

7

3

STATE OF INDIANA)
COUNTY OF LAKE)

2005 SS 047653

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
IN RE: **RODNEY V DILLON**

2005 JUN -9 PM 3:30

MICHAEL A. BROWN
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

GLEND A DILLON, adult surviving spouse of Rodney V. Dillon, deceased, being duly sworn upon her oath, alleges and says:

1. That the above-named decedent died intestate on the 12th day of March, 2005, while domiciled in Warrensville Heights, Cuyahoga County, Ohio 44128, a copy of his Death Certificate is attached hereto.
2. That more than 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 of the decedent:

GLEND A DILLON
19119 Cherrywood Lane
Warrensville Heights, Cuyahoga County, Ohio 44128

Adult Wife

5. 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 I.C. §29-1-4-1, including 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: a 1/2 undivided interest as a tenant in common in the following described real estate, to-wit:

Lot Four (4) in Block Five (5), as marked and laid down on the recorded plat of Central Park Addition to Tolleston, in the City of Gary, Lake County, Indiana, as the same appears of record in Plat Book 2, page 48, in the recorder's office of Lake County, Indiana.

More commonly known as: 1712 Cleveland Street, Gary, Indiana 46404.
Key Number 42-62-4, Tax Unit 25.

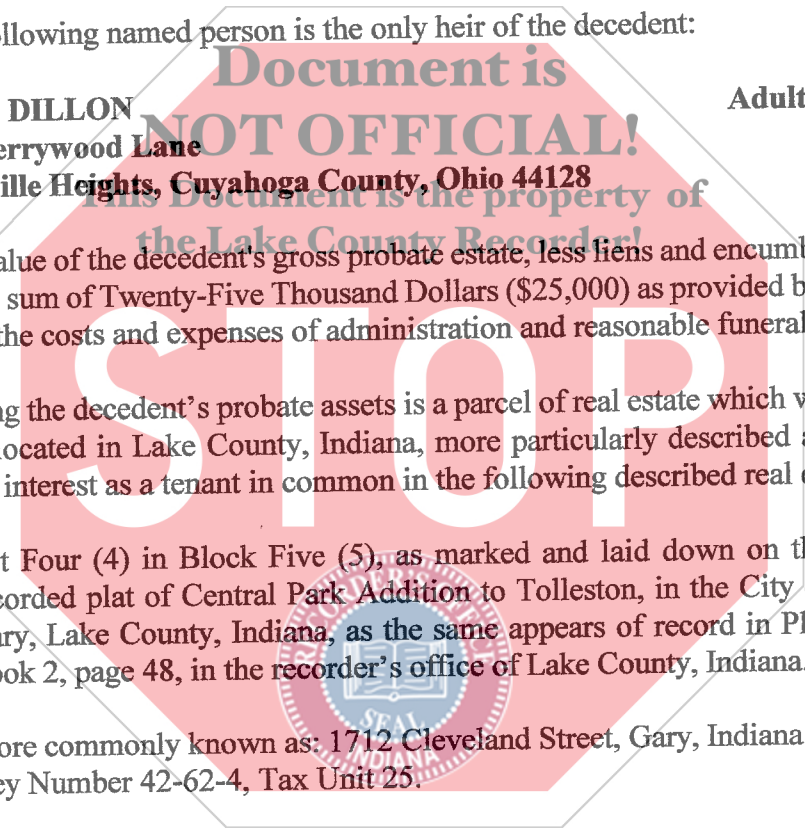
7. That there are no known creditors of the decedent's estate.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN - 9 2005

1

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR



00898

14-
78
ck
22889

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

Reg. Dist. No. 18
Primary Reg. Dist. No. 1835
Registrar's No. 2005-01193-W

State File No.

NOT WRITE IN
PENCIL FOR ODH
& CODING

DECEASED

DATE OCCURRED
STATION, GIVE
DATE BEFORE
ISSUE

PARENTS

INFORMANT

POSITION

REGISTRAR

CERTIFIER

USE OF
EARTH

INSTRUCTIONS
REVERSE SIDE

5
17
Rev. 2/97

1. Decedent's Name (First, Middle, Last) RODNEY V DILLON			2. Sex MALE		3. Date of Death (Month, Day, Year) MARCH, 12, 2005		
4. Social Security Number 309-42-6872		5a. Age-Last Birthday (Years) 64	5b. Under One Year Months: _____ Days: _____	5c. Under 1 Day Hours: _____ Minutes: _____	6. Date of Birth (Month, Day, Year) NOV, 21, 1940		
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. Place of Death (Check Only One) Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. Facility Name (If Not Institution, Give Street and Number) MERIDIA SOUTH POINTE HOSPITAL			9c. City, Village, Twp., or Location of Death WARRENSVILLE HGTS		9d. County of Death CUYAHOGA		
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. Surviving Spouse (If Wife, Give Maiden Name) GLENDIA WARE		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) MAINTENANCE		12b. Kind of Business/Industry CLEVE PUBLIC LIBRARY	
13a. Residence-State OHIO		13b. County CUYAHOGA		13c. City, Town, Twp., or Location WARRENSVILLE HGTS		13d. Street and Number 19119 CHERRYWOOD LANE	
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP Code 44128		14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race-American Indian, Black, White, etc. (Specify) BLACK	
16. Decedent's Education (Specify Only Highest Grade Completed) 12th		17. Father's Name (First, Middle, Last) MARCUS G DILLON		18. Mother's Name (First, Middle, Maiden Surname) BESSIE REID		19. Informant's Name (Type/Print) GLENDIA DILLON	
19a. Informant's Name (Type/Print) GLENDIA DILLON		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 19119 CHERRYWOOD LANE WARRENSVILLE HGTS OHIO 44128					
20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) GREENFIELD CREMATORY		20c. Location: City or Town, State CLEVELAND, OHIO			
20d. Date of Disposition MARCH, 23, 2005		21a. Name of Embalmer (First, Middle, Last) GUY A WILLS		21b. License Number 6178-A			
22a. Signature of Funeral Director or Other Person <i>Patricia A. Wills</i>		22b. License Number (of Licensee) 7902		23. Name and Address of Facility (Include City, State and ZIP code) THE J. W. WILLS COMPANY 14711 HARVARD AVE CLEVELAND, OHIO 44128			
24. Registrar's Signature <i>Donna Pinkney</i>		25. Date Filed (Month, Day, Year) MAR 22 2005		26. Dist. No. 1801			
26a. Signature of Person Issuing Permit <i>Donna Pinkney</i>		26b. Dist. No. 1801		27. Date Permit Issued MAR 22 2005			
28a. 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) and manner 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.		28b. Time of Death 1901 P.M.		28c. Date Pronounced Dead (Month, Day, Year) MARCH 12 2005		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28e. Signature and Title of Certifier <i>Thomas Nelson</i>		28f. License Number 8541667		28g. Date Signed (Month, Day, Year) MARCH 16 2005			
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) GARY GREENSPAN 4200 W. 10th Rd. - Suite 200 Cleve 44122							
30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.							
Immediate Cause (Final disease or condition resulting in death)		a. Acute Respiratory Distress Syndrome				Approximate Interval Between Onset and Death 1 day	
Sequentially list conditions, if any, leading to the immediate cause.		b. Due to (or as a consequence of) Sepsis				1 week	
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)		c. Due to (or as a consequence of)					
		d. Due to (or as a consequence of)					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes infected foot ulcer							
32. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. Date of Injury (Month, Day, Year)		33b. Time of Injury M		33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		33d. Describe How Injury Occurred.		33e. Location (Street and Number or Rural Route Number, City or Town, State)		31a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		33f. Place of Injury - All Home, Farm, Street, Factory, Office Building, etc. (Specify)		31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CERTIFIED

I HEREBY CERTIFY THAT THIS IS AN EXACT COPY OF THE RECORD WHICH IS ON FILE IN THE DEPARTMENT OF HEALTH, CLEVELAND, OHIO

DATE **MAR 22 2005**

Donna Pinkney

REGISTRAR
WITNESS MY HAND AND SEAL AS LOCAL REGISTRAR OF VITAL STATISTICS