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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: JUANITA WOODEN, Decedent

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Barbara Jarrett Doss, having been first duly sworn upon her oath states:

1. That the above-named decedent died on the 24th day of April, 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 are the only heirs of the decedent's estate:

Barbara Jarrett Doss, 252 Harrison St., Gary, IN, daughter
 Kevin Jarrett, 3245 Milford Rd., Indianapolis, IN, son
 Dennis Jarrett, 377 Harrison St., Gary, IN, son
 Kathy Jarrett, 377 Harrison St., Gary, IN, daughter
 Bobbie Jarrett, 1324 Carolina St., Gary, IN, daughter

and they are 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:

Gary Land Company's 8th Sub, All Lot 37,
 Block 5. Commonly known as 252 Harrison
 Street, Gary, Indiana.

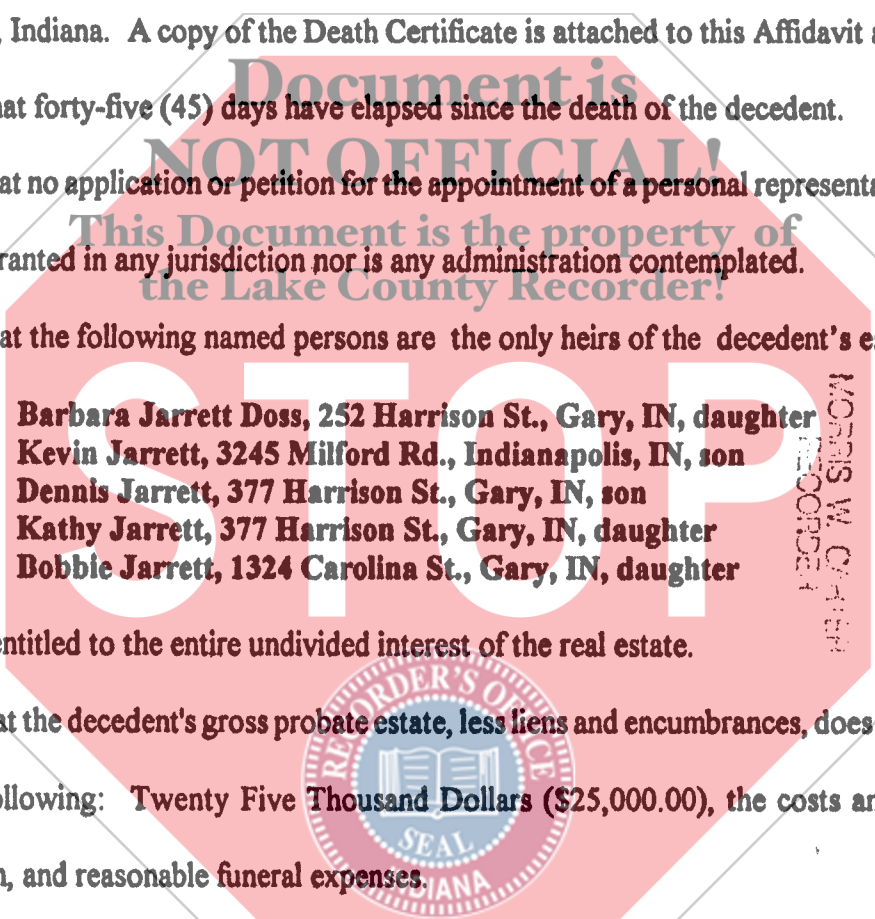
FILED

7. There are no known creditors of the estate and no claims have been made against the
AUG 3 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

2000 AUG -3 AM 9:40
2000 AUG 3 11 54 96

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



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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

Local No. **00 0311**

CERTIFICATE OF DEATH

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) Juanita Wooden		2. SEX Female	3a. TIME OF DEATH 11:45AM M	3b. DATE OF DEATH (Month, Day, Yr.) April 25, 2000	
4. SOCIAL SECURITY NUMBER 313-46-2801	5a. AGE-Last Birthday (Years) 57	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) August 06, 1942	
7. BIRTHPLACE (City and State or Foreign Country) Brownsville, Tennessee	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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake		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) NONE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cook	12b. KIND OF BUSINESS/INDUSTRY Resturant		
13a. RESIDENCE-STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 3634 Johnson Street		
13e. ZIP CODE 46409	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? 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) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) James Owens			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Nolia Owens		20a. INFORMANT'S NAME (Type/Print) Harvey Perry			
20b. MARLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3634 Johnson Street Gary, Indiana 46408		20c. Relationship Fiancee'			
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) April 29, 2000 Fern-Oak Cemetery		21c. LOCATION-City or Town, State Griffith, IN	
22a. EMBALMER'S NAME Sherman Banks III		22b. EMBALMER'S LICENSE NO. FDO 1016254	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>		24b. LICENSE NUMBER (of Licensee) FDO 1016254	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408		
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. Massive left cerebral infarction DUE TO (OR AS A CONSEQUENCE OF): b. Diabetes Mellitus DUE TO (OR AS A CONSEQUENCE OF): c. End stage Renal failure DUE TO (OR AS A CONSEQUENCE OF): d.					
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) 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>K. Clewley</i>			29c. MEDICAL LICENSE NO. 01036576	29d. DATE SIGNED (Month, Day, Year) 5-1-00	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Umpathy 4802 Broadway Gary Indiana 46408					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> MD, MPH				32. DATE FILED (Month, Day, Year) MAY 03 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.			