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STATE OF INDIANA)
) SS: IN RE: LEE ELTON TWITDY a/k/a
COUNTY OF LAKE) LEE E. TWITDY, Decedent

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Virginia Twitdy, having been first duly sworn upon his oath states:

1. That Lee Elton Twitdy a/k/a Lee E. Twitdy the above-named decedent died intestate on October 24, 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 decedent's estate:

**Lee Elton Twitdy Jr., 130 Morningside, Gary, Indiana, son
Virginia Twitdy, 3631 Johnson Street, Gary, Indiana, daughter
Betty Carol Bold, 50 Blaircliff, Jackson, TN, 38301, daughter**

5. That each person named above are the children 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 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:

**Tolleston Height Addition
All of Lot 27, Block 3 and Lot 28 Block 3**

Key No. 25-47-153-24

**Commonly known as: 4410 Monroe Street
Gary, Indiana 46409**

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAR 01 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2006 016803
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 MAR - 2 AM 8:50
MICHAEL L. BROWN
RECORDER

004568

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ck#
3115
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3049
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J.D.M.

→ Atty Robert Lewis
2148 W. 11th Ave Gary, IN 46404

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

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

**Virgina Twitdy, daughter
Lee Elton Twitdy, son
Betty Carol Bold, daughter**

10. That the gross value of the estate of the decedent, Lee Elton Twitdy 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

Virginia Twitdy

Virginia Twitdy

NOT OFFICIAL!

**This Document is the property of
the Lake County Recorder!**

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

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

January 9, 2008

My Commission Expires:

11-8-2008



Qundia Relf

Notary Public

Qundia Relf

Typed/Printed name of Notary Public

**QUNDIA RELF
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. NOV 8 2008**

+vet

* 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

CERTIFICATE OF DEATH

State No.

Local No.

RESUBMIT

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

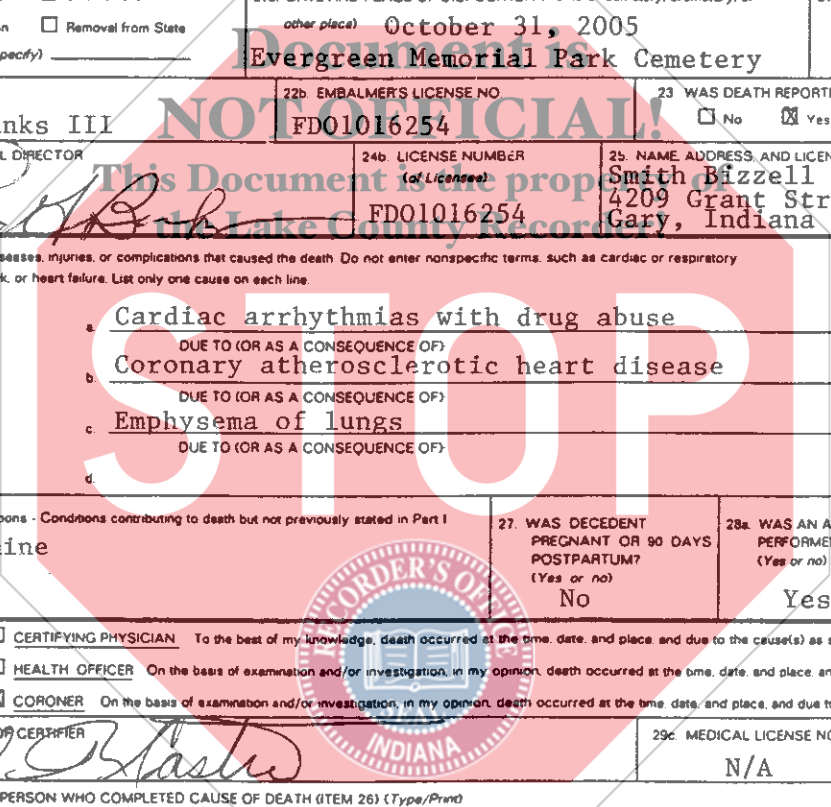
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Lee Elton Twitdy Sr.		2 SEX Male	3a. TIME OF DEATH 3:59 P M	3b. DATE OF DEATH (Month, Day, Yr) October 24, 2005	
4. *SOCIAL SECURITY NUMBER 413-32-7651	5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) September 19, 1925	
7. BIRTHPLACE (City and State or Foreign Country) Alimo, Tennessee	8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Unavailable		
9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) 4410 Monroe Street		9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widow	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Roller		12b. KIND OF BUSINESS/INDUSTRY LTV Steel Mill	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 4410 Monroe Street	
13e. ZIP CODE 46408	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12			
18. FATHER'S NAME (First, Middle, Last) Levi Twitdy			19. MOTHER'S NAME (First, Middle, Maiden Surname) Lena Boxley		
20a. INFORMANT'S NAME (Type/Print) Lee Elton Twitdy Jr.		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 130 Morning Side Avenue Gary, Indiana 46408		20c. Relationship Son	
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) October 31, 2005 Evergreen Memorial Park Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME Sherman G. Banks III		22b. EMBALMER'S LICENSE NO. FD01016254	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) FD01016254	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner FH19600034 4209 Grant Street Gary, Indiana 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. <u>Cardiac arrhythmias with drug abuse</u>		Approximate Interval Between Onset and Death Unknown	
DUE TO (OR AS A CONSEQUENCE OF)		b. <u>Coronary atherosclerotic heart disease</u>			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		c. <u>Emphysema of lungs</u>			
DUE TO (OR AS A CONSEQUENCE OF)		d.			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Diphenhydramine					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		
29a. 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. Deputy <input checked="" 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 		29c. MEDICAL LICENSE NO. N/A	29d. DATE SIGNED (Month, Day, Year) December 19, 2005		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Paul R. Castro, Chief Investigator, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month, Day, Year) DEC 23 2005	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) Unknown	34b. TIME OF INJURY No	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Drug abuse
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Residence		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4410 Monroe Street Gary, Indiana			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) October 24, 2005		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No			



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.



Robert Lewis
Signature of Declarant

Robert L. Lewis
Printed Name of Declarant