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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                          )SS:  
COUNTY OF LAKE )

2010 062309

2010 OCT 26 AM 10: 50

IN RE THE ESTATE OF )  
DAISY GIBSON,            )  
Deceased                    )

MICHAEL J. FAJMAN  
RECORDER

### AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Comes now Mary McKenzie, daughter of the deceased, and pursuant to I.C. 29-1-8-1, who being duly sworn deposes and says:

1. That DAISY GIBSON died testate on the 19<sup>th</sup> day of May, 2010 while domiciled in Gary, Lake County, Indiana (see the death certificate attached hereto, marked "Exhibit A" and incorporated herein by reference).
2. That the real estate was left to her in her mother's will (see the Last Will and Testament of Daisy Gibson attached hereto, marked "Exhibit B" and incorporated herein by reference).
3. That the value of the gross probate estate of DAISY GIBSON, deceased, wherever situated (less liens and encumbrances), does not exceed Fifty Thousand and no/100 dollars (\$50,000.00), the costs and expenses of administration and reasonable funeral expenses.
4. That the decedent died leaving no spouse.
5. That forty-five (45) days have elapsed since the death of the decedent.
6. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
7. That among decedent's probate assets is a parcel of real estate in which decedent had an interest located in Lake County, Indiana more particularly described as:

"The West ten (10) feet of Lot Fourteen (14), all of Lot Fifteen (15), and the East fifteen (15) feet of Lot 16, except that part of said lots taken for widening of 10<sup>th</sup> Avenue, in Block Two (2), Husak's Addition to Tolleston, as shown in Plat Book 6, page 28, in Lake County, Indiana commonly known as 2936 W. 10<sup>th</sup> Avenue, Gary, Indiana 46404"

Key #25-45-0065-0015

*45-08-08-103-017.000-004*

8. That there are no known creditors of the estate.

**FILED**

OCT 26 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

004553

*19<sup>00</sup>  
CS  
RM*

*E*

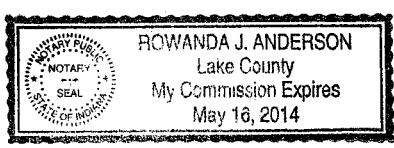
- 9. That the gross value of the estate of the decedent DAISY GIBSON, as determined for the purposes of federal estate taxes was less than the value required for the filing of a Federal Estate Tax Return, and as a consequence thereof, the decedent's estate was not subject to federal estate tax.
- 10. That the decedent's estate was not subject to Indiana Inheritance Tax.
- 11. That the following person is entitled to the fee simple interest to the real estate described above:  
 \_\_\_\_\_  
 Mary McKenzie, D.O.B. 6/16/44, 2405 Wallace Street, Gary, Indiana 46404
- 12. That the real property interest of the decedent, DAISY GIBSON, be transferred to the heir pursuant to the laws of the State of Indiana as provided in accord with provisions of Indiana Code 29-1-8-3 et.seq.

*Mary McKenzie*  
 \_\_\_\_\_  
 MARY MCKENZIE

Subscribed and sworn to before me, a notary public, this 20<sup>th</sup> day of October, 2010.

My Commission Expires:  
 \_\_\_\_\_

*Rowanda J. Anderson*  
 \_\_\_\_\_  
 Lake County Resident



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."  
 PREPARED BY: *M.A.W.*

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. #10-222

State No. ....

1. Decedent's Legal Name (First, Middle, Last) Daisy Beatrice Gibson			1a. Maiden Last Name (If Female) Caldwell		2. Sex Female	3. Time Of Death 11:02 pm	4. Date Of Death (Month/Day/Year) May 19, 2010	
5. Social Security Number 311-18-9357	6a. Age - Yrs 98	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) March 14, 1912		8. Birthplace (City And State Or Foreign Country) Dumont, Arkansas
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) 2936 West 10th Avenue								
12. City Or Town, State, And Zip Code Gary, Indiana				13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name NO		15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Domestic		17. Kind Of Business/Industry Garry & Sarah August		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary				
18c. Street And Number 2936 West 10th Avenue				18d. Apt. No.	18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 6th Grade		20. Decedent Of Hispanic Origin NO		21. Decedent's Race Black				
22. Father's Name (First, Middle, Last) John Caldwell			23. Mother's Name (First, Middle, Last) Alberta Caldwell		23a. Mother's Maiden Last Name Osborne			
24. Informant's Name Johnnie Morris		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 2936 West 10th Avenue Gary, Indiana 46404				
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) May 26, 2010 Oak Hill Cemetery		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 Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404				27a. Funeral Home License Number: 83007704		
27b. Signature Of Indiana Funeral Service Licensee: 					27c. License Number (Of Licensee): #08700298			
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Positive Asphyxial arrest</u> 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. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <u>CHF, Hypothyroid, Anemia, CAD</u>					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input 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)		38c. Apt. No.		38d. Zip Code
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred <u>ambushed</u>					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 checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Shreyas Desai 1400 Broadway GARY IN 46407					44. License Number D1027933		45. Date Certified 6/3/10	
46. Additional Funeral Service Provider:					47. *Akas:			
48. Signature of Local Health Officer: 					49. For Registrar Only - Date Filed (Month/Day/Year): JUN 11 2010			

# Last Will and Testament of

DAISY GIBSON  
2936 West 10th Avenue  
Gary, Indiana

DAISY GIBSON of 2936 West 10th Avenue, Gary, Indiana, being of sound and disposing mind and memory, does make, publish, and declare this to be my Last Will and Testament revoking all prior wills heretofore made by me.

1. I appoint LOUIS C. HOLLAND and/or JAMES F. STANTON, 475 Broadway, Gary, Indiana, my Executor.

2. I direct that my Executor pay all of my just debts, including my last sickness and interment.

3. I give, devise, and bequeath to my beloved daughter, MARY ALBERTA MC KENZIE, all real and personal property of any description I may die owing or seized of.

4. I acknowledge that I own the fee title to the real estate located at 2936 West 10th Avenue, Gary, Indiana, and more particularly described as follows, to-wit:

The West 10 feet of Lot 14, all of Lot 15, and the East 15 feet of Lot 16, except that part of said lots taken for widening of 10th Avenue, in Block 2, Husak's Addition to Tolleston, as shown in Plat Book 6, page 28, in Lake County, Indiana.

and all household furniture therein. In addition, my banking

is handled through the Gary National Bank. At this time I have two smaller insurance policies which it has been my intention to use as funeral expenses and I designate the above beneficiary herein as beneficiary therein.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal this 20<sup>th</sup> day of July, A. D., 1972, at Gary, Indiana.

Daisy Gibson  
DAISY GIBSON

Signed, sealed, published and declared by the testatrix, DAISY GIBSON, as her Last Will and Testament, in the presence of us, and each of us at her request and in her presence, and in the presence of each other, have hereunto set our hands as WITNESSES on the day and year last above mentioned.

Merley Smar

Residing at:

1208 W. 124<sup>th</sup> Place, Crown Point, Indiana

Robert M. Sax

Residing at:

8427 Randolph, Crown Point, Ind.