

STATE OF INDIANA)

COUNTY OF **2007 060262**

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS
IN RE: CLAUDETTE LEE,
DECEDENT PH 3-46
2007 JUL 24

MICHAEL A. BROWN
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

3

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:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
• Loyell G. Lee.	Adult	Spouse
• Michael Lee	Adult	Son
• Sandra Robinson	Adult	Daughter
• Clyde Lee	Adult	Son

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

FILED

JUL 24 2007

REC'D JOLINGA KATONA
LAKE COUNTY AUDITOR

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.

Loyell G. Lee

Loyell G. Lee, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)SS:

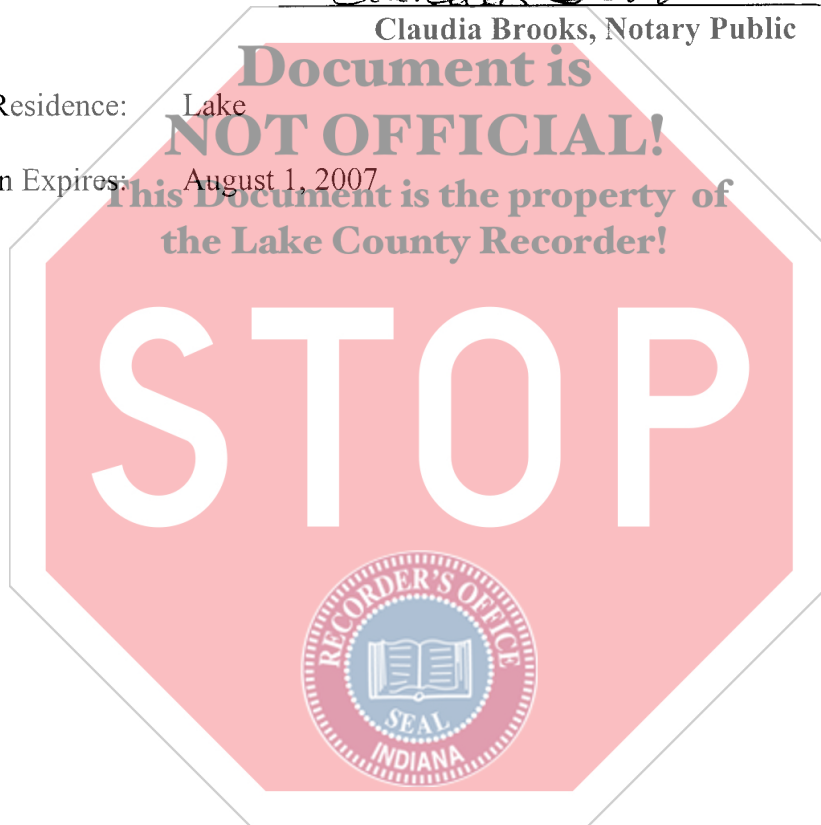
Subscribed to and sworn to before me, a Notary Public, this 19th day of July, 2007.

Claudia Brooks

Claudia Brooks, Notary Public

My County of Residence: Lake

My Commission Expires: August 1, 2007



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.

Local No. 176

CERTIFICATE OF DEATH

June 27, 2007 Date issued [Signature] Hammond Health Commissioner

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

Form with fields for: 1. DECEASED-NAME (Claudette Lee), 2. SEX (Female), 3a. TIME OF DEATH (9:53A.M), 3b. DATE OF DEATH (March 2, 2003), 4. SOCIAL SECURITY NUMBER (308-36-0111), 5a. AGE (69), 6. DATE OF BIRTH (September 13, 1933), 7. BIRTHPLACE (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 (Hospital, Inpatient), 9b. FACILITY NAME (St. Margaret Hospital), 9c. CITY, TOWN, OR LOCATION OF DEATH (Hammond), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Loyell G. Lee), 12a. DECEDENT'S USUAL OCCUPATION (Teacher), 12b. KIND OF BUSINESS/INDUSTRY (Bethany Childcare & Development Center), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Gary), 13d. STREET AND NUMBER (2132 Williams Street), 13e. ZIP CODE (46404), 13f. INSIDE CITY LIMITS (Yes), 13g. ON A FARM? (No), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (Black), 17. DECEDENT'S EDUCATION (2 Years), 18. FATHER'S NAME (Clyde Oliver Lyons), 19. MOTHER'S NAME (Emily Wilson), 20a. INFORMANT'S NAME (Loyell G. Lee), 20b. MAILING ADDRESS (2132 Williams Street Gary, Indiana 46404), 20c. Relationship (Husband), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (March 7, 2003, Evergreen Cemetery), 21c. LOCATION (Hobart, Indiana), 22a. EMBALMER'S NAME (Rosenwald D. Allen Jr.), 22b. EMBALMER'S LICENSE NO. (#29400047), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (#08700646), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Guy & Allen Funeral Directors, INC 83007704, 2959 West 11th Avenue Gary, Indiana 46404), 26. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) - Acute Myocardial Infarction, 26. PART II: Other significant conditions - Renal Failure, Diabetes Mellitus, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (01027040), 29d. DATE SIGNED (3/5/03), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Dr. Benetan 5500 Hodgman Ave Hammond IN 46320), 31. HEALTH OFFICER'S SIGNATURE (Franklin J. Spemuda M.D.), 32. DATE FILED (March 6, 2003), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT?