

STATE OF INDIANA

STATE OF INDIANA
LAKE COUNTY
IN RE: ARMETIA M. WALKER,
DECEDENT

COUNTY OF LAKE
2004 097384

FILED FOR RECORD
SS:
2004 NOV 16 FILED

AFFIDAVIT FOR
TRANSFER OF REAL PROPERTY

Comes now Frances E. Johnson, being first duly sworn upon her oath and say as follows:

1. That the above-named decedent, Armetia M. Walker, died testate on February 26, 2004, while domiciled in Lake County, and that the will of the decedent was probated and spread of record in the Lake County Superior Court, Civil Division on the ____ day of OCT, 2004, and a copy of said will is attached to this affidavit as Exhibit "A".

2. That no petition for the appointment of a personal representative of said decedent is pending in any Court in this State and that forty-five (45) days have elapsed since the death of the decedent.

3. That the following named persons are the only legatees of the decedent pursuant to her Last Will and Testament:

- Bruce E. Smith Adult Grandson 7505 Forest Avenue
Gary, IN 46403
- Sherry M. Smith Adult Granddaughter 6101 Loch Raven Blvd., #208
Baltimore, MD 21239
- Ellis L. Smith Adult Son 7505 Forest Avenue
Gary, IN 46403
- Frances E. Johnson Adult Friend 7505 Forest Avenue
Gary, IN 46403

4. 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 IC § 29-1-8-1.

5. That among the decedent's probate assets are the following parcels of real estate which were owned by the decedent located in Lake County, Indiana, more particularly described as follows:

- Lot 18, Block One (1) in Pulaski Village, in the City of Gary as recorded in Plat Book 27, Page 54 in the Office of the Lake County Recorder. Commonly known as 1214 E. 21st Avenue, Gary, IN 46407.
- Lot 19, Block One (1) in Pulaski Village, in the City of Gary as recorded in Plat Book 27, Page 54 in the Office of the Lake County Recorder.

Law Office of
Charles D. Brooks, Jr.
504 Broadway Ste 517
Gary, Ind 46402

FILED
NOV 16 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001260

2200
23425
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6. 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 known to the affiant: None

7. That the individual entitled to the real estate as a result of the decedent's death is the following devisee listed under Article II of the decedent's Last Will and Testament, namely:

- Bruce E. Smith Adult Grandson 7505 Forest Avenue
Gary, IN 46403

8. That the gross value of the estate of the decedent, Armetia M. Walker, 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.

Further Your Affiant Sayeth Not.

Frances E. Johnson

 Frances E. Johnson, Affiant

COUNTY OF LAKE)
)SS:
 STATE OF INDIANA)

**Document is
 NOT OFFICIAL!**

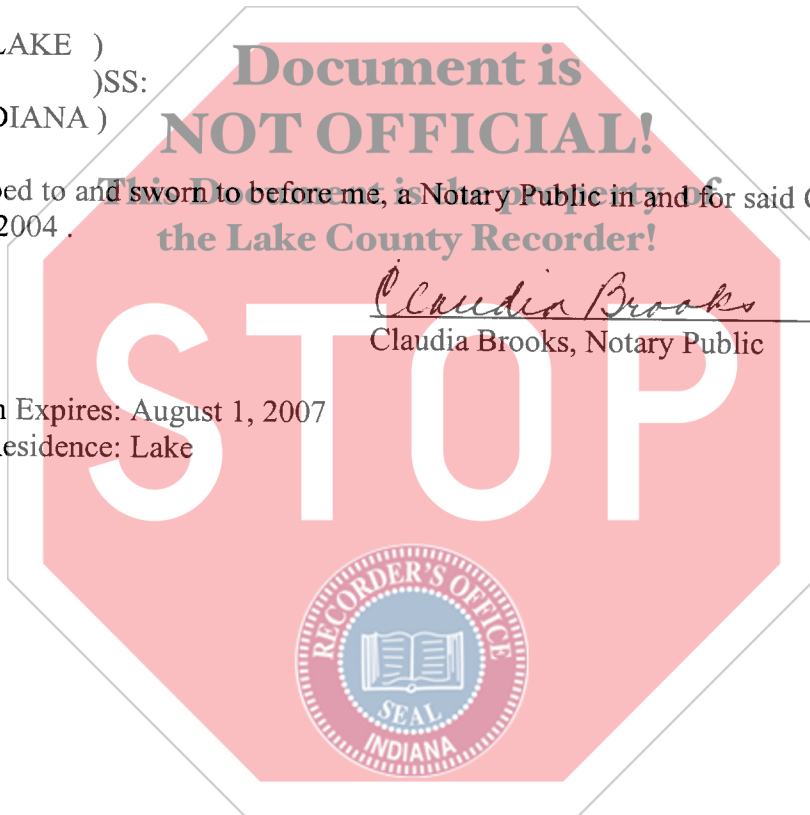
Subscribed to and sworn to before me, a Notary Public in and for said County, this 26
 day of October 2004 .

