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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2006 082376

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 SEP 19 PM 2:51

IN RE: THE MATTER OF)
DAJUAN TERRELL SEASE, DECEASED)
)

MICHAEL A. BROWN
RECORDER

**AFFIDAVIT FOR TRANSFER
OF REAL PROPERTY**

Comes now **Willa M. Williams, f/k/a Willa M. Shipp**, being duly sworn, upon her oath and pursuant to Indiana Code I. C. 29-1-8-1, states as follows:

1. That **Dajuan Terrell Sease**, the above-named decedent died intestate on the 25th day of October 1997, while domiciled in Lake County.

2. That no application or petition for the appointment of a personal representative of said decedent is pending or has been granted in any jurisdiction and that forty-five (45) days have elapsed since the death of the decedent.

3. That the following named persons are the only heirs of the decedent:

Name	Age	Relationship	Address
a. Zarrhea Emaun Sease	Minor	Daughter	6742 Illinois Ave., Hammond, IN 46323

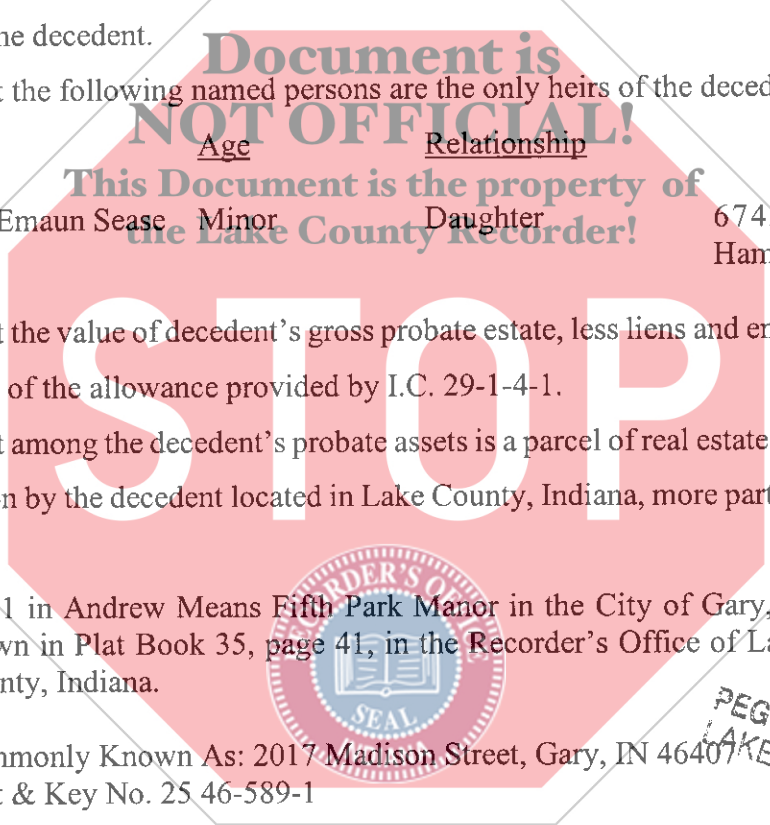
4. That the value of decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 29-1-4-1.

5. That among the decedent's probate assets is a parcel of real estate which was owned as tenant in common by the decedent located in Lake County, Indiana, more particularly described as follows:

Lot 1 in Andrew Means Fifth Park Manor in the City of Gary, as shown in Plat Book 35, page 41, in the Recorder's Office of Lake County, Indiana.

Commonly Known As: 2017 Madison Street, Gary, IN 46407
Unit & Key No. 25 46-589-1

6. 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 known to the affiant. None.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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15.00
P.D.M.

7. That the individuals entitled to the real estate as tenant in common as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession in the Indiana Probate Code, namely:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>
a. Zarrhea Emaun Sease	Minor	Daughter	6742 Illinois Ave., Hammond, IN 46323

8. That the gross value of the estate of the decedent, **Dajuan Terrell Sease**, 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 decedent's estate was not subject to Federal Estate Tax.

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

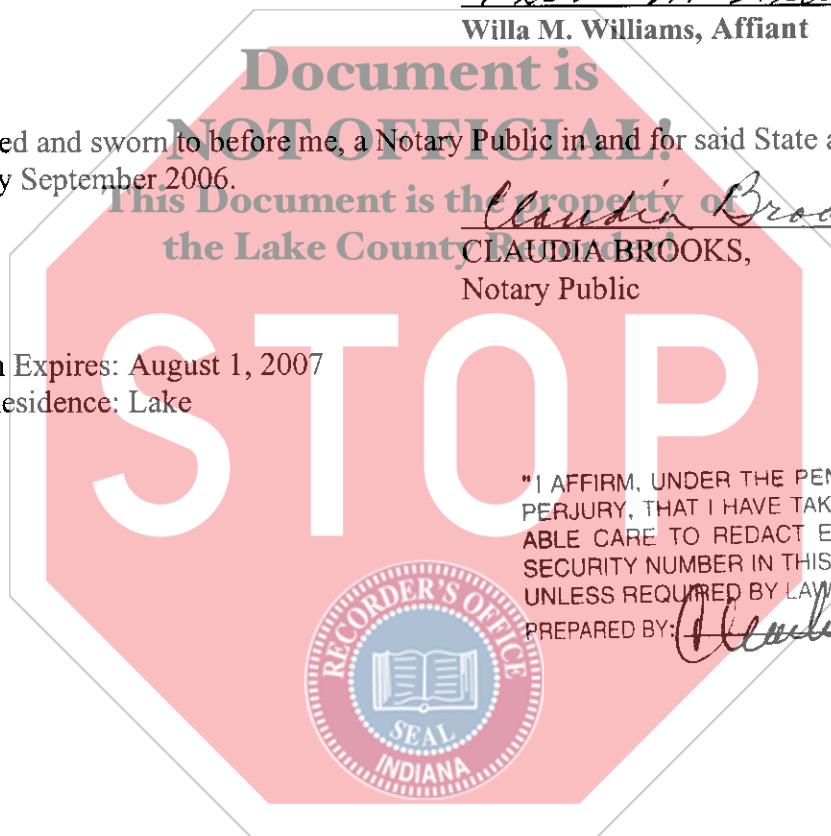
FURTHER YOUR AFFIANT SAYETH NOT.

Willa M Williams
Willa M. Williams, Affiant

Subscribed and sworn to before me, a Notary Public in and for said State and County, this 13th day September 2006.

Claudia Brooks
CLAUDIA BROOKS,
Notary Public

My Commission Expires: August 1, 2007
My County of Residence: Lake



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: Clara A. Seese

* 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.

3CC
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 97-0725

State No. _____

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

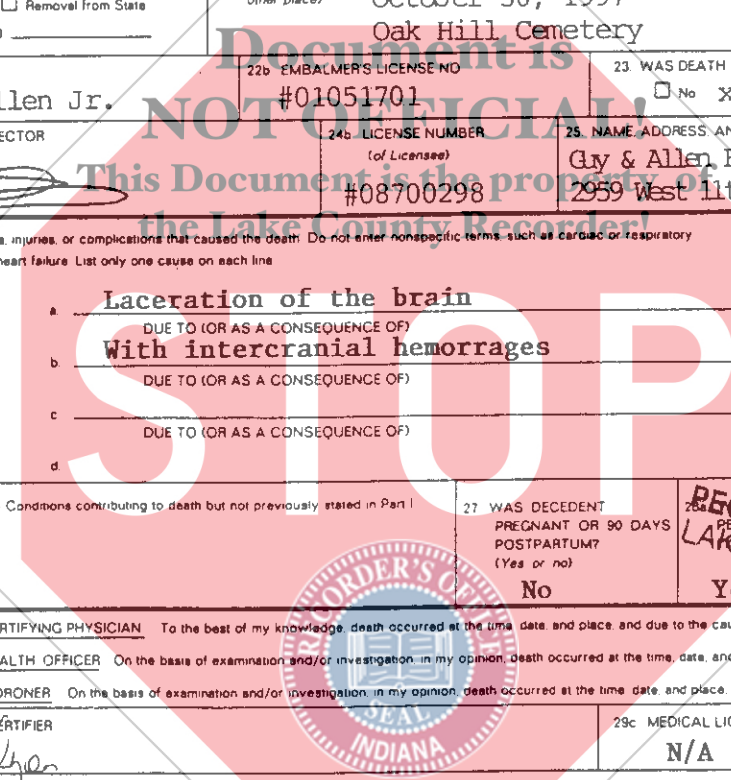
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) DaJuan Terrel Sease				2 SEX Male		3a TIME OF DEATH 11:15 AM		3b DATE OF DEATH (Month, Day, Yr.) October 25, 1997					
4. *SOCIAL SECURITY NUMBER 316-92-9373		5a AGE—Last Birthday (Years) 21		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) December 30, 1976		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana			
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 checked="" type="checkbox"/> Inpatient <input 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) Never Married		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) Laborer				12b. KIND OF BUSINESS/INDUSTRY Star Staffing					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Gary				13d. STREET AND NUMBER 180 North Montgomery Street					
13e. ZIP CODE 46403		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"/> 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) Luther Sease						19. MOTHER'S NAME (First, Middle, Maiden Surname) Pamela Shipp							
20a. INFORMANT'S NAME (Type/Print) Luther Sease				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 180 North Montgomery Street Gary, Indiana 46403				20c. Relationship Father					
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 30, 1997 Oak Hill Cemetery				21c. LOCATION—City or Town, State Gary, Indiana					
22a. EMBALMERS NAME Roosevelt Allen Jr.				22b. EMBALMER'S LICENSE NO. #01051701		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 Gly & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404							
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. Laceration of the brain With intercranial hemorrhages										Approximate Interval Between Onset and Death Unknown			
26. 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. PERFORMED AUTOPSY										28b. WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE REPORT? (Yes or no)			
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. <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. Deputy										29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) October 29, 1997	
29b. SIGNATURE AND TITLE OF CERTIFIER 										29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) October 29, 1997	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307										32. DATE FILED (Month, Day, Year) NOV 03 1997			
31. HEALTH OFFICER'S SIGNATURE 										32. DATE FILED (Month, Day, Year) NOV 03 1997			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) Oct. 25, 1997		34b. TIME OF INJURY Unk		34c. INJURY AT WORK? (Yes or no) No		34d. DESCRIBE HOW INJURY OCCURRED Gun shot wound to head					
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Residence						34f. LOCATION (Street and Number or Rural Route Number, City, State, Zip Code) 180 N. Montgomery Gary, Indiana 46403							
34g. DATE PRONOUNCED DEAD (Month, Day, Year) October 25, 1997				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No									



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SEP 19 2006
REG. HOLINGA KATONA
LAKE COUNTY AUDITOR