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STATE OF INDIANA)
COUNTY OF LAKE) ss:

2008 016771

2008 MAR -7 8:10:03
RECORDED
INDEXED

SMALL ESTATE AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That Shirley R. Glover, died intestate, a resident of East Chicago, Lake County, Indiana, on the 18th day of March, 1995, as evidenced by the Certificate of Death, attached hereto and marked as Exhibit "A".

2. That the decedent owned real property located in Lake County, Indiana legally described as follows:

Lot 5, Block 3 in a subdivision of the North 1320 feet of the West 1317.5 feet of the Northeast 1/4 of Section 32, Township 37 North, Range 9 West of the 2nd Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat book 2, page 11, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 4910 Olcott Ave., East Chicago, IN 46312

3. That no application or petition for the appointment of a Personal Representative of said decedent is pending in any Court in this State or has been granted in any jurisdiction and that forty-five (45) days have elapsed since the death of the decedent.

4. That the following named persons are the only heirs of the decedent and are each entitled to an undivided 1/2 interest as tenants in common of the above described real estate, pursuant to the Indiana laws of intestate succession and the Indiana Probate Code:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
Darian M. Ball	Adult	Son	4910 Olcott Ave. East Chicago, IN 46312
Letroy Dante Ward	Adult	Son	4030 Alder St. East Chicago, IN 46312

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAR - 7 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

001953



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16/31

ATTENTION ESTATE: Disclosure of the information is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 95-85

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED—NAME (First, Middle, Last) Shirley Glover Ward

SEX Female

TIME OF DEATH 11:27 P.M.

DATE OF DEATH (Month, Day, Year) March 18, 1995

SOCIAL SECURITY NUMBER [REDACTED]

AGE—Last Birthday (Years) 38

UNDER YEAR: Months Days

UNDER DAY: Hours Minutes

DATE OF BIRTH (Mo, Day, Yr) Jan. 27, 1957

BIRTHPLACE (City and State or Foreign Country) Winona, Mississippi

WAS DECEDENT A U.S. VETERAN? No

YEAR LAST SERVED IN U.S. ARMED FORCES? ---

PLACE OF DEATH (Check only one. See instructions)

HOSPITAL Inpatient ER/Outpatient COA

OTHER Nursing Home Other (Specify) Business Residence

FACILITY NAME (If not institution, give street and number) 3514 Main Street

CITY/TOWN OR LOCATION OF DEATH East Chicago

COUNTY OF DEATH Lake

MARITAL STATUS (Specify) Married

SURVIVING SPOUSE (If wife, give maiden name) James Ward

DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker

KIND OF BUSINESS/INDUSTRY

RESIDENCE—STATE Indiana

COUNTY Lake

CITY/TOWN OR LOCATION East Chicago

STREET AND NUMBER 4910 Olcott Ave.

ZIP CODE 46312

INSIDE CITY LIMITS No Yes

CITIZEN OF WHAT COUNTRY? U.S.A.

WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

RACE—American Indian, Black, White, etc. (Specify) Black

DECEDENT'S EDUCATION (Specify only highest grade completed) 11th Grade

FATHER'S NAME (First, Middle, Last) Anderson Skinner

MOTHER'S NAME (First, Middle, Maiden Surname) Ruthie Glover

INFORMANT'S NAME (Type/Print) James Ward

MARILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4910 Olcott Ave. East Chicago, Indiana

Relationship Husband

METHOD OF DISPOSITION Entombment Burial Cremation Removal from State Donation Other (Specify)

DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 24, 1995 Fern Oaks Cemetery

LOCATION—City or Town, State Griffith, Indiana

EMBALMER'S NAME Tracy Cheri Williams

EMBALMER'S LICENSE NO. FD08600238

WAS DEATH REPORTED TO CORONER? No Yes

SIGNATURE OF FUNERAL DIRECTOR Tracy Cheri Williams

LICENSE NUMBER (of License) FD08600238

NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home FH83001 4859 Alexander Ave., East Chicago, IN

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) Laceration of left lung with hemothorax

Approximate Interval Between Onset and Death Unknown

1. DUE TO (OR AS A CONSEQUENCE OF) Due to shotgun wound

2. DUE TO (OR AS A CONSEQUENCE OF)

3. DUE TO (OR AS A CONSEQUENCE OF)

4. DUE TO (OR AS A CONSEQUENCE OF)

PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I

WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No

WAS AN AUTOPSY PERFORMED? (Yes or no) Yes

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes

CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. 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. 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.

SIGNATURE AND TITLE OF CERTIFIER [Signature]

MEDICAL LICENSE NO. 538-B

DATE SIGNED (Month, Day, Year) March 20, 1995

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, Indiana 46301

HEALTH OFFICER'S SIGNATURE [Signature]

DATE FILED (Month, Day, Year) 3-22-95

MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

DATE OF INJURY (Month, Day, Year) Mar 18, 1995

TIME OF INJURY Unknown

INJURY AT WORK? (Yes or no) No

DESCRIBE HOW INJURY OCCURRED Shotgun wound

PLACE (Street and Number or Rural Route Number, City or Town, State) Bu: EXHIBIT "A" Main Street Chicago, IN

DATE PRONOUNCED DEAD (Month, Day, Year) March 18, 1995

