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STATE OF INDIANA)

COUNTY OF LAKE)

)ss:

2011 026129

2011 MAY 10 PM 2:16

IN THE MATTER OF THE ESTATE)
OF LAVERNE ANDERSON, Deceased.)

MICHAEL S. SWAN
RECORDER

AFFIDAVIT OF SMALL ESTATE

That the undersigned, Venessa Abram, being first duly sworn upon her oath, deposes and states:

1. That more than forty-five (45) days have elapsed since the death of the decedent, LaVerne Anderson. ^{VP}
2. That Affiant is the daughter of the decedent. That Affiant paid the funeral bill and last bills of the decedent in the amount of Twelve Thousand Five Hundred (\$12,500.00) Dollars.
3. That the gross value of the estate of the decedent, LaVerne Abram, is less than Fifty Thousand (\$100,000.00) Dollars. ^{VA}
4. That said real estate is valued at \$43,900 and is subject to a reverse mortgage lien owed to Wells Fargo Home Mortgage, Reverse Mortgage Servicing, P. O. Box 6000, Fort Mill, SC 29715.
5. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, nor is any administration of this estate contemplated.
6. That the undersigned is solely entitled to said real estate, as set out in the Last Will and Testament of LaVerne Anderson, dated July 28, 2007.

Document is NOT OFFICIAL! the Lake County Recorder!

45-09-04-354-016,000-004
Parcel No.
Gary Land Co's 2nd
34, Block 3, All lot
KBR
5-10-11

Subdivision, N 1/2 Lot
Venessa Abram

Before me, a Notary Public, this 10 day of May, 2011 appeared Venessa Abram, who affirmed that the above statements and representations were true and correct to the best of her belief, and did subscribe her name hereto of her own volition

Jesse L. Anderson
NOTARY PUBLIC



My Commission Expires:
Resident County,

026687

Prepared by: Attorney Kevin B. Relphorde, 3637 Grant Street, Suite 2, Gary, IN 46408, (219) 884-6000

FILED
MAY 10 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 13-
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK LM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3166-10

State No.

Main form containing fields for decedent's name (LaVern Anderson Williams), sex (Female), date of death (September 1, 2010), birth date (September 30, 1931), place of birth (Mississippi), residence (Merrillville, Indiana), and cause of death (Failure to Thrive).

