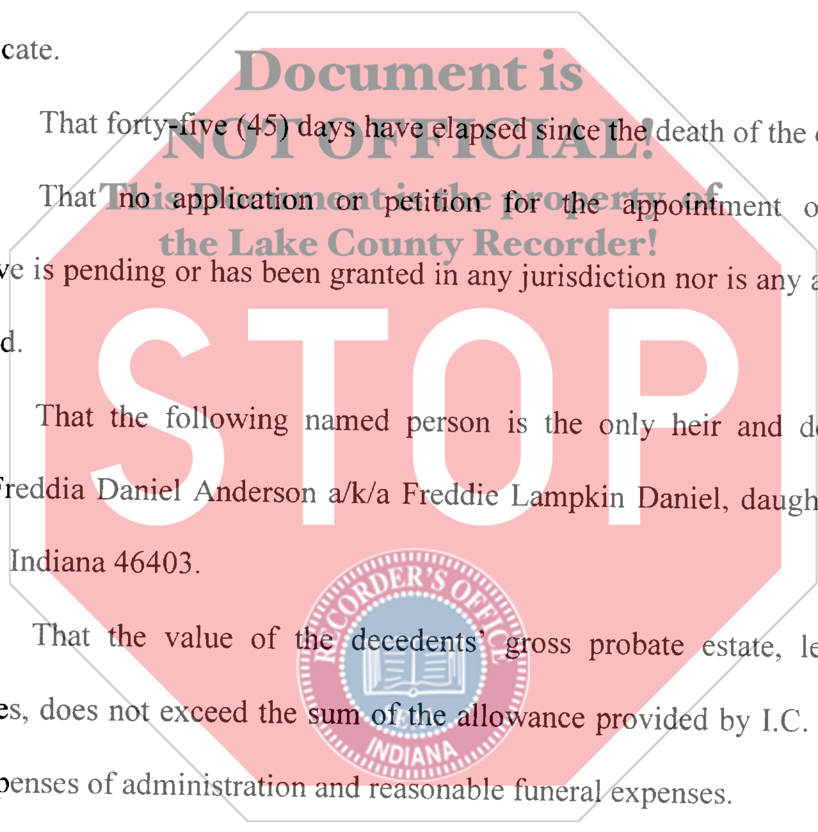
2004 047526

STATE OF INDIANA	)	IN RE: DECEDENTS
	)SS:	ANNIE B. LAMPKIN and
COUNTY OF LAKE	)	PARKER LAMPKIN

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedents died testate on the 12th day of December, 2003 and the 15th day of November, 1995, while domiciled in Lake County and that the will of the decedent Annie B. Lampkin was not probated and a copy of said will is attached to this affidavit as Exhibit "A", and a copy of death certificates marked as Exhibit "B" Annie B. Lampkin's death certificate and Exhibit "C" Parker Lampkin's death certificate.


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

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 only heir and devisee of the decedent: Freddia Daniel Anderson a/k/a Freddie Lampkin Daniel, daughter, 694 Cass Court, Gary, Indiana 46403.

5. That the value of the decedents' gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 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

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
MAY 28 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

10.00 Kim
2408 CK# 2058
30V

as follows: Lot 36 in Block 5 as marked and laid down in the recorded plat of the Subdivision of Blocks 5, 6, 7, and 8 of Morris' Addition to the City of Hammond in Lake County, Indiana as the same appears of record in plat book 6, page 22, in the Recorder's Office of Lake County, Indiana, key number 35-102-37.

Commonly known as 1036 Ames Street, Hammond, IN 46320.

7. That there are no known creditors of the estate and no known amount of sums due any creditors so far as the same is known to the affiant.

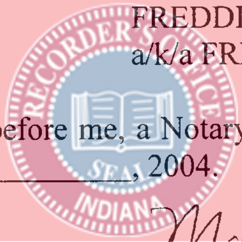
8. That the individuals entitled to the real estate as a result of the decedents' death is the decedents' heir at law as provided in the Indiana Probate Code and is the only devisee listed under Article III of the decedents' Last Will and Testament, namely: Freddia Daniel Anderson a/k/a Freddie Lampkin Daniel, 694 Cass Street, Gary, Indiana 46403.

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

9. That the gross value of the estate of the decedent, Annie B. Lampkin, 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 decedents' estate was not subject to Indiana Inheritance Tax.

Freddia Daniel-Anderson
FREDDIA DANIEL ANDERSON
a/k/a FREDDIE LAMPKIN DANIEL



Subscribed and sworn to before me, a Notary Public in and for said County and State, this 11th day of May, 2004.

