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STATE OF INDIANA)
) SS: IN RE: Eva Cochran, Decedent
COUNTY OF LAKE)

2007 097107

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Jacqueline Cochran, having been first duly sworn upon her oath states:

1. That Eva Cochran the above- named decedents died intestate on November 17, 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

**Jacqueline Cochran, 1135 Whitcomb St., Gary, Indiana 46404, daughter
Carol Cochran-Mack, 1135 Whitcomb St., Gary, Indiana 46404, daughter
Richard John Cochran, 1135 Whitcomb St., Gary, Indiana 46404, son**

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 decedent's 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:

**Legal Description: Gary Heights North 1/2 of Lot 32 Block 11 All Lot
33 Block 11**

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

Key No. 1-25-43-163-24

DEC 11 2007

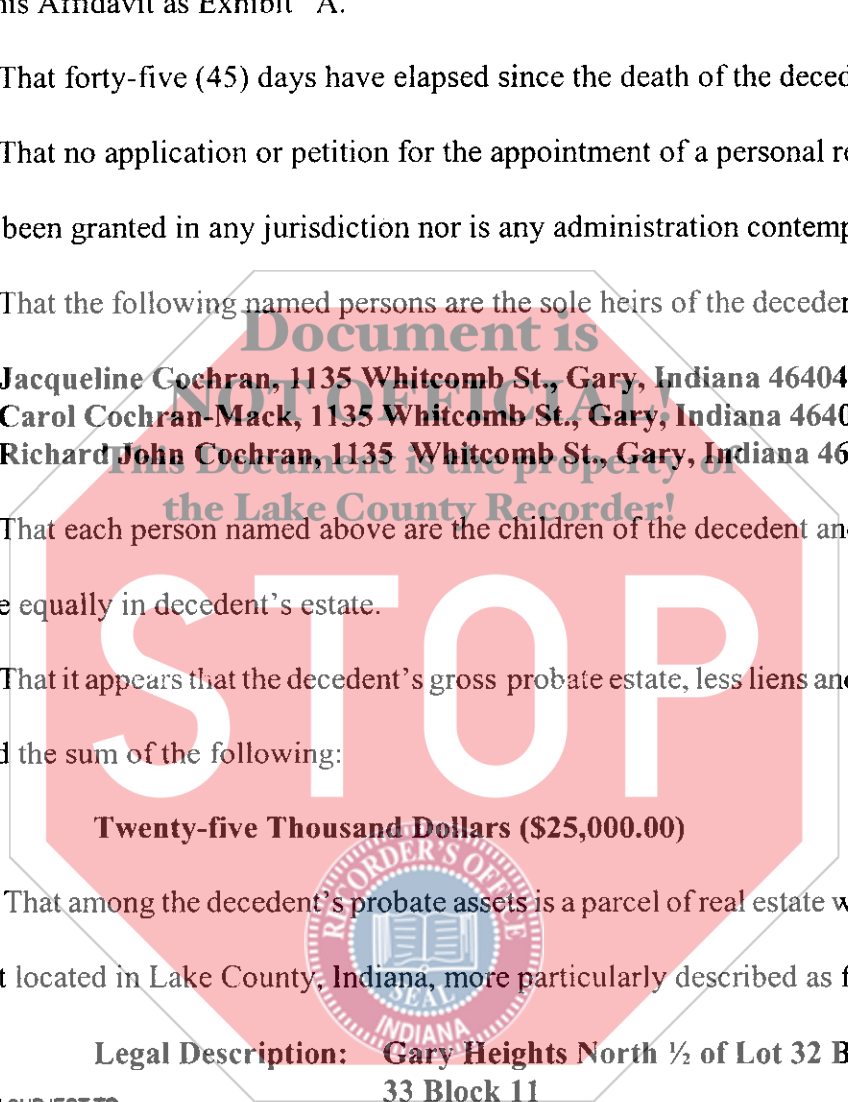
Commonly known as: 1135 Whitcomb Street, Gary, Indiana 46404

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

024353

CA

\$18
CK#
3880
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3903



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 DEC 12 AM 9:08
MICHAELA A. BROWN
RECORDER

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

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

**Jacqueline Cochran, daughter
Carol Cochran-Mack, daughter
Richard John Cochran, son**

10. That the gross value of the estate of the decedent, Eva Cochran, 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.

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

AFFIANT FURTHER SAITH NOT

Jacqueline Cochran
Jacqueline Cochran

STATE OF INDIANA)
COUNTY OF LAKE)
(SS:)
()

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

November 7, 2007.

My Commission Expires:

