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STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

LAKE COUNTY
FILED FOR RECORDS

2004 045640

2004 JUN - 1 11 04 15

MORRINE NIX
2004

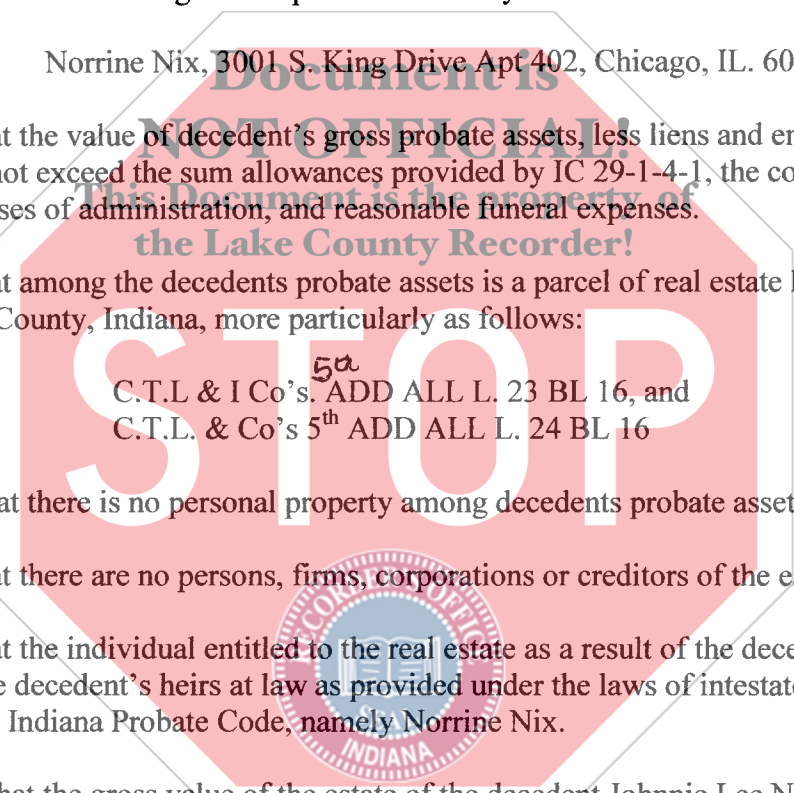
AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Norrine Nix, being duly sworn upon my oath deposes as follows:

1. That Johnnie Lee Nix decedent, died intestate, on March 21, 2003 while domiciled in Lake County.(Death Certificate Attached).
2. That more than one year has 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.
4. That the following named person is the only heir:

Norrine Nix, 3001 S. King Drive Apt 402, Chicago, IL. 60616. ←

5. That the value of decedent's gross probate assets, less liens and encumbrances, does not exceed the sum allowances provided by IC 29-1-4-1, the costs and expenses of administration, and reasonable funeral expenses.
6. That among the decedents probate assets is a parcel of real estate located in Lake County, Indiana, more particularly as follows:
C.T.L & I Co's. ^{5a} ADD ALL L. 23 BL 16, and
C.T.L. & Co's 5th ADD ALL L. 24 BL 16
7. That there is no personal property among decedents probate assets
8. That there are no persons, firms, corporations or creditors of the estate.
9. That the individual 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 on the Indiana Probate Code, namely Norrine Nix.
10. That the gross value of the estate of the decedent Johnnie Lee Nix, as determined for the purposes of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return and as a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

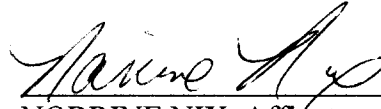


FILED
JUN 7 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

14-
M.V.
CASH

000097

11. That the decedent's estate was not subject to Indiana Inheritance Tax.



NORRINE NIX, Affiant

AFFIRMATION

I affirm under penalties for perjury that the foregoing representations are true and correct to the best of my knowledge.



NORRINE NIX



This instrument prepared by:

Hamilton L. Carmouche , Attorney At Law # 3121-45
5425 Broadway, Merrillville, IN 46410 (219) 981-2340

* 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

State No.

Local No. 03 018

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Johnnie Lee Nix				2 SEX Male		3a TIME OF DEATH 10:52 P _M		3b DATE OF DEATH (Month, Day, Yr) March 21, 2003	
4 *SOCIAL SECURITY NUMBER 262-34-9908		5a AGE—Last Birthday (Years) 71		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) Feb 29, 1932	
7 BIRTHPLACE (City and State or Foreign Country) Tuskegee Alabama		8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		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) Methodist Hospital				9c CITY, TOWN OR LOCATION OF DEATH Gary		9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Divorced		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) Bricklayer		12b KIND OF BUSINESS/INDUSTRY Construction			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary		13d STREET AND NUMBER 1737 Madison			
13e ZIP CODE 46407		13f INSIDE CITY LIMITS <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) College (1-4 or 5+) 11		18 FATHER'S NAME (First, Middle, Last) Aytah Nix				19 MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Martin			
20a INFORMANT'S NAME (Type/Print) Norrine Nix				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3001 South Martin Luther King Drive Chicago, Illinois APT 402 60616				20c Relationship Daughter	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) March 31, 2003 Abraham National Cemetery				21c LOCATION—City or Town, State Elwood, Illinois	
22a EMBALMER'S NAME Marc J Mosqueda				22b EMBALMER'S LICENSE NO. FD08800240		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Marc J Mosqueda</i>				24b LICENSE NUMBER (of Licensee) FD08800240		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME M.J. Mosqueda Funeral Service 4587 Woodbridge Street Gary, Indiana 46408 for Veterans Burial & Cremation Service			
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 Dilated cardiomyopathy b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d DUE TO (OR AS A CONSEQUENCE OF) PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Hypothyroidism Malnutrition									
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>J. S. Carter</i>						29c MEDICAL LICENSE NO. 01042601		29d DATE SIGNED (Month, Day, Year) 03/25/2003	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. James Carter., 2318 West 5th Avenue Gary, Indiana 46404									
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32 DATE FILED (Month, Day, Year) MAR 25 2003	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a DATE OF INJURY (Month, Day, Year) 2004		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) 000056		
34g DATE PRONOUNCED DEAD (Month, Day, Year) MAY 1 2004									

