

STATE OF INDIANA)
) SS: IN RE: OLLIE LACEFIELD, Decedent
COUNTY OF LAKE)

2006 050299

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

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

1. That Ollie Lacefield the above- named decedent died intestate on December 18, 1982, 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:

- Calvin Lacefield, 432 Neosho, Park Forest, Illinois, son
- Rushell Lacefield-Sims, 7909 E. 93rd Ave., Crown Point, Indiana, daughter
- Walter Lacefield, 7401 E. 1st Ave., Gary, Indiana, son of
- Reggie Lacefield, 674 Old School House Rd., Middletown, Delaware, son
- Margaret Lacefield-Flack, 341 Arthur St., Gary, Indiana, daughter
- Ollie Martin, 781 Chase St., Gary, Indiana, daughter
- Louise Lacefield-Epps, 935 Maple Ave., Apt 351, Homewood, Illinois, daughter
- Doris Lacefield-Seawood, 1157 Pyramid Dr., Gary, Indiana, daughter
- Debra McKinnie-Harris, 2049 Maryland St., Gary, Indiana, granddaughter
- Brenda Hurley, 4098 Panola Rd., Lithonia, Georgia, granddaughter
- Paulette Maxie, 3011 W. 63rd Ave., Merrillville, Indiana, granddaughter
- Ned McKinnie Jr., 2049 Maryland, St. Gary, Indiana, grandson
- Annette Stokes, 1112 Delaware St., Gary, Indiana, granddaughter
- Gregory Lacefield, 7970 Creek Dr., Sacramento, California, grandson
- Ardria Lacefield, P.O. Box 673482, Marietta, Georgia, granddaughter
- Ronald Lacefield Jr., 1245 Taft Street, Gary, Indiana, grandson

5. That each person named above are the children and grandchildren 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:

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 12 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA
LAKE COUNTY
RECORDS DEPARTMENT
JUN 11 11:11:37
MORTGAGE DIVISION

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18-
20
2913

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:

**Carver Small Farms N ½ of Lot 35
Key No. 25-42-297-35**

**Commonly known as: 2345 East 21st Avenue
Gary, Indiana 46407**

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:

**Calvin Lacefield, son
Rushell Lacefield-Sims, daughter
Walter Lacefield, son
Reggie Lacefield, son
Margaret Lacefield-Flack, daughter
Ollie Martin, daughter
Louise Lacefield-Epps, daughter
Doris Lacefield-Seawood,
Debra McKinnie-Harris, granddaughter
Brenda Hurley, granddaughter
Paulette Maxie, granddaughter
Ned McKinnie Jr., grandson
Annette Stokes, granddaughter
Gregory Lacefield, grandson
Ardria Lacefield, granddaughter
Ronald Lacefield**

10. That the gross value of the estate of the decedent, Ollie Lacefield 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.

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

Local No. **82-0862**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

1. DECEASED—NAME **Ollie Mae** LAST **McEfield** SEX **M** DATE OF DEATH MONTH, DAY, YEAR **12-18-22**
 2. AGE—(Full birthday) **86** UNDER 1 YEAR _____ UNDER 5 YEARS _____ UNDER 10 YEARS _____
 3. CITY, TOWN OR LOCATION OF DEATH **Blk** COUNTY OF DEATH **Lake**
 4. CITY, TOWN OR LOCATION OF BIRTH **Blk** COUNTY OF BIRTH **Lake**
 5. CITIZEN OF WHAT COUNTRY **U.S.A.**
 6. SOCIAL SECURITY NUMBER **Ill**
 7. USUAL RESIDENCE WHERE DECEASED OCCURRED OR INSTITUTION GAVE RESIDENCE BEFORE ADMISSION **306-09 0701**
 8. RESIDENCE—STATE **Ind** COUNTY **Lake** CITY, TOWN OR LOCATION **Retired Steelworker**
 9. STREET AND NUMBER **2345 East 21 Ave**
 10. IS DECEASED OF SPANISH DESCENT? YES NO YES SPECIFY: AMERICAN, CUBAN, PUERTO RICAN, ETC.
 11. FATHER—NAME **Ned** RELATIONSHIP **McEfield** MOTHER—Maiden Name **Elizabeth Rogers**
 12. INFORMANT—NAME (Type of person) **Melissa McEfield** RELATIONSHIP **McEfield** MAILING ADDRESS **2345 East 21 Ave** CITY OR TOWN **Lake** STATE **Ind**
 13. BURIAL, CREMATION, REMOVAL, OTHER (Specify) **Burial** 18B. CEMETERY OR CREMATORY—FUNERAL HOME **Oak Hill** LOCATION **Ind**
 14. DATE (MONTH, DAY, YEAR) **12-22-22** 19B. FUNERAL HOME—NAME AND ADDRESS **P.O. Box 1534 Lake** CITY OR TOWN **Lake** STATE **Ind**
 15. NAME OF ATTENDING PHYSICIAN (Type of person) **Dr. Williams MD** DATE SIGNED (MO, DAY, YEAR) **12/28/22** HOUR OF DEATH _____
 16. MAILING ADDRESS—PHYSICIAN **436 W. 25th Avenue** CITY OR TOWN **Lake** STATE **Ind**
 17. HEALTH OFFICER—SIGNATURE **S. H. Williams MD** DATE RECEIVED BY LOCAL HEALTH OFFICER **DEC 28 1982**

18. CONDITIONS OF DEATH
 19. CAUSE
 20. M.D. OR D.O.
 21. DISPOSITION
 22. PARENTS
 23. DECEASED
 24. PERMANENT INK
 25. INSTRUCTIONS SEE HANDBOOK
 26. HOSPITAL OR OTHER INSTITUTION (Name of institution, street, city, state, and number)
 27. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
 28. SURVIVING SPOUSE (If with, give maiden name)
 29. USUAL OCCUPATION (Give date of most active during month of death)
 30. KIND OF BUSINESS OR INDUSTRY
 31. IF HOSP. OR INST. INDICATED BY "OP" (Form B, "Immediate Cause")
 32. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Specify Year of War)
 33. INSIDE CITY LIMITS (Specify City or No.)
 34. OTHER (Specify)

SBH 08-003 State Form 10-6-63