**This Document is the property of
 the Lake County Recorder!**

Claudia Brooks

 Claudia Brooks, Notary Public

My Commission Expires: August 1, 2007
 My County of Residence: Lake



* 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

Local No. #04-0138

CERTIFICATE OF DEATH

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) Armetia M. Walker				2 SEX Female		3a TIME OF DEATH 3:30 P		3b DATE OF DEATH (Month, Day, Yr.) February 26, 2004									
4 SOCIAL SECURITY NUMBER 324-18-8331		5a AGE—Last Birthday (Years) 92		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr.) August 29, 1911		7 BIRTHPLACE (City and State or Foreign Country) Whitehaven, Tennessee							
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 <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 Northlake				9c CITY, TOWN, OR LOCATION OF DEATH Gary				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 Walker's Beauty Salon									
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Gary				13d STREET AND NUMBER 1214 East 21st Avenue									
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? U S A		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) 12th College (1-4 or 5+) _____					
18 FATHER'S NAME (First, Middle, Last) Sam Hollowell						19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Dotson											
20a INFORMANT'S NAME (Type/Print) Sherry Smith-Howard				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7505 Forest Avenue Gary, Indiana 46403				20c Relationship Granddaughter									
21a METHOD OF DISPOSITION <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) March 6, 2004 Evergreen Cemetery				21c LOCATION—City or Town, State Hobart, Indiana									
22a EMBALMER'S NAME Patrician Owens				22b EMBALMER'S LICENSE NO. #08700298				23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Brown</i>				24b LICENSE NUMBER (of Licensee) #08700646		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gry & Allen Funeral Directors, Inc 83007704 2959 W. 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>Out of Circulation / pulmonary arrest</i> b. <i>Pneumothorax</i> c. <i>Mixed connective tissue disease, Hypertension</i> d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death							
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 WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>Robert S. Longley MD</i>		29c MEDICAL LICENSE NO. 01030338		29d DATE SIGNED (Month, Day, Year) 3-8-04			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 8939 Broadway, Merrillville, IN 46410										31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) MAR 19 2004			
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?		34d DESCRIBE HOW INJURY OCCURRED FILED NOV 30 2004 STEPHEN R. STIGLICH 001261 LAKE COUNTY AUDITOR									
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34g DATE PRONOUNCED DEAD (Month, Day, Year)										34h MOTOR VEHICLE ACCIDENT? (Yes or no)					

49043 0410 ES 00076

Last Will and Testament of

ARMETIA M. WALKER

KNOW ALL MEN BY THESE PRESENTS

I, ARMETIA A. WALKER, a resident of Gary, Lake County, Indiana, do make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills by me heretofore made.

ARTICLE I

I direct that all my just debts including my expenses of my last illness and funeral be paid as soon as may be reasonably possible after my death, providing, however, that any such indebtedness which is secured by mortgage and which is not due may be continued and paid at maturity, or sooner, as my Executor may decide.

ARTICLE II

I give, devise and bequeath to my grandson, Bruce E. Smith the following real estate located in Gary, Indiana - Lot Eighteen (18) in Block One (1) in Pulaski Village, in the City of Gary as recorded in Plat Book 27, Page 54 in the Office of the Lake County Recorder, commonly known as 1214 East 21st Avenue, Gary Indiana with all the personal items therein, that are not specifically disposed of by this will;

and

Lot Nineteen (19) in Block One (1) in Pulaski Village in the City of Gary as recorded in Plat Book 27, Page 54, in the Office of the Lake County Recorder.

I give, desvise and bequeath the following personal property to my grandson, Bruce E. Smith, which he is not to dispose of, in any manner, unless agreed thereto by either Sherry M. Smith or Shawn A. Johnson, to-wit:

1. Nineteen sixty nine (1969) Cadillac, Type 4H, Title Number 83165124004, MFR ID No: B9123476
2. A ladies pendent watch
3. one-tenth (1/10th) of all sums of money in accounts at Gainer Bank and in First Federal Saving Bank of Indiana and/or money owned by me at my demise no matter where it is located.

