2010 01595

**COUNTY OF LAKE** 

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- 1. That the above named decedent died intestate on November 6, 2009, while domiciled in Lake County, Indiana
- 2. That forty-five (45) days have elapsed since the death of the decedent.

**}ss:** 

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- 3. That no application or petition for the appointment of a personal representative pending or has been granted nor is an administration contemplated.
- 4. That the following named person is the only heir of that decedent:

Beverly A. Taylor, decedent's wife, 2406 West 19th Avenue, Gary, IN 46404

5. That the value of the decedent's gross probate estate, less liens and encumbrances does not exceed the sum of the allowance provided by IC 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.

6. 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: LOT 20 and the East Half oflet 21, Charles O. Fenton's First Addition to Tolleston, a Subdivision in the City of GARY, as Shown in Plat Book 7, pay 35

Commonly known as, 2406 W. 19<sup>th</sup> Ave., Gary, IN 46404

Property ID No.: 45-08-08-331-031.000-004

7. That the following list of persons, firms or corporations are the only creditors of the amount set opposite each name is the sum due said creditor. That the following list of persons, firms or corporations are the only creditor, the estate and the amount set opposite each name is the sum due said creditor, the estate and the amount set opposite each name is the sum due said creditor.

Name

None

Address

8. That the individual entitled to the real estate as a result of the decedent's death is the decedent's wife, Beverly A. Taylor, pursuant to laws provided under the laws of intestate succession.

9. That the gross value of the estate of the decedent, Earl Taylor, as determined for the purposes of Federal Estate Taxes, was less than the value required for the

0.2500

filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

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

Wife of Earl Taylor, decedent



STATE OF INDIANA } IN RE: EARL TAYLOR, DECEDENT }ss:
COUNTY OF LAKE }

Before me, a Notary Public in and for the County and State first above written, personally appeared Beverly A. Taylor, personally known to me, or evidenced to be, acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained herein to be true.

WITNESS my hand and Notarial Seal this 12th of March, 2010.

Wanda Rodgers Hayes

My Commission Expires: 04/09/2011 RESIDENT: LAKE COUNTY, IN

Document is

**Notary Seal** 

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

I hereby affirm under the penalty of perjury that I have taken reasonable care to redact each social security number in this document, unless required by law

