

3

STATE OF INDIANA )  
 ) SS: IN RE: CECIL BRYANT, DECEDENT  
COUNTY OF LAKE )

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

- 1. That the above-named decedent died intestate on August 12, 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:

Cecilia Bryant-Roby, P.O. Box 64943, Gary, Indiana 46401  
 Quindell Powell, 3025 Ottawa Avenue, S. Apt. 332, St. Louis Park, MN 55416  
 E. Jeanne Bryant, Merchandise Mart, P.O. Box 3315, Chicago, IL 60654  
 Cecil Bryant, 2400 Nevada Avenue, S. apt. 324, St. Louis Park, MN 55426  
 Barry Bryant, 8813 18<sup>th</sup> Avenue, South, Bloomington, MN 55425  
 Darryle Bryant, 781 Clinton Street, Gary, Indiana 46403  
 Robert Bryant, 315 University Avenue, SE apt. 102, Minneapolis, MN 55413  
 Sherman Bryant, P. O. Box 64767, Gary, Indiana 46401  
 Keith Bryant, 5509 74<sup>th</sup> Avenue, N. Apt. 201, Brooklyn Park, MN 55429  
 Karen Bryant, 4915 Alexander, East Chicago, IN 46312

- 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:

Lot 9, except the West 8 feet thereof and the West half of Lot 10, Block 8, Oakland Addition in the City of Hammond, as shown in Plat Book 6, Page 35, in Lake County, Indiana  
 Commonly known as: 926 Drackert Street, Hammond, Indiana 46320  
 Key No: 45-07-06-108-010.000-023

**FILED**

OCT 21 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

That the following list of persons, firms, or corporations are the only creditors

030015

2010 06 16 78

2010 OCT 22 AM 9:15

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

14  
AO

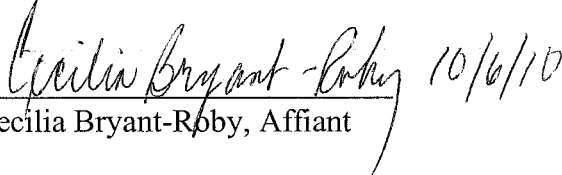
✓-6216  
AO  
E

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

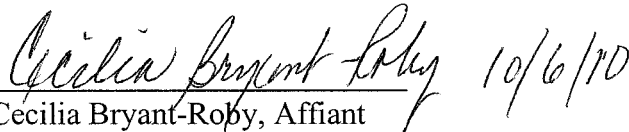
8. That the individuals entitled to the real estate as a result of the decedent's death are

Cecilia Bryant-Roby, P. O. Box 64943, Gary, Indiana 46401, daughter of decedent  
Quindell Powell, 3025 Ottawa Ave., S. apt. 332, St. Louis Park, MN 55416, daughter of decedent  
E. Jeanne Bryant, Merchandise Mart P.O. Box 3315, Chicago, IL 60654, daughter of decedent,  
Cecil Bryant, 2400 Nevada Ave., apt 324, St. Louis Park, MN 55426, son of decedent  
Barry Bryant, 8813 18<sup>th</sup> Ave. South, Bloomington, MN 55425, son of decedent  
Darryle Bryant, 781 Clinton Street, Gary, Indiana 46403, son of decedent  
Robert Bryant, 315 University Ave. SE, apt. 102, Minneapolis, MN 55413, son of decedent  
Sherman Bryant, P.O. Box 64767, Gary, Indiana 46401, son of decedent  
Keith Bryant, 5509 74<sup>th</sup> Avenue, N. Apt. 201, Brooklyn Park, MN 55429, son of decedent  
Karen Bryant, 4915 Alexander, East Chicago, Indiana 46312, daughter of decedent

9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of Cecil Bryant be transferred to Cecilia Bryant-Roby 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.

  
Cecilia Bryant-Roby, Affiant

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

  
Cecilia Bryant-Roby, Affiant

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

**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.**

  
Affiant





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

Local No **3076-10** EDR No 00000148426 DTP 1 State No

1. Decedent's Legal Name (First, Middle, Last) <b>CECIL BRYANT</b>				1a. Maiden Last Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>6:50 p.m.</b>		4. Date Of Death (Month/Day/Year) <b>08/12/2010</b>	
5. Social Security Number <b>424-10-3210</b>		6a. Age - Yrs <b>88</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>07/05/1922</b>				8. Birthplace (City and State or Foreign Country) <b>HURTSBORO, ALABAMA</b>							
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) <b>ST MARGARET MERCY HEALTHCARE CENTERS-HAMMOND</b>											
12. City Or Town, State, And Zip Code <b>HAMMOND, INDIANA, 46320</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				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>SKILLED LABORER</b>		17. Kind Of Business/Industry <b>STEEL MILL</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HAMMOND</b>					
18c. Street And Number <b>926 DRACKERT STREET</b>						18d. Apt. No.		18e. Zip Code <b>46320</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>8TH GRADE OR LESS</b>			20. Decedent Of Hispanic Origin <b>Not Hispanic</b>			21. Decedent's Race <b>Black or African American</b>					
22. Father's Name (First, Middle, Last) <b>UNKNOW TOLBERT</b>				23. Mother's Name (First, Middle, Last) <b>CAMILLA ACREE</b>				23a. Mother's Maiden Last Name <b>BRYANT</b>			
24. Informant's Name <b>CECILIA BRYANT ROBY</b>			24a. Relationship To Decedent <b>DAUGHTER</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7151 BIRCH AVENUE, GARY, INDIANA, 46403</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>OAK HILL CEMETERY</b>				25c. Location - City, Town, And State <b>GARY INDIANA</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>DIVINITY FUNERAL HOME 3831 MAIN ST., EAST CHICAGO, INDIANA, 46312</b>						27a. Funeral Home License Number: <b>FH10700039</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>SAMUEL SMITH JR, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01019692</b>					
<b>Cause Of Death (See Instructions And Examples)</b>											
28. Part I. Enter The <u>Chain Of Events</u> - 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	
Immediate Cause (Final Disease Or Condition Resulting In Death)										<b>A. Vascular collapse</b> <span style="float:right"><b>Unknown</b></span>	
Due To (Or As A Consequence Of):											
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>B. Due to arteriosclerotic heart and</b>	
Due To (Or As A Consequence Of):											
<b>C. vascular disease</b>											
Due To (Or As A Consequence Of):											
<b>D.</b>											
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 43 Days To 1 year Before Death		33. Mariner 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: <b>Donna Melyon, Deputy Coroner 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>						44. License Number <b>N/A</b>		45. Date Certified <b>Aug. 23, 2010</b>			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): <b>August 25, 2010</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)</b>											