

2000-044641

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: CHARLEY WELFORD, JR., Decedent

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Tonia Lamb, having been first duly sworn upon her oath states:

1. That the above-named decedent died on the 18th day of March, 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 persons is the only heir of the decedent's estate:
Charles Lamb, 2484 Connecticut St., Gary, 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 a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Oak Park Addition, Lot 22, Block 16. Commonly known as 2484 Connecticut St., Gary, Indiana.

FILED

#46-144-22

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

PETER BENJAMIN
LAKE COUNTY AUDITOR

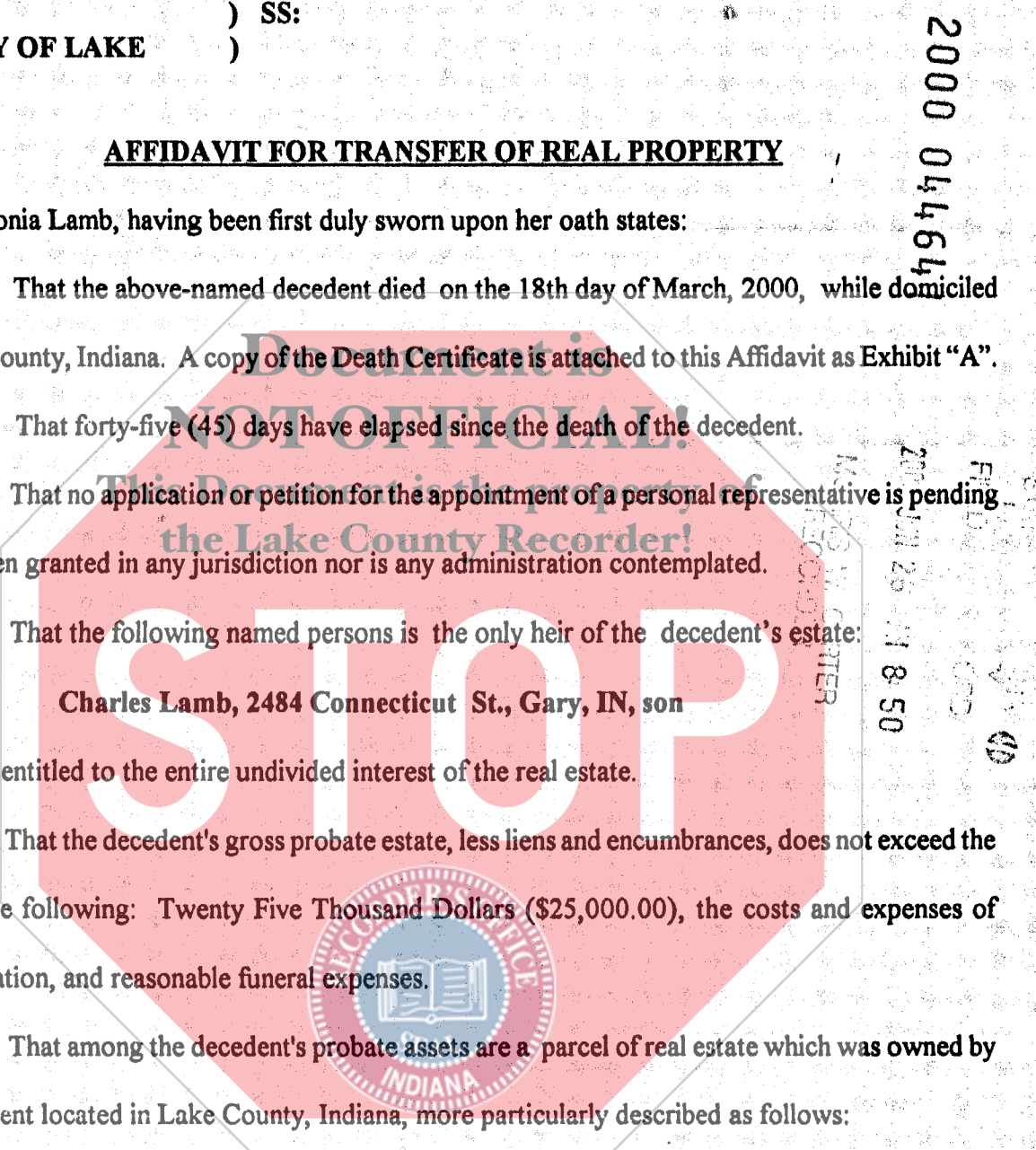
8. That the individuals entitled to the real estate as a result of the decedent's death are:

Charles Lamb, 2484 Connecticut St., Gary, IN.