Wanda Rodgers Hayes, #67720-79

Prepared by: Wanda Rodgers Hayes, #67720-79

5329 Pierce Street Merrillville, IN 46410 (219) 898-1111

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. #09-531			State No					
Decedent's Legal Name (First, Middle PLast) 1a. Maiden Last N						3. Time Of Death 4. Date Of Death (Month/Day/Year)		
		N/A				;03 pm	pm   November 6, 2009   Irithplace (City And State Or Foreign Country)	
5. Social Security Number 6a. Age - Yrs 6b. Under 1 Year 304-36-5130 71 Months	6c. Under 1 Month Days		1		10, 1938	& Birthplace (C Akron,	-	r Foreign Country)
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital:								
☐ Yes IX NoxUnknown ☐ XIMnpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify) ☐ 11. Facility Name (If Not Institution, Give Street And Number)								
•	NT 1 - 1 - 1 - 1							
Methodist Hospital I	13. County Of Death 14. Marital Status At Time Of Death							
Gary, Indiana			Lake X Married Married, But Se					
15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Name			16. Decedent's Usual Occupation   17. Kind Of Business/Industry   18. Decedent's Usual Occupation   17. Kind Of Business/Industry   18. Decedent's Usual Occupation   18. Dec					
Beverly A. Taylor Hayden			Maintenance Gary Community School					
18. Residence – Slate 18a. County			18b, City Or Town					
Indiana	Lake		Gar	ν.				
18c. Street And Number				J	18d, Apt. No.	18e. Zi	Code	18f. Inside City Limits?
2406 West 19th Avenue						464	.04	Yes I No
19. Decedent's Education	20. Decedent Of Hispa	nic Origin	21. Decede				V	
12th Grade NO			Black				70	
22. Father's Name (First, Middle, Last)			23. Mother's Name (First, Middle, Last)			23a. Mother's Maiden Last Name		
Cosby Taylor		Juanita Taylor			Crowell			
24. Informant's Name	24a. Relationship							16101
Beverly A. Taylor	Wife		2406 West Of Disposition	19t	h Avenue G	ary, inc	lana	40404
25a. Method Of Disposition. 25b. Plan	ce Of Disposition (Name C	of Cemetery, Crematory, Oth	1	Location	- City, Town, And State			
Removal From State  Ever	mber 14, 2 green Ceme		<b>IEIQI</b>	Ho	bart,India	ına		
Other (Specify):  26. Was Coroner Contacted?  27. Name And Complete	Address Of Funeral Facili	1 Director	is the pr	ope	erty of	<del>\</del>	27a. Fur	eral Home License Number:
Guy & Al	len Funera	nue Gary,	s, inc				830	07704
27h Digitature Of Indiana Funeral Service Licensee:	L IILII AVE	enue Gary,	LIIUTAIIa 40	7404	27c. License Num	ber (Of Licensee):	1 030	07704
			08700298	₹				
		se Of Death (See In			s)	00,00220		
28. Part I. Enter The <u>Chain Of Events</u> —Diseases, In <mark>juries</mark> Such As Cardiac Arrest, Respiratory Arrest, Or Ventri <mark>cular</mark>	s, Or Complications— Fibrillation Without Sh	That Directly Caused The Theorem The Course The Course The Etiology. De	ne Death, Do Not Ent o Not Abbreviate. En	er Termi ter Only	nal Events One Cause On			Approximate Interval: Onset
A Line. Add Additional Lines If Necessary.		Cardiore	, e	vv	Arres	+		To Death
Immediate Cause (Final Disease Or Condition Resulting In		Shada		To (Or As	Consequence Of):			1 1/
Sequentially List Conditions, If Any, Leading To The Cause Line A. Enter The Underlying Cause (Disease Or Injury Th	E Listed On B.		Due	To (Or As A	Consequence Off):	ne	<i></i>	- 14 -
The Events Resulting In Death) Last	C		Due	To (Or As A	Consequence Of):			
	D.	TUTT	Die Die		Autopsy Performed?			
Part II. Enter Other Significant Conditions Contributing To Death But I	Not Resulting In The Unde	rlying Cause Given In Part I	**************************************		topsy Findings Available	O Complete The Cau		☐ Yes ☐ ★19x
31. Did Tobacco Use Contribute To Death? 32. If Fei	nale:				33. Manner	Of Death:		
□ Yes □ Probably □ No □ Inknown □ Not Pre	egnant Within Past Year Pr	egnant At Time Of Death Death	Pregnant, But Pregnant Within	42 Days Of	Death Death	Homicide 🗆 Accident [		igation
I NOLPR	egnant, But Pregnant 43 Days T e Of Injury	o 1 Year Before Death Unki			onstruction Site, Restaura	Could Not Be Determined int, Wooded Area)	3	7. Injury At Work?
		Street IN	DIANA					☐ Yes ☐ No
38. Location Of Injury - State 38a. City	or Town	38b. Street	& Number		/	38c. Apt.	Vo. 380	Zip Code
And the second				/				
39 Describe How Injury Occurred	. *					sportation Injury, Spe		
					☐ Driver/O	perator 🗖 Passenger 1	⊒ Pedestrian L	Other (Specify)
41. Signature, Of Person Centrying Cause Of Death:				- 1	12. Certifier (Check Only	One)		
Uh An		Dr. Apata			Certifying Physician			
43. Name, Address And Zip Code Of Person Certifying Caus	e Of Death: O\U	segun A	pata, m	· D ·	44. Li	cense Number	45. 0	Date Certified
650 Grant St., S						067140	4 17	1010>
46. Additional Funeral Service Provider:		J			47. *	Akas:		
48. Signature of Local Health Ancer:	1				49. For Registrar Only –	Date Filed (Month/Da	ry/Year):	
1 Hotelm					NOV 1 6 2009			