Maribel Alvarez
MARIBEL ALVAREZ, Notary Public
Residing in Lake County, Indiana

My Commission Expires:
February 3, 2009

Lonnie Randolph
1919 E. Columbus DR.
P.O. Box 3357
East Chicago, IN 46312

* **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.

Local No. ....945..................

6CC

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE A[ND] COMPLETE COPY OF DEATH ON FILE WITH T[HE] HAMMOND HEALTH DEPARTMENT.

Dec. 12, 2003 — Date Issued — Hammond Health Commissioner

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Annie Lampkin
2. SEX	Female
3a. TIME OF DEATH	8:50 P M
3b. DATE OF DEATH (Month, Day, Yr)	December 4, 2003
4. *SOCIAL SECURITY NUMBER	309-60-8938
5a. AGE—Last Birthday (Years)	95
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	February 29, 1908
7. BIRTHPLACE (City and State or Foreign Country)	Meridian, Mississippi
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: XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	St. Margaret Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	Hammond
9d. COUNTY OF DEATH	Lake
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)	Beautician
12b. KIND OF BUSINESS/INDUSTRY	Self-employed
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Hammond
13d. STREET AND NUMBER	1036 Ames Street
13e. ZIP CODE	46320
13f. INSIDE CITY LIMITS	☐ No XX Yes
13g. ON A FARM?	XX No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U S A
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	XX No ☐ Yes
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 +)	

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Willie Scott
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Emma N/A

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Freddia Daniel
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	694 Cass Court Gary, Indiana 46403
20c. Relationship	Daughter

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	XX Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	December 13, 2003 Chapel Lawn Cemetery
21c. LOCATION—City or Town, State	Schererville, Indiana
22a. EMBALMER'S NAME	Roosevelt Allen Jr.
22b. EMBALMER'S LICENSE NO.	#01051701
23. WAS DEATH REPORTED TO CORONER?	XX No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	#08700646
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Atrial Fibrillation	5 yrs
DUE TO (OR AS A CONSEQUENCE OF): b.	Congestive Heart Failure	5 yrs
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

Field	Entry
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

CERTIFIER

29a. CERTIFIER (Check only one)

- XX 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	29392
29d. DATE SIGNED (Month, Day, Year)	12/8/03 (December)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr Dalal 5825 Broadway Merrillville, Indiana 46410

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Franklin J. Bermudez M.D.
32. DATE FILED (Month, Day, Year)	December 12, 2003

Field	Entry
33. MANNER OF DEATH	XX Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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.	

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

SDH06-004 State Form 10110 (R5/1-99)

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 2713-95

INDIANA STATE DEPARTMENT OF HEALTH

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

1. DECEASED—NAME (First, Middle, Last): Parker Lampkin
2. SEX: Male
3a. TIME OF DEATH: 3:15 A M
3b. DATE OF DEATH (Month, Day, Yr): November 15, 1995
4. *SOCIAL SECURITY NUMBER: 313-20-8631
5a. AGE—Last Birthday (Years): 93
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): September 7, 1902
7. BIRTHPLACE (City and State or Foreign Country): Sturgis, Mississippi
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 Southlake
9c. CITY, TOWN, OR LOCATION OF DEATH: Merrillville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Annie Scott
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Custodian
12b. KIND OF BUSINESS/INDUSTRY: U. S. Postal Services
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 1036 Ames Street
13e. ZIP CODE: 46320
13f. INSIDE CITY LIMITS: ☐ No X Yes
13g. ON A FARM?: X No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U S A
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): 9th; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Green Berry Lampkin
19. MOTHER'S NAME (First, Middle, Maiden Surname): Carrie Spirey

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Annie Lampkin
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1036 Ames Street Hammond, Indiana 46320
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: X Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 18, 1995 Chapel Lawn Cemetery
21c. LOCATION—City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: Roosevelt Allen Sr.
22b. EMBALMER'S LICENSE NO.: #01051696
23. WAS DEATH REPORTED TO CORONER?: X No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): #08700298
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Guy & Allen Funeral Directors, Inc. 83007704 2959 West 11th Avenue Gary, Indiana 46404

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

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Pneumonia	
b. DUE TO (OR AS A CONSEQUENCE OF)	Cancer Of Prostate	
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I:
1. Hypertension
2. ALzheimers Disease

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

CERTIFIER

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: X [signature]
29c. MEDICAL LICENSE NO.: 01036654
29d. DATE SIGNED (Month, Day, Year): 11 20 95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Adolphus A. Anekwe, M.D. 3195 Broadway Gary, IN 46409

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.
32. DATE FILED (Month, Day, Year): [handwritten]

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE ... LAKE COUNTY HEALTH ... APR 5 2004

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1