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STATE OF INDIANA )  
COUNTY OF LAKE )

)SS: ) 2005 054211

IN RE: PAULINE STEWART Decedent

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 JUN 30 PM 12:16

MICHAEL A. BROWN  
RECORDER

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

Annette Stokes, having been first duly sworn upon her oath states:

1. That Pauline Stewart, the above-named decedent died intestate on March 29, 2005, while domiciled in Lake County, Indiana. A copy of the Death Certificate is attached to this Affidavit as Exhibit "A".

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 persons are the sole heirs of the decedents's estate:

**Annette Stokes, daughter**

5. That the person named above is the child of the decedent and therefore are entitled to share equally in decedent's estate.

6. That it appears that the decedents' gross probate estate, less liens and encumbrances, does not exceed the sum of Twenty-Five Thousand Dollars (\$25,000.00)

7. 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:

25-47-0414-0015

**Lot 15 in Block 5, in Waverly Park, in the City of Gary, as per plat thereof, recorded in Plat Book 27, Page 1, in the Office of Lake County, Indiana.**

**Commonly Known as: 766 Taney Place, Gary, Indiana 46404**

8. That there are no known creditors of the estate and no claims have been made against

the decedents' estate.

Tax Mailing Address:

766 Taney Pl  
Gary, IN 46404

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

JUN 29 2005

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

002423

14-17  
CK  
2648  
2674

9. That the individuals entitled to the real estate as a result of the decedent's death are:

**Annette Stokes, daughter**

10. That the gross value of the estate of the decedent, **Pauline Stewart** as determined for the purpose of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedents' estate was not subject to Federal Estate Tax.

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

**AFFIANT FURTHER SAITH NOT**

*Annette Stokes*  
ANNETTE STOKES

STATE OF INDIANA )

COUNTY OF LAKE ) SS:

Subscribed and sworn to before me, a Notary Public in and for said County and State, on

*James G.*

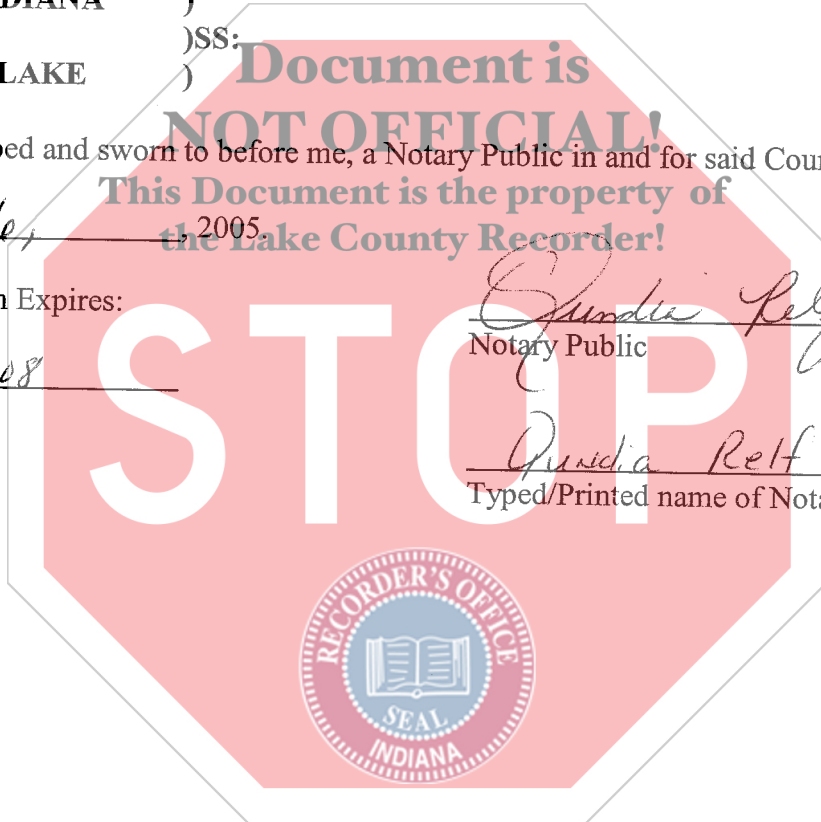
2005.

My Commission Expires:

*11-8-2008*

*Quindia Relf*  
Notary Public

*Quindia Relf*  
Typed/Printed name of Notary Public



\* 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.

5CC

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 99-0683

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) William Henry McMillian Jr.		2 SEX Male	3a. TIME OF DEATH 8:17 P M	3b. DATE OF DEATH (Month, Day, Yr) September 28, 1999
4. *SOCIAL SECURITY NUMBER 303-48-1398		5a. AGE—Last Birthday (Years) 54	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1968		6. DATE OF BIRTH (Mo, Day, Yr) August 14, 1944
9a. FACILITY NAME (If not institution, give street and number) 746 Pierce Street		9b. CITY, TOWN, OR LOCATION OF DEATH Gary		7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Maudette Pitts		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sign Hanger
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	
13d. STREET AND NUMBER 746 Pierce Street		13e. ZIP CODE 46402		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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) William Henry McMillian			19. MOTHER'S NAME (First, Middle, Maiden Surname) Pauline Stewart	
20a. INFORMANT'S NAME (Type/Print) Maudette A. McMillian		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6831 Thousand Oaks Drive Indianapolis, Indiana 46214		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <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) October 4, 1999 Oak Hill Cemetery		21c. LOCATION—City or Town, State Gary, Indiana
22a. EMBALMER'S NAME Rosenwald D. Allen Jr.		22b. EMBALMER'S LICENSE NO. #29400047		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) #08700298		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704
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) Vascular collapse DUE TO (OR AS A CONSEQUENCE OF): Due to arteriosclerotic heart and vascular disease 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.				Approximate Interval Between Onset and Death Unknown
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)
29. CERTIFIER (Check only one) <input 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 checked="" type="checkbox"/> DEPUTY 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 Helen M. Sanok, Deputy Coroner			29c. MEDICAL LICENSE NO. N/A	29d. DATE SIGNED (Month, Day, Year) October 5, 1999
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Helen M. Sanok, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307				
31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month, Day, Year) - OCT 07 1999
33. MANNER OF DEATH <input checked="" 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? (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) September 28, 1999		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