Armetia M. Walker
CS

ARTICLE III

I give, devise and bequeath to my granddaughter, Shawn A. Johnson, the following personal property, to-wit:

1. 1Ct Horse Shoe Diamond Ring
2. Diamond ear studs & Diamond Pendent
3. Crystal necklace & ear rings
4. One (1) yellow gold ladies Wittnauer Watch
5. Four-tenth (4/10th) of all sums of money in accounts at Gainer Bank and in First Federal Saving Bank of Indiana and/or money owned by me at my demise no matter where it is located.

ARTICLE IV

I give, devise and bequeath to my granddaughter, Sherry M. Smith, the following personal property, to-wit:

1. 1Ct Solitaire Diamond Ring
2. Cultured pearls & studs
3. One (1) ladies yellow gold Bulova Watch
4. Four-tenth (4/10th) of all sums of money in accounts at Gainer Bank and in First Federal Saving Bank of Indiana and/or money owned by me at my demise no matter where it is located.

ARTICLE V

I give, devise and bequeath to my son, Ellis L. Smith, the following personal property, to-wit:

1. One-tenth (1/10th) of all sums of money in accounts at Gainer Bank and in First Federal Saving Bank of Indiana and/or money owned by me at my demise no matter where it is located.

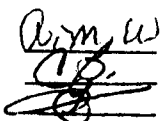
ARTICLE VI

I give, demise and bequeath to my friend, Frances E. Johnson the following personal property, to-wit:

1. One (1) Dinner Diamond Ring;
2. One (1) White Gold Ladies Bulova Watch and
3. One (1) platform rocker and cedar chest presently located at 1214 E. 21st Ave., Gary, Indiana.

ARTICLE VII

Should my beloved granddaughter, Shawn A. Johnson fail to survive me by more than fifty nine (59) days, I desire that all of the property heretofore devise and bequeath to her be distributed to my granddaughter, Sherry M. Smith.



ARTICLE VIII

Should my beloved granddaughter, Sherry M. Smith fail to survive my by more than fifty nine (59) days, I desire that all of the property heretofore devise and bequeath to her be distributed to my granddaughter, Shawn A. Johnson.

ARTICLE IX

Should my beloved son, Ellis L. Smith or grandson, Bruce E. Smith or my beloved friend, Frances E. Johnson fail to survive me by more than fifty nine (59) days, I desire that their share or shares be distributed in the following manner, to-wit:

The share or shares are to be divided equally between my granddaughters, Sherry M. Smith and Shawn A. Johnson.

ARTICLE X

Any and all other property, real, personal or mixed, wherever situated, if not otherwise disposed of by the provision of this Will, I bequeath to my beloved granddaughters, Sherry M. Smith and Shawn A. Johnson to be divided equally.

In the event both Sherry M. Smith and Shawn A. Johnson fail to survive me by fifty nine (59) days then my son, Ellis L. Smith and my grandson, Bruce E. Smith are to share and share equally in all my property real, personal and mixed not disposed of by this Will.

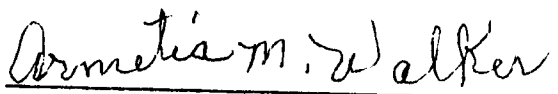
ARTICLE XI

I hereby nominate and appoint as Co-Administratrix of this my Last Will and Testament, Sherry M. Smith and Shawn Johnson of 1214 East 21st Avenue, City of Gary, County of Lake State of Indiana 46407.

ARTICLE XII

I hereby appoint as my personal representative the law firm of Lay & Marshall, P.C., located at 1501 Martin Luther King, Dr., P.O. Box M886, Gary, Indiana 46401 - (219) 883-8538.

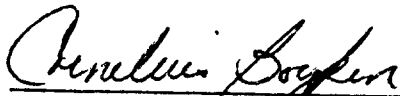
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5-15-86 day of May 1986.


ARMETIA M. WALKER

The foregoing instrutment, consisting of three (3) pages besides this one

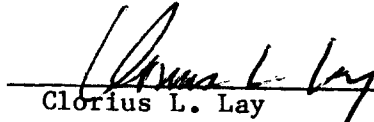
A.M.W.
C.B.
[Signature]

at this date hereof, by said ARMETIA M. WALKER signed, sealed and published as and declared to be her Last Will and Testament, in the presence of us, who at her request and in his presence and in the presence of each other have signed our names as witnesses hereto.



Cornelius Boykin

residing at 325 Cleveland Street
Gary, Indiana 46402



Clorius L. Lay

residing at 1501 Martin Luther King
Gary, Indiana 46407

