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STATE OF INDIANA )  
COUNTY OF LAKE )SS: 2009 066061

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 SEP 29 PM 12:50

THE ESTATE OF: )  
)  
Mozella Shields-Stone Deceased )

MICHAEL A. BROWN  
RECORDER

**SMALL ESTATE AFFIDAVIT**

Comes now Dr. Vera Shipp, being duly sworn upon her oath and state as follows:

1. That I am an heir of decedent, Mozella Shields-Stone, who died intestate as a resident of Gary, Lake County, Indiana on the 16<sup>TH</sup> day of December, 2008.
2. The value of the gross probate estate, located in Gary, Lake County, Indiana, less liens and encumbrances, does not exceed Fifty Thousand dollars (\$50,000).
3. Forty-five (45) days have elapsed since the death of the decedent, Mozella Shields-Stone, who made her demise on the 16<sup>th</sup> day of December, 2008.
4. No application for the appointment of personal representative is pending or has been granted in any jurisdiction.

5. The claimants are entitled to delivery of the real property, to wit:

Lincoln Park Addition Lots 91, 92, 93 and 94 Bl 4  
Key Number: 45-08-16-304-014-000-004  
Commonly known as: 2516 Pierce Street, Gary, Indiana 46407.

6. The real estate has value and has been appraised at \$28000.00
7. I swear and affirm, as an entitled heir, to collect and properly distribute the property and funds to the appropriate heirs as directed by Indiana Code 29-1-2.

Further Affiant saith not.

*Dr. Vera Shipp*  
Dr. Vera Shipp

STATE OF INDIANA )  
)SS:  
COUNTY OF LAKE )

Subscribed and sworn to before me, a Notary Public, in and for said County and State, the signature of Dr. Vera Shipp this 28<sup>th</sup> day of September, 2009.

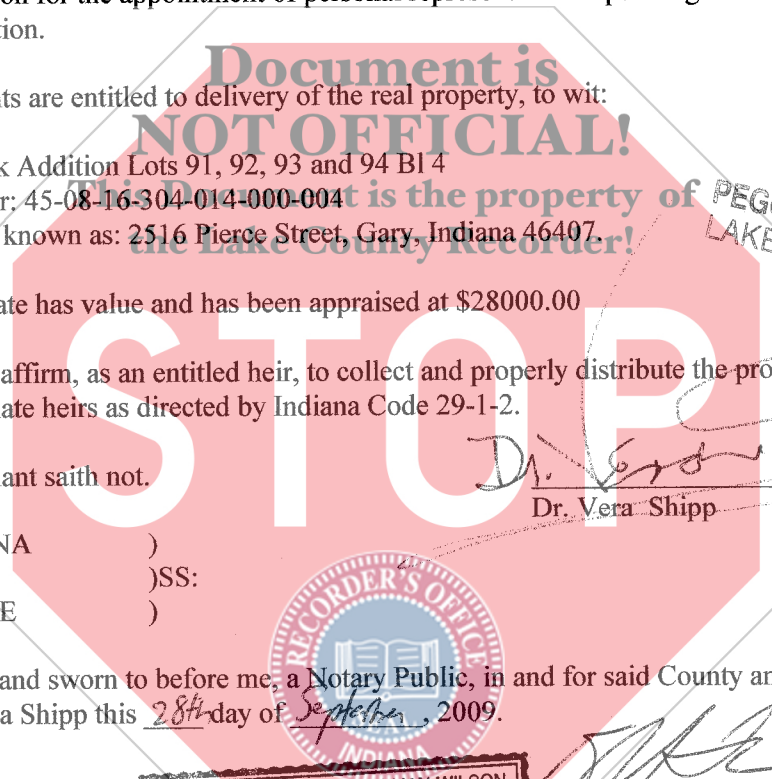
KAREN M. FREEMAN-WILSON  
Lake County  
My Commission Expires  
October 20, 2016

NOTARY PUBLIC

Prepared by:  
KAREN FREEMAN-WILSON  
700 Jackson Street  
Gary, IN 46402  
(219) 881-9484

013208

CS  
CP  
13.00



FILED  
SEP 29 2009  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

↑

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 4269-08

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>Mozella Shields-Stone</b>		1a. Maiden Last Name (If Female) <b>Thomas</b>		2. Sex <b>Female</b>	3. Time Of Death <b>6:15 PM</b>	4. Date Of Death (Month/Day/Year) <b>December 16, 2008</b>	
5. Social Security Number <b>317-16-6870</b>	6a. Age - Yrs <b>95</b>	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) <b>April 29, 1913</b>	
8. Birthplace (City And State Or Foreign Country) <b>Danville, Illinois</b>		9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) <b>Dyer Nursing &amp; Rehabilitation</b>							
12. City Or Town, State, And Zip Code <b>Dyer</b>				13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>N/A</b>		15a. (If Wife) Give Maiden Last Name <b>No</b>		16. Decedent's Usual Occupation <b>Nurse's Assistant</b>		17. Kind Of Business/Industry <b>Hinckson Medical Center</b>	
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Gary</b>			
18c. Street And Number <b>2516 Pierce Street</b>				18d. Apt. No.		18e. Zip Code <b>46407</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>2 Years College</b>		20. Decedent Of Hispanic Origin <b>NO</b>		21. Decedent's Race <b>Black</b>			
22. Father's Name (First, Middle, Last) <b>Albert T. Thomas</b>			23. Mother's Name (First, Middle, Last) <b>Mary Thomas</b>			23a. Mother's Maiden Last Name <b>Craig</b>	
24. Informant's Name <b>Dr. Vera Shipp</b>		24a. Relationship To Decedent <b>Daughter</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2516 Pierce Street Gary, Indiana 46407</b>			
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) <b>December 22, 2008 Oak Hill Cemetery</b>		25c. Location - City, Town, And State <b>Gary, Indiana</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Guy &amp; Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404</b>				27a. Funeral Home License Number: <b>83007704</b>	
27b. Signature Of Indiana Funeral Service Licensee: <i>Carmelita Perry</i>				27c. License Number (Of Licensee): <b>#29700070</b>			
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. <span style="float: right;">Approximate Interval: Onset To Death</span>							
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>Failure to thrive</u> <small>Due To (Or As A Consequence Of):</small>		B. <u>Renal failure</u> <small>Due To (Or As A Consequence Of):</small>		C. _____ <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		D. _____ <small>Due To (Or As A Consequence Of):</small>					
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)		38. Location Of Injury - State	
38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
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)			
nature, Of Person Certifying Cause Of Death				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
Address And Zip Code Of Person Certifying Cause Of Death: <b>MAJESTY 5459 HOLLAND AVE Hammond IN 46320</b>				44. License Number <b>01055426A</b>		45. Date Certified <b>12/18/08</b>	
Funeral Service Provider:				47. *Akas:			
Local Health Officer: <i>Susan J But D.O.</i>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>December 22, 2008</b>			

