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STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: IN RE: MAE BELL WHITE, Decedent

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

2005 054215

Gussie Caldwell having been first duly sworn upon her oath states:

1. That Mae Bell White the above- named decedent died intestate on December 25, 2004, 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 decedent's estate:

Gussie Caldwell, 2167 East 97th Street, Chicago, IL 60617, sister

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

6. That it appears that the decedents' gross probate estate, less liens and encumbrances, does not exceed the sum of the following:

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:

Gary Investment Co's 1st Sub. All Lot 1 Block 6

Key No. 25-43-0202-0001

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

Commonly known as: 1900 Virginia Street
Gary, Indiana 46407

002425

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

14. of
CR of
2675

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

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

Gussie Caldwell, sister

10. That the gross value of the estate of the decedent, Mae Bell White 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 decedents' estate was not subject to Federal Estate Tax.

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

AFFIANTS FURTHER SAITH NOT

Gussie Caldwell
GUSSIE CALDWELL

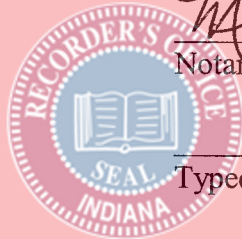
STATE OF ILLINOIS)
COUNTY OF COOK)

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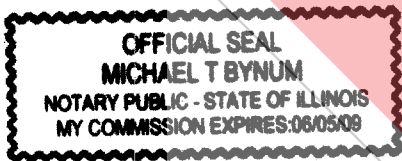
) SS:
)

Subscribed and sworn to before me, a Notary Public in and for said County and State, on
6-14-05, 2005.

My Commission Expires:



Michael T Bynum
Notary Public



Typed/Printed name of Notary Public

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) Mae Bell White			2. SEX Female		3a. TIME OF DEATH 4:44 P M		3b. DATE OF DEATH (Month, Day, Yr.) December 25, 2004						
4. SOCIAL SECURITY NUMBER 314-14-8789		5a. AGE—Last Birthday (Years) 94		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) August 18, 1910		7. BIRTHPLACE (City and State or Foreign Country) Wilson, Arkansas			
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 type="checkbox"/> Inpatient <input checked="" 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) Homemaker				12b. KIND OF BUSINESS/INDUSTRY Home					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 1900 Virginia Street						
13e. ZIP CODE 46407		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? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> 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+)	
18. FATHER'S NAME (First, Middle, Last) Tim Collier						19. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Mitchell							
20a. INFORMANT'S NAME (Type/Print) Robert Cardwell						20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2167 East 90th Street Chicago, Illinois 60617				20c. Relationship Nephew			
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) January 8, 2005 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>Carmelita Owens</i>				24b. LICENSE NUMBER (of Licensee) #29700070		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) <i>Sepsis</i> a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I. <i>Pressure Ulcers</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) N/A					
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>M. J. ...</i>						29c. MEDICAL LICENSE NO. 01033571			29d. DATE SIGNED (Month, Day, Year) 1/5/05				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Okachi N. Nwakara 3555 Broadway Gary Indiana 46409</i>													
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32. DATE FILED (Month, Day, Year) JAN 10 2005			
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)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.									