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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 045393

2008 JUN 20 PM 3:17

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SMALL ESTATES AFFIDAVIT

Herberta B. Miller, being first duly sworn upon her oath, deposes and says:

1. That more than forty-five days have elapsed since the death of her mother, Anna L. Simmons, who died a resident of Lake County, Indiana, on June 1, 2000. A certified copy of her death certificate is attached to this affidavit and made a part of it by reference.
2. That Anna L. Simmons left surviving her only her daughter Herberta B. Miller, the affiant herein, who is entitled to all of the assets of this decedent.
3. That the total gross probate estate of Anna L. Simmons, wherever situate, less liens and encumbrances thereon, amounts to less than Fifty Thousand Dollars (\$50,000.00)
4. That no personal representative has been appointed to administer the estate of Anna L. Simmons, the decedent, and that no application for the appointment of a personal representative is pending in any jurisdiction.
5. That the undersigned, Herberta B. Miller, of 2625 W. 23rd Avenue, Gary, IN 46404, is solely entitled to all the assets of the decedent, comprised of the following:
 - A. Fifth Third Securities Account No. 067-194336 in the amount of \$7,632.77.
 - B. 1995 4 door 5th Avenue Buick Automobile titled in the name of Anna L. Simmons.
 - C. Real estate located at 2056 Maryland, Gary, Indiana, Key No. 001-25-43-0398-0015, legally described as: Lot 15, Block 5, John Gunzenhauser's 2nd Addition, in the City of Gary, Lake County, Indiana.
6. There are no other persons entitled to any share in the property of the decedent Anna L. Simmons, and therefore no notice is required under the Indiana Small Estates Affidavit statute, the same being IC 29-1-8-1 et seq., and the affiant as claimant is entitled to payment or delivery of the property listed in paragraph 5. above and is entitled to record this affidavit relative to decedent's real estate, the title to which vested in this affiant at the instant of death of Anna L. Simmons.
7. Further affiant sayeth not.

Herberta B. Miller
HERBERTA B. MILLER

13.00
CASH
PB

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 20th day of June, 2008, by Herberta B. Miller, who, being first duly sworn, stated upon her oath that the matters and things contained in the foregoing affidavit are true, accurate, and correct, and who then signed her name in my presence.

James R. Bielefeld
James R. Bielefeld, Notary Public

My Commission Expires: May 1, 2015. Resident, Lake County, Indiana.

THIS INSTRUMENT PREPARED BY: James R. Bielefeld, Attorney at Law.

FILED

JUN 20 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

010613

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

* 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.

Local No. 00 0416

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Anna L. Simmons				2 SEX Female	3a TIME OF DEATH 5:00 P M	3b DATE OF DEATH (Month, Day, Yr.) June 1, 2000
4 *SOCIAL SECURITY NUMBER 316-09-0025		5a AGE—Last Birthday (Years) 87	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) August 13, 1912	7 BIRTHPLACE (City and State or Foreign Country) Oklahoma City, Oklahoma
8a WAS DECEDENT A U.S. VETERAN? N/A	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 type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) Simmons Loving Care Health Facility			9c CITY, TOWN, OR LOCATION OF DEATH Gary		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) N/A		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Administrator		12b KIND OF BUSINESS/INDUSTRY Simmons Loving Care	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 2056 Maryland Street		
13e ZIP CODE 46407	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U S A	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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2 Years
18 FATHER'S NAME (First, Middle, Last) Joseph Renfro			19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary (Unknown)			
20a INFORMANT'S NAME (Type/Print) Herberta Miller			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2052 Maryland Street Gary, Indiana 46407		20c Relationship Daughter	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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) June 10, 2000 Calumet Park Cemetery			21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Roosevelt Allen Jr.		22b EMBALMER'S LICENSE NO. #01051701		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) #08700646		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704		
26. 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. Approximate Interval Between Onset and Death						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>acute renal failure - and myocardial infarction</i> b. <i>CVA of left sided hemisphere</i> c. <i>hypertension</i> d. _____						
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 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.						
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29c MEDICAL LICENSE NO. 010181388	29d DATE SIGNED (Month, Day, Year) 06-05-00	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Milton B. Bergal 2318 West 5th Avenue Gary, Indiana 46402						
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					32 DATE FILED (Month, Day, Year) JUN 16 2000	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			