

7

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2008 019126

FILED
2008 MAR 17 11:07
MARTIN T. GOSWAMI

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Dwight Perry, having been first duly sworn upon their oath states:

1. That Lucy Perry the above- named decedent died intestate on January 22, 2008, 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:

**Dwight Perry, 1429 East 51st Place, Gary, Indiana, husband
Andrea Lackey, 337 Cemetery Road, Bangor, MI, daughter
Gwendolyn Tate, 337 Cemetery Road, Bangor, MI, daughter
Adina Merriweather, 337 Cemetery Road, Bangor, MI, daughter**

5. That the persons named above are the husband and children of the decedent and therefore are entitled to share equally in decedent's estate.

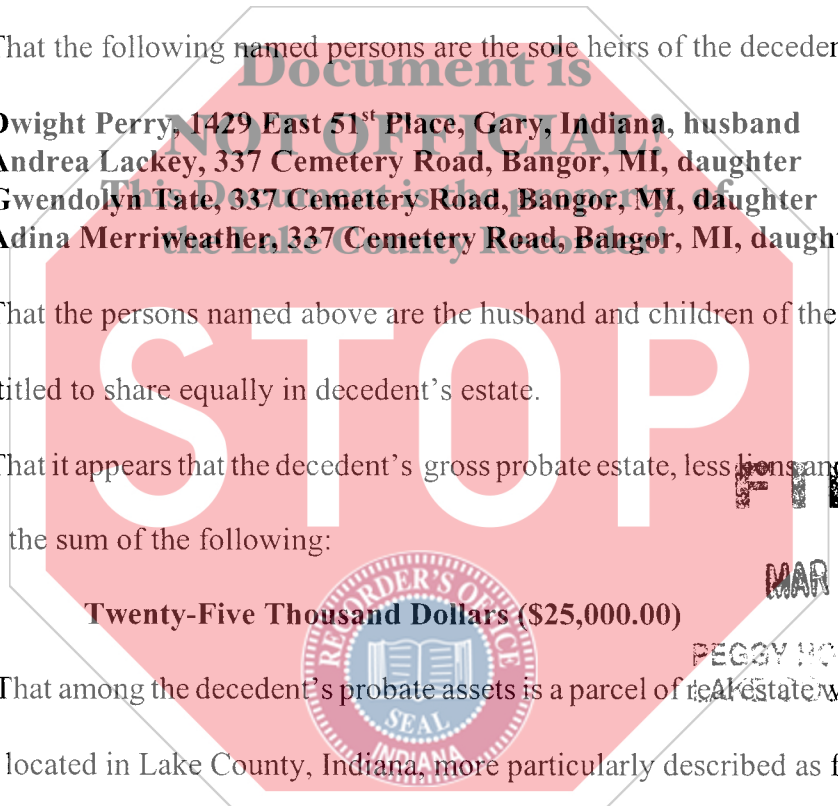
6. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following:

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: Hill Terrace W. 40 ft. Lot 12 Block 3 E 10 ft. Lot 13 Block 3

Key No. 25-45-0444-0012



FILED
MAR 14 2008

PEGGY HOLLING, CLERK

004907

15-
4131x
20 10130990178

Commonly known as: 1429 East 51st Place Gary, IN 46409

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:

- Dwight Perry, husband**
- Andrea Lackey, daughter**
- Gwendolyn Tate, daughter**
- Adina Merriweather, daughter**

10. That the gross value of the estate of the decedent, Lucy Perry, 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

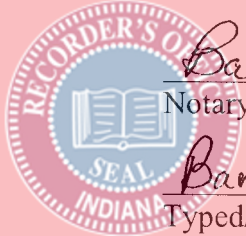
Dwight K. Perry
Dwight Perry

I affirm under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Robert L. Lewis
Affiant

Subscribed and sworn to before me, a Notary Public in and for said County and State, on March 10th, 2008.

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



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No. #08-0033

State No.

1 Decedent's Legal Name (First, Middle, Last) Lucy Ellen Perry				1a Maiden Last Name (If Female) Low		2 Sex Female	3 Time Of Death 7:30 PM	4 Date Of Death (Month/Day/Year) January 22, 2008		
5 Social Security Number 316-58-1199	6a Age - Yrs 57	6b Under 1 Year Months	6c Under 1 Month Days	6d Under 1 Day Hours	6e Under 1 Hour Minutes	7 Date Of Birth (Month/Day/Year) May 22, 1950		8 Birthplace (City And State Or Foreign Country) Gary, Indiana		
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>		10 If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11 Facility Name (If Not Institution, Give Street And Number) 1429 East 51st Place										
12 City Or Town, State, And Zip Code Gary					13 County Of Death Lake		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15 Surviving Spouse's Name Dwight K. Perry			15a (If Wife) Give Maiden Last Name N/A		16 Decedent's Usual Occupation Billing Department		17 Kind Of Business/Industry Trucking Company			
18 Residence - State Indiana		18a County Lake		18b City Or Town Gary						
18c Street And Number 1429 East 51st Place			18d Apt. No.		18e Zip Code 46409		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19 Decedent's Education 12th			20 Decedent Of Hispanic Origin N/A		21 Decedent's Race Black					
22 Father's Name (First, Middle, Last) Jim Charlie Lowe				23 Mother's Name (First, Middle, Last) Lucy E. Lowe			23a Mother's Maiden Last Name Jones			
24 Infant's Name Dwight K. Perry		24a Relationship To Decedent Husband		24b Mailing Address (Street And Number, City, State, Zip Code) 1429 East 51st Place Gary, Indiana 46409						
25 Place Of Disposition										
25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) January 31, 2008 Oak Hill Cemetery			25c Location - City, Town, And State Gary, Indiana					
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, INC 2959 West 11th Avenue Gary, Indiana 46404					27a Funeral Home License Number: 83007704			
27b Signature Of Indiana Funeral Service Licensee <i>Carmelita</i>					27c License Number (Of Licensee): #29700070					
Cause Of Death (See Instructions And Examples)										
28 Part I Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.								Approximate Interval: Onset To Death Unknown		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Extensive fibrosis of lungs <small>Due To (Or As A Consequence Of)</small>										
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. Diffused pericardial fibrosis and pericarditis <small>Due To (Or As A Consequence Of)</small>										
C. History of lupus <small>Due To (Or As A Consequence Of)</small>										
D.										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.						29 Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
						30 Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32 If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input checked="" type="checkbox"/> Unknown If Pregnant Within The Past Year		33 Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38 Location Of Injury - State		38a City Or Town		38b Street & Number		38c Apt. No.		38d Zip Code		
39 Describe How Injury Occurred						40 If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41 Signature Of Person Certifying Cause Of Death <i>Paul R. Castro</i>					42 Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer Deputy					
43 Name, Address And Zip Code Of Person Certifying Cause Of Death Paul R. Castro, Chief Investigator, 2900 West 93rd Avenue, Crown Point, Indiana 46307						44 License Number N/A		45 Date Certified Jan. 28, 2008		
46 Additional Funeral Service Provider						47 *Akas				
48 Signature Of Local Health Officer <i>R. Reed</i>					49 For Registrar Only - Date Filed (Month/Day/Year) JAN 31 2008					