

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD IN RE Decedent

2002 045473

2002 MAY 15 10 05 AM B. Mason,

MORRIS W. CARTER
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above named decedent died intestate on the 29th day of June, 2000, while domiciled in Lake County, see Indiana State Department of Health Certificate of Death 00 0504 attached..

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: Benjamin Mason, Son, 545 Gerry St., Gary, Indiana 46406, Coe Mason, Son, Miller Beach Assist Living, Gary, Indiana 46403. Laura Lowery, Daughter, 3120 W. 22nd Ave., Gary, Indiana 46404, Mary Major, Daughter, P.O. 4563 - 1365 Wilson St., Gary, Indiana 46404 and Samuel Mason, Son, 5015 Washington St., Gary, Indiana 46408.

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 I. C. 29-1-8-1, 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:

Gary Land Co., 1st Sub, all Lot 32, Block 115
Key No; 25-44-0115-0031

Commonly known as: 344 Harrison St., Gary, IN 46402

7. Creditors of Decedent: NONE

8. That the individuals entitled to the real estate as a result to the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession in the Indiana Probate Code.

Benjamin Mason, Son, 545 Gerry St., Gary, Indiana 46406, Coe

001278

FILED

MAY 15 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

13-
M.H.
CS

Mason, Son, Miller Beach Assist Living, Gary, Indiana 46403. Laura Lowery, Daughter, 3120 W. 22nd Ave., Gary, Indiana 46404, Mary Major, Daughter, P.O. 4563 - 1365 Wilson St., Gary, Indiana 46404 and Samuel Mason, Son, 5015 Washington St., Gary, Indiana 46408.

9. That the gross value of the estate of the decedent, Roosevelt R.B. Mason, was less than twenty five (\$25,000) dollars as determined for the 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.

Mary Major
Mary Major, Affaint

Sworn to and before me by Mary Major this 3rd day of May 2002.

Walter Smith
Notary Public

Commission Expires:

5-23-2008

NOT OFFICIAL!
This Document is the property of
Lake County Recorder!

Seal

Respectfully,

Clorius L. Lay
Clorius L. Lay
Attorney - #8722-45
P.O. Box M886
Gary, IN 46401
(219) 883-8538
(219) 886-1201- Fax.



* 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

Local No. 00 0504

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Roosevelt R. B. Mason		2 SEX Male	3a. TIME OF DEATH 12:15 P M	3b. DATE OF DEATH (Month, Day, Yr.) June 29, 2000
4. *SOCIAL SECURITY NUMBER 403-42-3385	5a. AGE—Last Birthday (Years) 104	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr.) June 14, 1896
7a. WAS DECEDENT A U.S. VETERAN? NO	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	7. BIRTHPLACE (City and State or Foreign Country) Walls, Mississippi		
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake		9b. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
10. MARITAL STATUS (Specify) Widowed	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) Associate Minister	12b. KIND OF BUSINESS/INDUSTRY Crossroad Baptist	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2549 Harrison Street	
13e. ZIP CODE 46407	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) 5th College (1-4 or 5 +)		
18. FATHER'S NAME (First, Middle, Last) Ben Mason		19. MOTHER'S NAME (First, Middle, Maiden Surname) Julia Wade		
20a. INFORMANT'S NAME (Type/Print) Mary Major		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1365 Wilson Street Gary, Indiana 46404		20c. Relationship Daughter
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) July 6, 2000 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana
22a. EMBALMER'S NAME Rosenwald A. Allen Jr.		22b. EMBALMER'S LICENSE NO. #29400047		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Julie Wade</i>		24b. LICENSE NUMBER (of Licensee) #08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 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. <i>Colorectal Cancer</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Congestive Heart Failure</i> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FILED MAY 15 2002		
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. WERE ANY OTHER CAUSES 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) as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Idah Cannon MD</i>		
29c. MEDICAL LICENSE NO. 01037499		29d. DATE SIGNED (Month, Day, Year) 7/17/00		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Idah Cannon MD 1109 West 5th Avenue Gary, IN 46404		31. HEALTH OFFICER'S SIGNATURE <i>Idah Cannon MD MPH</i>		
32. DATE FILED (Month, Day, Year) JUL 21 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 002277
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.		