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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 049409

2005 JUN 15 PM 1:02

MICHAEL A. BROWN
RECORDER

Send Tax Statements To:
Mae Lemons
2432 Cass St.
Lake Station, IN 46405

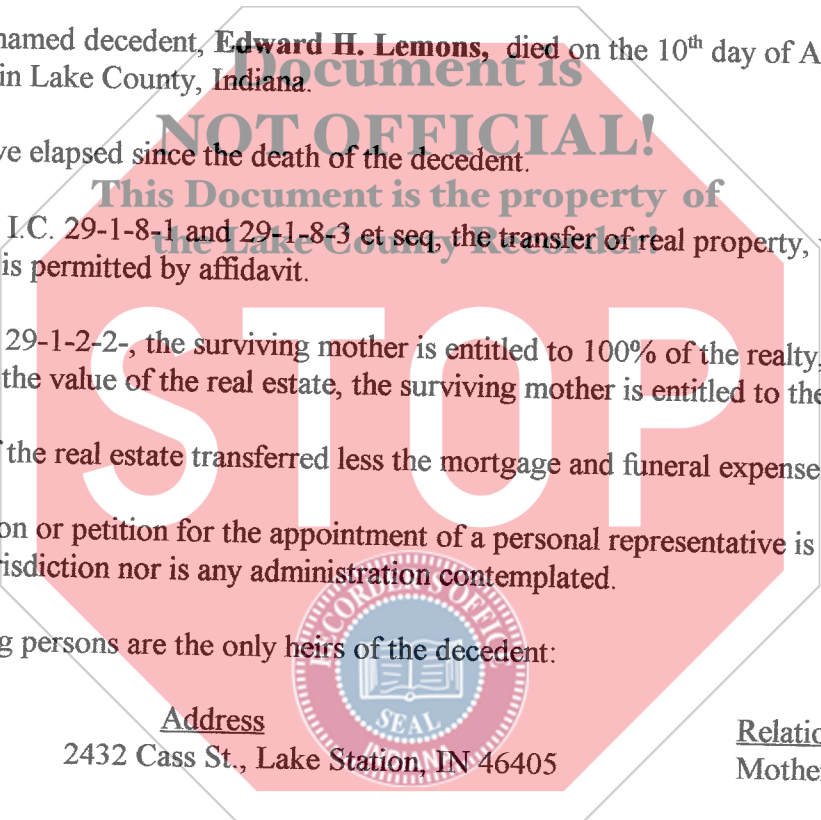
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: **THE ESTATE OF**

EDWARD H. LEMONS

**SMALL ESTATES AFFIDAVIT AND
AFFIDAVIT FOR THE TRANSFER OF
REAL PROPERTY**

1. That the above-named decedent, **Edward H. Lemons**, died on the 10th day of April, 2005, intestate, while domiciled in Lake County, Indiana.
 2. That 45 days have elapsed since the death of the decedent.
 3. That pursuant to I.C. 29-1-8-1 and 29-1-8-3 et seq, the transfer of real property, with a net value of less than \$25,000.00 is permitted by affidavit.
 4. That pursuant to 29-1-2-2-, the surviving mother is entitled to 100% of the realty, since the debts of the decedent exceed the value of the real estate, the surviving mother is entitled to the real estate.
 5. That the value of the real estate transferred less the mortgage and funeral expenses is less than zero.
 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 persons are the only heirs of the decedent:
- | <u>Name</u> | <u>Address</u> | <u>Relationship</u> |
|-------------|---------------------------------------|---------------------|
| Mae Lemons | 2432 Cass St., Lake Station, IN 46405 | Mother |
5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of \$25,000.00, the allowance provided by I.C. 29-1-8-3, the costs and expenses of administration and reasonable funeral expenses. The following are the assets held by decedent at the time of death:



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STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001314

13.00
CR# 84414
CP

Real Estate: 2450 Cass Street, Lake Station, IN

FMV: \$1,000.00

Further described as:

All of Lot 20, Block 2 in the 2nd Addition to East Gary Gardens, Lake County, Indiana.
Subject to R-W Grant.

Total Estate: **\$1,000.00**

That the debts of the estate are as follows:

Rees Funeral Home, Inc. \$8,733.14

Total Debt of the Estate **\$8,733.14**

NET ESTATE PAYABLE TO THE HEIRS **(\$7,333.14)**

6. That the individual entitled to the real estate as a result of the decedent's death listed under the laws of intestacy is the **decedent's mother, Mae Lemons, pursuant to I.C.29-1-2-1, et seq.**

7. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return and an I.H. 6 Indiana Inheritance Tax Return is not required to be filed.

That this affidavit will hold the Assessor of Lake County harmless for its reliance on this affidavit and for transferring real property pursuant to Indiana Code 29-1-8-3

Dated this 9th day of June, 2005.

Mae Lemons
Mae Lemons

Before me a Notary Public appeared Mae Lemons and she did on this date swear to the truth of the foregoing statements.

Subscribed and sworn to before me this 9th day of June, 2005.

Patricia A. Rees
Patricia A. Rees, Notary Public

My Commission expires: 3/25/10

*This Instrument Prepared by: Patricia Rees, ATTORNEY AT LAW
5341 Central Avenue, Portage, IN 46368
Telephone: (219) 947-1692.*

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1043-05

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

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) EDWARD H. LEMONS		2. SEX Male		3a. TIME OF DEATH 7:45AM		3b. DATE OF DEATH (Month Day Yr) April 10, 2005	
4. SOCIAL SECURITY NUMBER 305-46-0358		5a. AGE - Last Birthday (Years) 60		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) May 15, 1944		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1968		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) ST MARY'S MEDICAL CENTER				9c. CITY TOWN OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Construction Project Manager		12b. KIND OF BUSINESS INDUSTRY Construction	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Lake Station		13d. STREET AND NUMBER 2448 Cass St.	
13e. ZIP CODE 46405		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) Caucasian		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) Lloyd Lemons				19. MOTHER'S NAME (First, Middle, Maiden Surname) Mae Krumrie			
20a. INFORMANT'S NAME (Type/Print) Mae Lemons			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2448 Cass St., Lake Station, IN 46405			20c. Relationship Mother	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) April 14, 2005 CALVARY CEMETERY			21c. LOCATION - City or Town State PORTAGE, Indiana		
22a. EMBALMER'S NAME JAMES J. KRAUSE		22b. EMBALMER'S LICENSE NO. (of Licensee) FD01006463		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Charles D. Schaefer</i>		24b. LICENSE NUMBER (of Licensee) FDO1006049		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Brady Chapel 3781 Central Avenue, Lake Station, IN 46405			
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) Conditions if any which gave rise to the immediate cause stating the underlying cause last		a. <i>Cirrhosis of liver</i> DUE TO (OR AS A CONSEQUENCE OF)		b. <i>Alcoholism</i> DUE TO (OR AS A CONSEQUENCE OF)		c. DUE TO (OR AS A CONSEQUENCE OF)	
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) 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>Susan W. Stiglich</i>		29c. MEDICAL LICENSE NO. 010 32732		29d. DATE SIGNED (Month Day Year) 04/13/05	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Birute Pumputis, 1600 South Lake Park Ave., Hobart, IN 46342							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Stiglich</i>						32. DATE FILED (Month Day Year) April 13, 2005	
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) JUN 15 2005		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY - At home, farm, school, etc. (Specify) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.
APR 18 2005

FILED