01874

↓
Robert L Lewis
Law Offices
2148 W. 11th Ave
Gary, In. 46504

\$18.00
S.S.
6566



2000 044641

2000 JUN 26 11 8 50

6cc + 3 FREE VETS

EXHIBIT "A"

* 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.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No. 46-144-22

Local No. 00-0215

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Charley Welford Jr		2 SEX Male	3a TIME OF DEATH 11:55 P M	3b DATE OF DEATH (Month, Day, Yr) March 18, 2000	
4 *SOCIAL SECURITY NUMBER 413-32-3987	5a AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 28, 1928	
7 BIRTHPLACE (City and State or Foreign Country) Humbolt, Tennessee	8a WAS DECEDENT A US VETERAN? YES	8b YEAR LAST SERVED IN US ARMED FORCES? 1946	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 checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) 2484 Connecticut Street		9c CITY, TOWN OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Divorced	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker	12b KIND OF BUSINESS/INDUSTRY Cast Amour		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 2484 Connecticut Street		
13e ZIP CODE 46407	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" 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+) 12th		18 FATHER'S NAME (First, Middle, Last) Charley Welford Sr.			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Cleora Greer		20a INFORMANT'S NAME (Type/Print) Grenada Myhand			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4216 West 11th Avenue Gary, Indiana 46404		20c Relationship Sister			
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) March 23, 2000 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr.		22b EMBALMER'S LICENSE NO #29400047	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) #08700646	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 disease, 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) a. Acute Myeloid Leukemia DUE TO (OR AS A CONSEQUENCE OF)					
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					
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 <i>[Signature]</i>		29c MEDICAL LICENSE NO 01017944	29d DATE SIGNED (Month, Day, Year) 4-10-00		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. David Chube Sr 1701 Broadway Gary, Indiana 46407					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month, Day, Year) 2000 APR 13 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 PETER BENJAMIN LAKE COUNTY AUDITOR 1-8-05
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc (Specify)		34g DATE PRONOUNCED DEAD (Month, Day, Year)			
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc					

DECEDENT

PARENTS

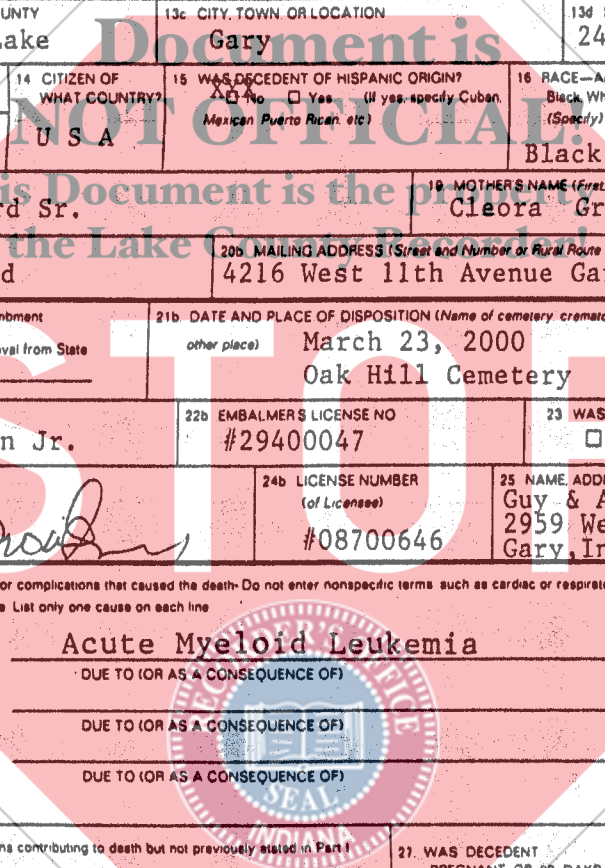
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED