

3.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 073704

2000 OCT 10 PM 3:44

In Re: **Rudolph Wright**, July 13, 1986
Deceased

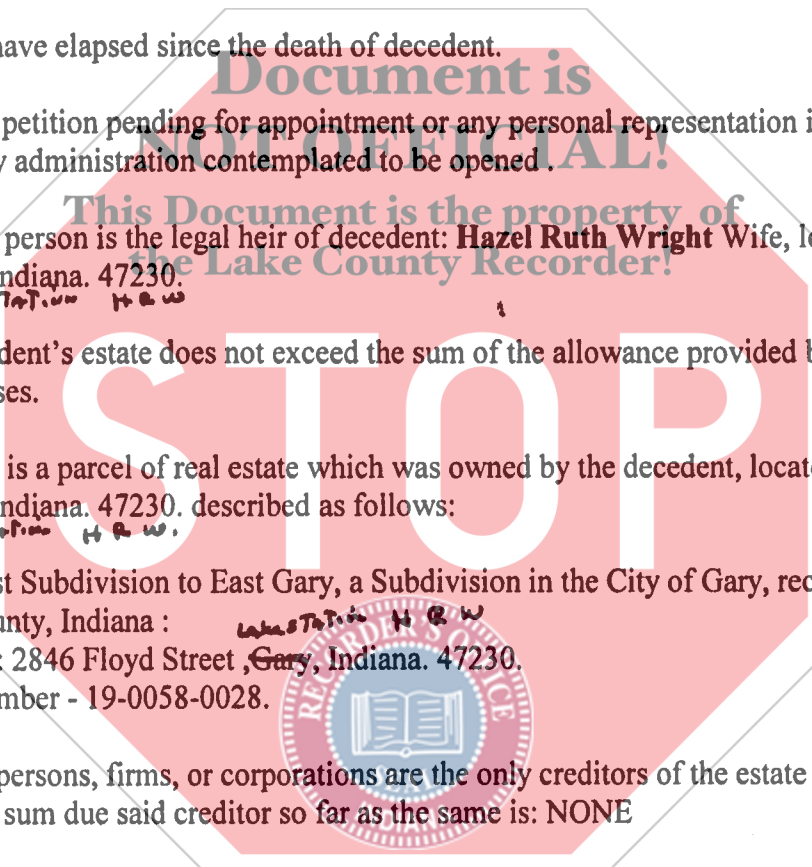
STATE OF INDIANA)
)
COUNTY OF LAKE)

SS :

MORRIS W. GANTER
RECORDER

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. There is no application or petition pending for appointment or any personal representation in a Court of competent jurisdiction and nor is any administration contemplated to be opened.
4. That the following named person is the legal heir of decedent: **Hazel Ruth Wright** Wife, located at :
2846 Floyd Street, Gary, Indiana. 47230.
Lake Station H R W
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent's assets is a parcel of real estate which was owned by the decedent, located at :
2846 Floyd Street, Gary, Indiana. 47230. described as follows:
Lake Station H R W
Lot 28, Block 11, First Subdivision to East Gary, a Subdivision in the City of Gary, recorded in the Office of the Recorder of Lake County, Indiana :
Commonly known as: 2846 Floyd Street, Gary, Indiana. 47230.
Tax Unit 14- Key Number - 19-0058-0028.
7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor so far as the same is: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the "heir" at law provided under the laws of intestate.
9. That the gross value of estate of decedent, **Rudolph Wright**, as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As 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.



↓
M.T.C.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

OCT 10 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

13.00
E.P.
CS

00697

EXHIBIT A
SURVIVORSHIP AFFIDAVIT

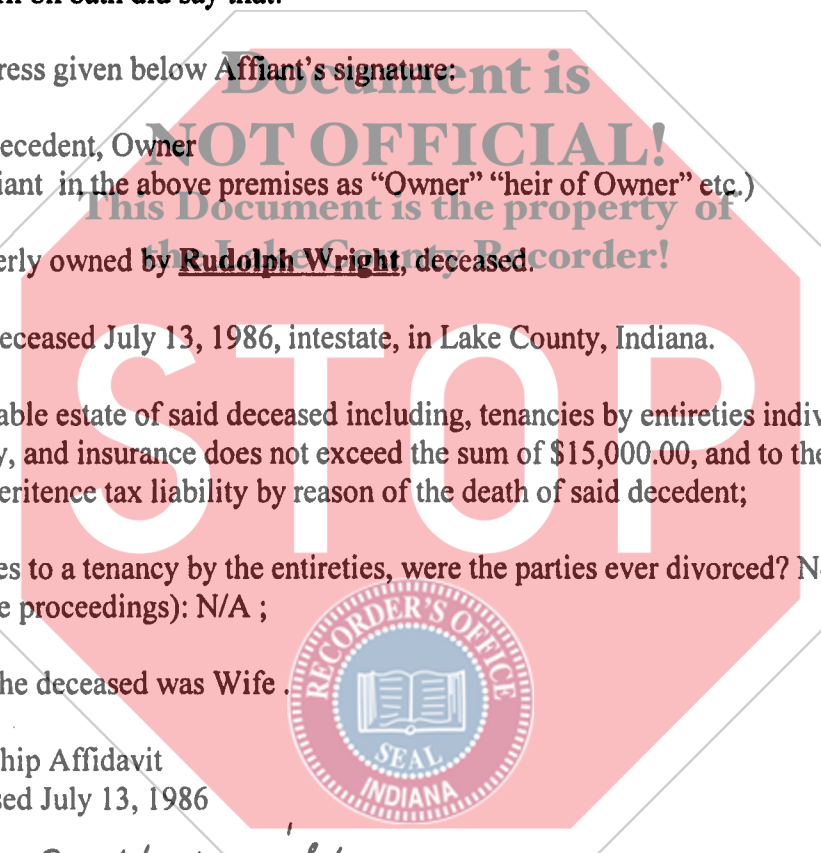
STATE OF INDIANA)
)
)
COUNTY OF LAKE)

