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2006 009222

STATE OF INDIANA )

COUNTY OF LAKE )

STATE OF INDIANA  
SURVIVORSHIP AFFIDAVIT  
FILED FOR RECORD

RE: George Bell Jr. Deceased March 13, 2002  
Legal: Lot 23 and 24 (not including any part of  
Vacated 8<sup>th</sup> Avenue), and the North 3 feet of  
Vacated 8<sup>th</sup> Avenue lying adjacent thereto, Block  
16, Vanhoo Addition, in the City of Gary, as shown  
in Plat Book 2, Page 56, in the Office of the  
Recorder of Lake County, Indiana.

MICHAEL A. BROWN  
RECORDER

On this 25<sup>th</sup> day of Jan 2006 before me personally appeared Can  
Candice Y. Bell identified to me State of Indiana Driver License and/or pictured identification,  
who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is <sup>solely</sup> Heir at Law, Daughter of Deceased, George Bell Jr. owner(s),  
(Interest of Affiant in the above premises as "owner" "heir of owner" etc.)
3. Said premises were formerly owned by George Bell Jr. And Attee Hodge (deceased July 26,  
2004).
4. Said George Bell Jr., Deceased March 13, 2002, intestate, in Lake County, Indiana
5. The total value of the taxable estate of said deceased including, tenancies by entireties  
individual ownerships of both real and personal property, and insurance does not exceed  
the sum of \$25,000.00, and to the best of Affiant's knowledge there is no Inheritance tax  
liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
No (if yes identify the divorce proceedings: N/A \_\_\_\_\_);
7. Affiant's relationship to the deceased was daughter

Signature Candice Y. Bell  
Candice Y. Bell  
9844 Parkway Drive  
Highland, Indiana 46322

**FILED**

FEB 06 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA )  
COUNTY OF LAKE )



Subscribed and sworn to before me by the Affiant this 25<sup>th</sup> day of Jan, 2006 (year)

Jacquelyn Dreyer My Commission expires: 12-13-2009 County of LAKE  
Notary

1600  
4772  
D

**002446**

STATE OF INDIANA        )       In Re: George Bell Jr. Deceased March 13, 2002  
                                  )       SS :  
COUNTY OF LAKE        )

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is the legal heir of decedent: Candice Y. Bell, Daughter.
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.

6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 780 Clinton Street, Gary, Indiana 46406 described as following:

Lot 23 and 24, (not including any part of vacated 8<sup>th</sup> Avenue) and the North 3 feet of vacated 8<sup>th</sup> Avenue lying adjacent thereto, Block 10, Ivanhoe Addition, in the City of Gary, as shown in Plat Book 2, Page 56, in the Office of the Recorder of Lake County, Indiana.

Tax Unit 25 Key No. 45-01190-0010

7. 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: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, George Bell Jr. as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As 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 Tax.

EXHIBIT A

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. 02-0177

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED-NAME (First, Middle, Last) George Bell Jr. 2. SEX Male 3a. TIME OF DEATH 10:25 A M 3b. DATE OF DEATH (Month, Day, Yr.) March 13, 2002 4. SOCIAL SECURITY NUMBER 316-22-9178 5a. AGE-Last Birthday (Years) 72 5b. UNDER 1 YEAR 5c. UNDER 1 DAY 6. DATE OF BIRTH (Mo, Day, Yr) May 17, 1929 7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana

DECEDENT

8a. WAS DECEDENT A U.S. VETERAN? Yes 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953 9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence 9b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake 9c. CITY, TOWN, OR LOCATION OF DEATH Gary 9d. COUNTY OF DEATH Lake 10. MARITAL STATUS (Specify) Married 11. SURVIVING SPOUSE (If wife, give maiden name) Lucinta Woodson 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher 12b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Chicago Public School Corp. 13a. RESIDENCE-STATE Indiana 13b. COUNTY Lake 13c. CITY, TOWN, OR LOCATION Gary 13d. STREET AND NUMBER 368 Hamlin Street 13e. ZIP CODE 46406 13f. INSIDE CITY LIMITS No X Yes 14. CITIZEN OF WHAT COUNTRY? U.S.A. 15. WAS DECEDENT OF HISPANIC ORIGIN? X No 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) College (1-4 or 5+) 5+

PARENTS

18. FATHER'S NAME (First, Middle, Last) George Bell Sr. 19. MOTHER'S NAME (First, Middle, Maiden Surname) Attee' Johnson

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Lucita J. Bell 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 368 Hamlin Street Gary, IN 46406 20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION: Burial X, Cremation, Removal from State, Donation, Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 19, 2002 Evergreen Memorial Park 21c. LOCATION-City or Town, State Hobart, Indiana

DISPOSITION

22a. EMBALMER'S NAME Sherman G. Banks III 22b. EMBALMER'S LICENSE NO. FD 01016254 23. WAS DEATH REPORTED TO CORONER? No X Yes

CAUSE OF DEATH

24a. SIGNATURE OF FUNERAL DIRECTOR (Signature) 24b. LICENSE NUMBER (of Licensee) FD20000361 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408 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. CARCINOMA OF COLON WITH METASTASES DUE TO (OR AS A CONSEQUENCE OF): b. c. d. 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. 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

CERTIFIER

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. 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. 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) as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER (Signature) 29c. MEDICAL LICENSE NO. 01030107 29d. DATE SIGNED (Month, Day, Year) 3-20-02

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) B. Be... 12... 89th Ave Merrillville, IN 46410 31. HEALTH OFFICER'S SIGNATURE (Signature) 32. DATE FILED (Month, Day, Year) APR 01 2002

33. MANNER OF DEATH: Natural X, Accident, Suicide, Homicide, Pending Investigation, Could not be Determined 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.

Prescribed by the  
State Board of Accounts  
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



*Max Milan Title Corp*  
Signature of Declarant

*Max Milan Title Corp*  
Printed Name of Declarant