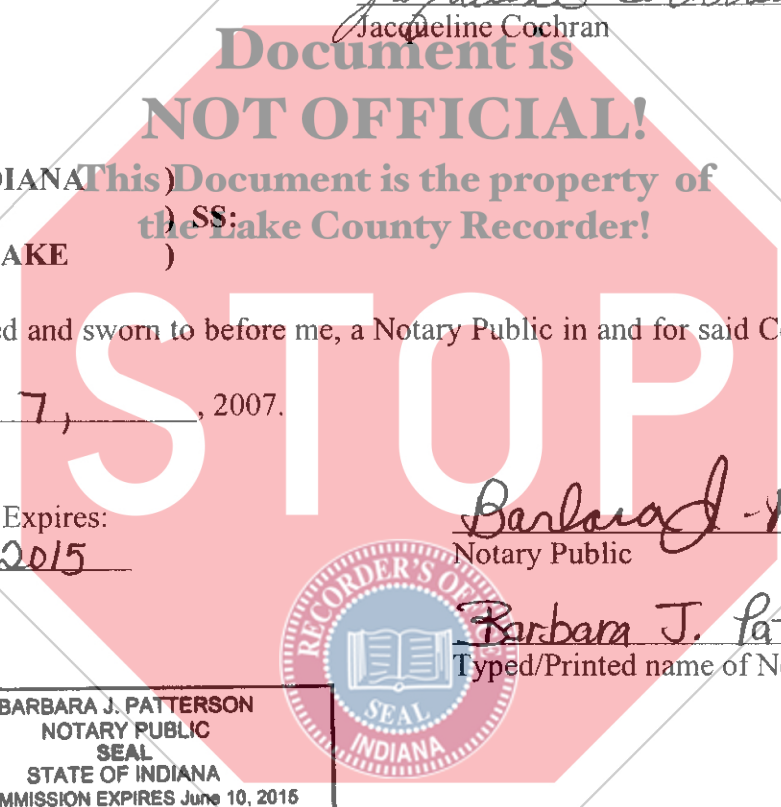
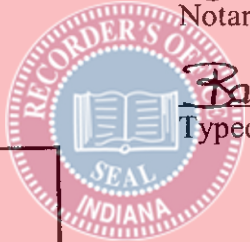
June 10, 2015

Barbara J. Patterson
Notary Public

Barbara J. Patterson
Typed/Printed name of Notary Public

/lw

BARBARA J. PATTERSON
NOTARY PUBLIC
SEAL
STATE OF INDIANA
MY COMMISSION EXPIRES June 10, 2015



* 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. **05 0638**

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) Eva Cochran				2. SEX Female		3a. TIME OF DEATH 1:51P. M		3b. DATE OF DEATH (Month, Day, Yr.) November 17, 2005				
4. *SOCIAL SECURITY NUMBER 311-58-4945		5a. AGE—Last Birthday (Years) 88		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) March 17, 1917		7. BIRTHPLACE (City and State or Foreign Country) Covington, Tennessee		
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 type="checkbox"/> Inpatient <input checked="" 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 Campus						9c. CITY, TOWN, OR LOCATION OF DEATH Gary			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS 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) Homemaker			12b. KIND OF BUSINESS/INDUSTRY N/A				
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 1135 Whitcomb					
13a. ZIP CODE 46404		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) 12th College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) Andrew Braden						19. MOTHER'S NAME (First, Middle, Maiden Surname) Fannie Young						
20a. INFORMANT'S NAME (Type/Print) Jacqueline Cochran				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1135 Whitcomb Gary, Indiana 46404				20c. Relationship Daughter				
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) November 22, 2005 Regional Cremation Services				21c. LOCATION—City or Town, State Munster, Indiana				
22a. EMBALMER'S NAME Tracy Cheri Williams				22b. EMBALMER'S LICENSE NO. FD08600238		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>				24b. LICENSE NUMBER (of Licensee) FD08600238		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312 FH83001520						
28. PART I. Enter the disease, 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. Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) b. Due to arteriosclerotic heart and vascular disease DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death Unknown		
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. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (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. Chief Deputy												
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. N/A			29d. DATE SIGNED (Month, Day, Year) November 18, 2005			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307												
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>									32. DATE FILED (Month, Day, Year) NOV 21 2005			
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED			
			34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g. DATE PRONOUNCED DEAD (Month, Day, Year) November 17, 2005						34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local **76-0277**

THIS IS A
PERMANENT
RECORD

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. RICHARD		J.	COCHRAN	2. MALE	3. 3-20-1976	
4. RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	COUNTY OF DEATH	
5. NEGRO	6. 68	MOB. DAYS	HOURS MIN.	7. 2-10-1908	8. LAKE	
DECEASED		75. GARY		76. METHODIST HOSPITAL		
77. YES		78. NEVER MARRIED				
79. ALA.		80. U.S.A.		81. EVA BRADEN		
82. 312-09-3494		83. CONTACT OPERATOR		84. CHEMICAL		
85. IND.		86. LAKE		87. GARY		
88. YES		89. CALUMET				
90. 1135 WHITCOMB ST.		91. NO		92. YES <input type="checkbox"/> NO <input type="checkbox"/>		
93. ELIAS		94. COCHRAN		95. GEORGIA THOMAS		
96. EVA COCHRAN		97. WIFE		98. 1135 WHITCOMB ST. GARY, IND. 46404		
PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19. IMMEDIATE CAUSE						
(a) Acute Myocardial Infarction						
(b) Arteriosclerotic Heart Disease						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
100. Cryptogenic Heart Failure						101. YES <input type="checkbox"/> NO <input type="checkbox"/>
102. DATE & TIME OF DEATH						103. DATE SIGNED
104. 3-25-1976						105. 3-22-1976
106. PHYSICIAN'S NAME (TYPE OR PRINT)						107. SIGNATURE OF PHYSICIAN
108. JEROLD H. CHIP, M.D.						109. [Signature]
110. 7863 Broadway, Merrillville, Ind. 46410						111. CITY OR TOWN STATE ZIP
112. REMOVAL-BURIAL						113. EAST CHICAGO, IND. 46312
114. 3-25-1976						115. RECEIVED BY LOCAL HEALTH OFFICER
116. JOHN R. WILLIAMS						117. [Signature]

Below for State Office Use

- A _____
- B _____
- C _____
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FUNERAL HOME
 LICENSE No. 1101
 FUNERAL DIRECTOR'S
 LICENSE No. 1785
 JOHN R. WILLIAMS
 FUNERAL DIRECTOR'S
 LICENSE No. 1785
 JOHN R. WILLIAMS

Disposition Permit
 Issued
 Provisional Certificate
 Yes No

