STATE OF INDIANA)

COUNTY OF 12007 060262

STATE OF INDIANA LAKE COUNTY IN RECEDENT PH 3: 46

MICHAEL A. BROWN AFFIDAVIT FOR TRANSFER OF REALPROPERTY

Comes now Loyell G. Lee, being first duly sworn upon his oath, and says as follows:

- 1. That the above-named decedent died intestate on the 2nd day of March 2003, while domiciled in Lake County.
- 2. That no petition for the appointment of a personal representative of said decedent is pending in any Court in this State 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:

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- 4. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by IC 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.
- 5. That among the decedent's probate assets is a parcel of real estate which decedent owned a one-half (1/2) interest located in Lake County, Indiana, more particularly described as follows:

Lot. No. Eleven (11), in Block No. Two (2), as marked and laid down on the recorded plat to Gary Hillcrest Addition, as the same appears of records in Plat Book 28, Page 57, in the Recorder's Office, Lake County, Indiana.

Commonly known as 1942 Cleveland St., Gary, IN 46404. Unit & Key No.25 43-0417-0011

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.

7. That pursuant to the spousal allowance provided by IC 29-1-4-1, the individual entitled to the one-half (1/2) interest in the real estate as a result of the decedent's death is the adult spouse of the decedent, namely, Loyell G. Lee.

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- 8. That the gross value of the estate of the decedent, Claudette Lee, 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.

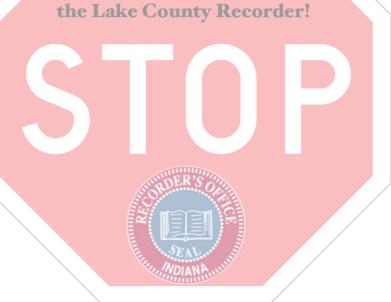
Further Your Affiant Sayeth Not. Joyell J. Lec Løyell G. Lee, Affiant

STATE OF INDIANA) COUNTY OF LAKE)SS:

Subscribed to and sworn to before me, a Notary Public, this 19th day of July , 2007.

My County of Residence:

My Commission Expires:



This instrument prepared by Charles D. Brooks, Jr., Attorney at Law, 2200 Grant Street, Suite 100, Gary, IN 46404; Tele: (219) 944-8586

* 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 THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

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SJune 27,2007	1 de Senner	
Date Issued	Hammond Health Comm	Assioner

	THE RECORDS IN THIS S	SERIES ARE CONFIDENTIAL F	PER IC 16-37-1-10				Date	issued Figurious		
TYPE/PRINT	1. DECEASED-NAME (First N	Aiddle, Last)	•		2. SEX		3a. TIME OF DEA	1	ATH (Month Day, Yr.)	
IN	Claudette	Lee			Fem		9:53A.	₁ March	2, 2003	
PERMANENT	4. *SOCIAL SECURITY NUMBER	5a. AGE—Lest Birthday (Years)	56. UNDER 1 YEAR	5c. UNDE Hours	A 41		TH (Mo. Day, Yr)	7. BIRTHPLACE (City	and State or Foreign Country)	
BLACK INK	308-36-0111	69	Months Days	nours	Se	ptember	13, 1933	Gary,	Indiana	
	8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	XXX		9e. F	LACE OF DE	ATH (Check only on	e. See instructions)		
	No	N/A	HOSPITAL XXX Inpu			OTHER:	_	Other (Specify)		
	9b. FACILITY NAME (If not institu	<u> </u>	L ER/	Outpatient		WN ORLOC	A TION OF DEATH	Tot comments	· PETTI	
DECEDENT	1	et Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH				9d. COUNTY OF DEATH	
	10. MARITAL STATUS	<u> </u>		Les proces		nmond	1100-1-1-1-1	Lal		
	(Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Loyell G	1.00	done dur	ing most of wor	rking life. Do n	N (Give kind of work of use retired)	Bethany C	INESS/INDUSTRY	
	13e. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OF	LOCATION	Teache		d. STREET AND NU	Developmen	nt Center	
	Indiana	Lake				'3				
			Ga		OBICINIS	I SE BACE	-American Indian.	liams Stre		
	13e. ZIP CODE 13f. INSIDE CI	WHAT COUNTRY	15. WAS DECEDENT		specify Cuban,		White, etc.		DENT'S EDUCATION highest grade completed)	
	46404 139. ON A FAR	USA	Mexican, Puerto	Rican, etc.)		(Speci	. 1	Elementary/Secondary		
	□ X ₄ X □	☐ Yes				Bla	ck		2 Years	
PARENTS	18. FATHER'S NAME (First Middle	e, Last)			19. MOTHE	R'S NAME (F	irst Middle, Maiden S	Gurname)		
	Clyde Olive			,		Em	ily Wils	on		
INFORMANT	20a. INFORMANT'S NAME (Type,	/Print)	20b. MAILIN	G ADDRESS (S	treet and Numb	er or Rural Ro	ute Number, City or 1	Town. State, Zip Code)	20c. Relationship	
	Loyell G. Le	ee	2132	Willian	s Stre	et Ga	rv. Indi	ana 46404	Husband	
	21a. METHOD OF DISPOSITION	☐ Entombment	216. DATE AND PLAC			cemetery, crer	natory, or 2	1c. LOCATION—City of		
	XXXXXIII Cremation	Removal from State	other place) M	-			j			
	Donation Other (Speci	fy)	E	vergree	n Ceme	tery		Hobart	,Indiana	
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		es, injuries, or complications that ca		ter nonspecific to	erms, such as c	ardiac or resp	iratory.		Approximate	
	arrest, shock, of	heart failure. List only one cause of	n each tine.	ntv R	ecore	der!	. 1		interval Batween	
				1 = 0 - 6 - 60					✓ Onset and Death S	
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SDH06-004 State Form 10110 (R5/1-99)