, IN 46410			
31 HEALTH OFFICER'S SIGNATURE 			32 DATE FILED (Month Day, Year) MAR 08 2000		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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)			
34g DATE PRONOUNCED DEAD (Month Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc		00675	