

3

STATE OF INDIANA)
) SS: IN RE: JOYCE JACKSON, DECEDENT
COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on August 14, 2010, while domiciled in Lake County, Indiana.

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, or is contemplated to be filed.

4. That the following named persons are the only heirs of the decedent:

Kreshina Ingram, 5332 Plaza Avenue, Portage, Indiana 46368
Larry E. Miller, 3600 Data Drive#489, Rancho CA 95670

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under IC §29-1-8-3, the costs of 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:

Tolleston Real Estate Co's 1st Add. L. 35 & 36 B1.2
Commonly known as: 1341 Wilson Street, Gary, Indiana 46404
Key No: 45-08-07-281-006.000-004

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: NONE

8. That the individuals entitled to the real estate as a result of the decedent's death are

Kreshina Ingram, 5332 Plaza Avenue, Portage, Indiana, daughter of decedent
Larry E. Miller, 3600 Data Dr # 489, Rancho CA, 95670, son of decedent,

2010 060212

2010 OCT 15 PM 12:10

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

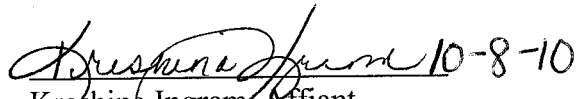
NOTICE TO RECORD
RECORDED

FILED
OCT 14 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

029855

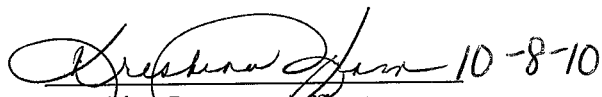
✓ # 0201
10⁰⁰ - E
RS

9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of Joyce Jackson, be transferred to them pursuant to the laws of intestate distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.


Kreshina Ingram, Affiant

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.

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.


Kreshina Ingram, Affiant


Affiant

Robert L. Lewis, 10070-45
ROBERT L. LEWIS & ASSOCIATES
Attorneys at Law
2148 West 11th Avenue ↖
Gary, Indiana 46404
219) 944-2755-phone

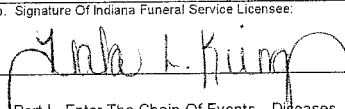
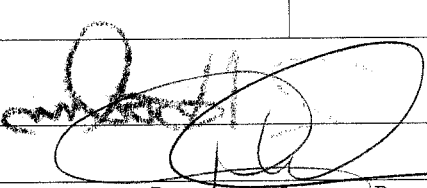
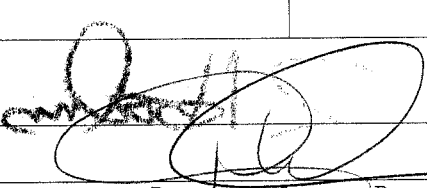
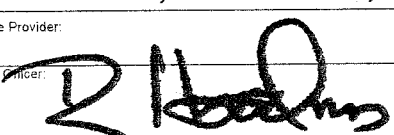


**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

10-0379

Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Joyce Lynn Robinson				1a. Maiden Last Name (If Female)		2. Sex Female	3. Time Of Death 2:35 PM	4. Date Of Death (Month/Day/Year) August 14, 2010	
5. Social Security Number 311- 58-4333	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) December 6, 1952		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"/> 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 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) 1341 Wilson									
12. City Or Town, State, And Zip Code Gary, Indiana 46404				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 Willie Robinson			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation CNA		17. Kind Of Business/Industry Healthcare Facilities		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary					
18c. Street And Number 1341 Wilson				18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education Some college credit but no degree		20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race African American					
22. Father's Name (First, Middle, Last) Harold B. Lowery				23. Mother's Name (First, Middle, Last) Lara Lowery			23a. Mother's Maiden Last Name Mason		
24. Informant's Name Willie Robinson		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 1341 Wilson Gary, Indiana 46404					
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) Oak Hill			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 Smith Bizzell & Warner Funeral Home 4209 Grant Street Gary, Indiana 46408					27a. Funeral Home License Number: FH10500021		
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee): FD21000045			
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. Vascular collapse <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. Due to arteriosclerotic heart and vascular disease <small>Due To (Or As A Consequence Of):</small>									
C. _____ <small>Due To (Or As A Consequence Of):</small>									
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 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 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: 						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307						44. License Number N/A		45. Date Certified Aug. 17, 2010	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year) AUG 18 2010			