SS :

RE: **Rudolph Wright**, July 13, 1986
Legal: Lot 28, Block 11, First Subdivision to East
Gary, a Subdivision in the City of ~~Gary~~ ^{Lake Station, Ind.}, recorded
in the Office of the Recorder of Lake County,
Indiana , Property I.D.- 14-19-0058-0028

On this 26th day of September , 2000 before me personally **Hazel Ruth Wright** appeared to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is Heir, Wife of decedent, Owner
(Interest of Affiant in the above premises as "Owner" "heir of Owner" etc.)
3. Said premises were formerly owned by **Rudolph Wright**, deceased.
4. Said **Rudolph Wright**, deceased July 13, 1986, intestate, in Lake County, Indiana.
5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of \$15,000.00, and to the best of Affiant's knowledge there is no Inheritance tax liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No (if yes identify the divorce proceedings): N/A ;
7. Affiant's relationship to the deceased was Wife .



Signature Page/Survivorship Affidavit
Rudolph Wright, deceased July 13, 1986

Signature: Hazel Ruth Wright
Hazel Ruth Wright, Wife
2846 Floyd Street, ~~Gary~~ ^{Lake Station, Ind.}, Indiana. 47230.

STATE OF INDIANA)
)
COUNTY OF SCOTT)

SS:

Subscribed and sworn to before me by the Affiant this 26th Day of
September , 2000
My Commission expires: 7 / 23 /2007
County of: Scott

Notary : Barbara E. Broady Printed Name : Barbara E. Broady

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

1 011-10-2000

2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Disposition Permit
Issued / /

Provisional
Certificate
 Yes No

FUNERAL HOME
No. 39124
LICENSE No. 4227
FUNERAL DIRECTOR'S
LICENSE No. 20069
BALMER'S NAME Charles Wells
FUNERAL DIRECTOR'S
SIGNATURE *Charles Wells*

Local No. 2-13-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No. _____

1 DECEASED NAME FIRST: RUDOLPH MIDDLE: WRIGHT LAST: WRIGHT		SEX MALE	DATE OF DEATH MONTH DAY YEAR July 13, 1986
2 RACE White	3 AGE (Last Birthday) 62	4 UNDER 1 YEAR DAYS: 31 MONTHS: 0 YEARS: 0	5 OVER 1 YEAR DAYS: 0 MONTHS: 0 YEARS: 0
6 CITY, TOWN OR LOCATION OF DEATH Hobart		7 HOSPITAL OR OTHER INSTITUTION St. Mary Medical Center	8 IN HOSP OR INST? Indicate Part of Case, See Instructions, Page 7 Inpatient
9 STATE OF BIRTH Kentucky	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED NEVER MARRIED WORKING DIVORCED Married	12 SURVIVING SPOUSE (Name, Age, Marital Status) Hazel Dhorpe
13 SOCIAL SECURITY NUMBER 400-22-5331	14 USUAL OCCUPATION (Last held or most done during year of death) Retired - Welder	15 KIND OF BUSINESS OR INDUSTRY U.S. STEEL - Fab Shop C	16 WAS DECENT EVER IN U.S. ARMED FORCES? (Specify Year or Part) No
17 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION STATE: Indiana COUNTY: Lake CITY, TOWN OR LOCATION: Lake Station	18a STREET AND NUMBER 2246 Floyd Street	18b IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	18c INSIDE CITY LIMITS (Specify Yes or No) Yes
19 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. 19a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20 PARENTS FATHER NAME (First or given): Wayne LAST: Wright		MOTHER MAREN NAME FIRST: Stella MIDDLE: Skaggs LAST: Skaggs	
21 DECEASED'S NAME (First or given): Mrs. Hazel Wright, wife		22 MARITAL ADDRESS (Street or R.F.D.): 2246 Floyd Street, Lake Station, IN 46405	
23 DISPOSITION 13a BURIAL 13b CEMETERY OR CREMATORY (Funeral Home): CALVARY CEMETERY		13c LOCATION CITY OR TOWN STATE ZIP: Fort Wayne, Indiana 46368	
24 DATE (Month Day Year): July 16, 1986		25 FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. City or Town State Zip): PRUM FUNERAL HOME, INC., 1307 Central Ave., Lake Station, IN 46405	
26 NAME OF ATTENDING PHYSICIAN (Type or Print): William S. Yocum, M.D.		27 DATE SIGNED (Month Day Year): 7/18/86	
28 MAILING ADDRESS PHYSICIAN: 7811 Broadway, Merrillville IN 46410		29 DATE RECEIVED BY LOCAL HEALTH OFFICER: 7/18/86	
30 SIGNATURE OF PHYSICIAN: <i>William S. Yocum</i>		31 SIGNATURE OF LOCAL HEALTH OFFICER: <i>Paul Johnson</i>	
32 CAUSE PART 1: <i>Pulmonary embolism - C.P.O.D.</i> PART 2: <i>Cor. Arteriosclerosis & failure</i>		33 ICD-9 CODE (Specify Code and Date): 104.0 244.0	