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STATE OF INDIANA)
COUNTY OF LAKE)

IN RE: WILLIE M. BAREFIELD, Decedent

SS: 2000 055032

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 AUG -3 AM 10:00

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

MORRIS W. GARDNER
RECORDER

Gerald Peck, having been first duly sworn upon his oath states:

1. That the above-named decedent died testate on April 14, 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.

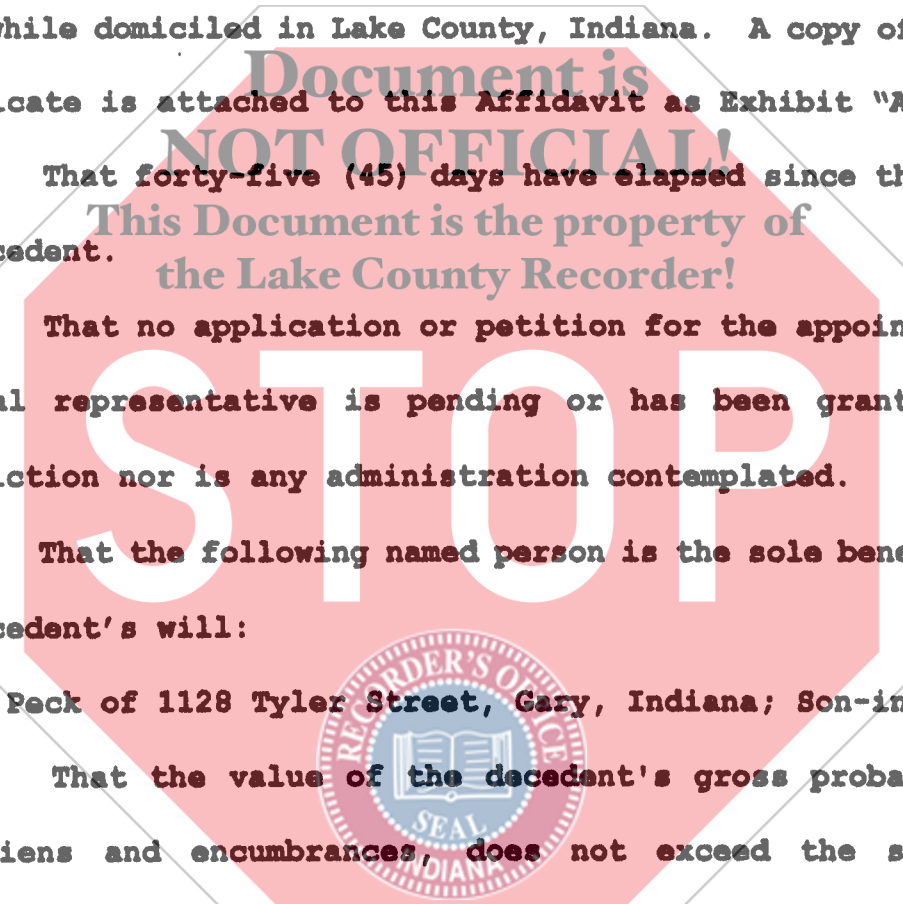
4. That the following named person is the sole beneficiary of the decedent's will:

Gerald Peck of 1128 Tyler Street, Gary, Indiana; Son-in-law;

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by IC § 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.

6. 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:

Lot 10, in Block 3, in the Andrew Means Park Manor Addition, in the City of Gary, as per plat thereof,



FILED

AUG 3, 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

00222

460
14.00
AM

in the Office of the Recorder of Lake County, Indiana.
Key #46-515-10 and more commonly known as: 1952 Monroe
Lane, Gary, Indiana.

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:

Gerald Peck, 1128 Tyler Street, Gary, Indiana 46404;

9. That the gross value of the estate of the decedent, Andrew
Richardson, 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.

Gerald A Peck

Gerald Peck, Heir
Estate of Willie M. Barefield

STATE OF INDIANA)
COUNTY OF LAKE) SS

Subscribed and sworn to before me, a Notary Public in and for
said County and State, on August 2, 2000.

My Commission Expires:
11-28-07

Jerry T. Janett
Notary Public, Lake County, Indiana

5cc
 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. 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) Willie Barefield		2. SEX Female	3a. TIME OF DEATH 2:30 A M	3b. DATE OF DEATH (Month, Day, Y.) April 14, 2000	
4. SOCIAL SECURITY NUMBER 314-03-2826		5a. AGE—Last Birthday (Years) 89	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Y.) February 03, 1911		7. BIRTHPLACE (City and State or Foreign Country) Carlton, Georgia			
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one—See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. 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) Food Service	12b. KIND OF BUSINESS/INDUSTRY Gary Comm. School Corp.		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 1952 Monroe Lane		
13e. ZIP CODE 46407	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) Black	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. DECEDENT'S EDUCATION (Specify only high school grade completed) Elementary/Secondary (9-12) <input checked="" type="checkbox"/> College (1-4 or 8+)		17. DECEDENT'S EDUCATION (Specify only high school grade completed) 11	
18. FATHER'S NAME (First, Middle, Last) George Moon		18. MOTHER'S NAME (First, Middle, Maiden Surname) Pearl (Unavailable)			
20a. INFORMANT'S NAME (Type/Print) Renter Fullwood		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 867 Ohio Street Gary, Indiana 46402	20c. Relationship Friend		
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 19, 2000 Evergreen Memorial Park		21c. LOCATION—City or Town, State Hobart, Indiana	
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. Congestive cardiac failure DUE TO (OR AS A CONSEQUENCE OF): b. arterial disease heart disease DUE TO (OR AS A CONSEQUENCE OF): c. cerebral aneurysm accident DUE TO (OR AS A CONSEQUENCE OF): d. arterial disease Cerebrovascular disease					
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		28. WAS AN AUTOPSY PERFORMED? (Yes or No) NO		29. 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>[Signature]</i> MD, MPH		29c. MEDICAL LICENSE NO. IN 25043	29d. DATE SIGNED (Month, Day, Year) 4/17/2000		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. K. Potti 8300 Broadway Merrillville, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> MD, MPH			32. DATE FILED (Month, Day, Year) APR 20 2000		
33. MANNER OF DEATH Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/>		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.			

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