STATE OF INDIANA) IN RE: NORMA KING, DECEDENT

) SS

COUNTY OF LAKE) 2000 055579

FILED

AUG 4 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

KEVIN KING, the undersigned, being first duly sworn upon his oath deposes and states:

1. That he is a surviving child of the above-named decedent who died intestate on January 13, 1991, while domiciled in Lake County, Indiana.

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

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. That the following named persons are the only heirs at law of the decedent: KEVIN KING, adult son, who resides at 5503 Riverdale Rd., Apt. 12A, College Park, Georgia, 30349 and STEFANIE TRENESE WYATT, adult daughter, who resides at 1275 Radio Dr., Macon, Georgia, 31204.

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Twenty-Five Thousand Dollars ($25,000) as provided by Indiana Code § 29-1-8-1.

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:

> Lot 8 in Block 2 in L. I. Combs & Sons Third Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 27, page 96, in the Office of the Recorder of Lake County, Indiana.

Send Deed to: Kevin King
5503 Riverdale Rd. #12A
College Park, Ga. 30349

C0437

13.00
CK

Commonly known as: 319 Chase Street, Gary, Indiana.

7. That, so far as is known to the affiant, there are no creditors of the estate.

8. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession, namely KEVIN KING and STEFANIE TRENESE WYATT.

9. That the gross value of the estate of the decedent, NORMA KING, 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.

I AFFIRM, under the penalties for perjury, that the above statements are true.

KEVIN KING

IND ID 8944-77-5854

STATE OF GEORGIA)
) ss:
COUNTY OF FAYETTE)

Before me the undersigned, a Notary Public for FAYETTE County, State of GEORGIA, personally appeared Kevin King, and he being first duly sworn by me upon his oath, says that facts alleged in the foregoing instrument are true. Signed and sealed this 27th day of JUNE, 2000.

Notary Public
County of Residence

Notary Public, Fayette County, GA
My Commission Expires December 15, 2000

My Commission Expires:

Notary Public, Fayette County, GA
My Commission Expires December 15, 2000

No. 91-0033

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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1. DECEASED—NAME (First, Middle, Last): Norma King			2. SEX: Female	3a. TIME OF DEATH: 5:45 a.m.	3b. DATE OF DEATH (Month, Day, Yr.): January 13,1991
4. SOCIAL SECURITY NUMBER: 304-42-4151	5a. AGE—Last Birthday (Years): 51	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Mo. Day, Yr.): February 21,1939	7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
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 [X] Inpatient [ ] ER/Outpatient [ ] DOA		OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence	
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital Northlake			9c. CITY, TOWN, OR LOCATION OF DEATH: Gary		9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): James Mounts Jr.		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer		12b. KIND OF BUSINESS/INDUSTRY: Can Company
13a. RESIDENCE—STATE: Indiana	13b. COUNTY: Lake	13c. CITY, TOWN, OR LOCATION: Gary		13d. STREET AND NUMBER: 319 Chase St.	
13e. ZIP CODE: 46404	13f. INSIDE CITY LIMITS? [ ] No [X] Yes	13g. ON A FARM? [X] No [ ] Yes	14. CITIZEN OF WHAT COUNTRY?: USA	15. WAS DECEDENT OF HISPANIC ORIGIN? [X] 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): 12th	College (1-4 or 5 +)				
18. FATHER'S NAME (First, Middle, Last): Richard Crook Sr.			19. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Moise		
20a. INFORMANT'S NAME (Type/Print): Stepfanie Wyatt	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 724 E.Hardy St. Apt.18 Inglewood,CA.90301				20c. Relationship: Daughter
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify)	[ ] Entombment [ ] Removal from State	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 18,1991 Oak Hill Cemetery		21c. LOCATION—City or Town, State: Gary,IN.	
22a. EMBALMER'S NAME: Patrician Owens	22b. EMBALMER'S LICENSE NO.: 08700298	23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR: Patrician Owens	24b. LICENSE NUMBER (of Licensee): 08700298	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 83007704 Guy & Allen Funeral Directors,INC. 2959 West 11th Ave. Gary,IN.46404			

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Metastatic Lung Cancer — Approximate Interval Between Onset and Death: 5 years

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):

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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)	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)
[X] 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)
Barbara L Fuller M.D.	01034701	11/16/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Barbara L.Fuller,M.D. 3229 Broadway Gary, IN 46409

31. HEALTH OFFICER'S SIGNATURE:

32. DATE FILED (Month, Day, Year): JAN. 22 1991

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.
	00438

SBH06-004 State Form 10110 (R2/3-88) FSA CERT/RO