

GARY COMMUNITY SCHOOL CORPORATION  
GARY, INDIANA

CHANGE OF STATUS  
NOTICE

DATE Wednesday May 11 th 2011

INSTRUCTIONS: PLEASE TYPE. INDICATE ITEM CHANGED IN CHECK BOX AT LEFT AND FILL IN RELATIVE INFORMATION. DISTRIBUTE COPIES TO OFFICES INDICATED ON BOTTOM OF EACH COPY.

<input checked="" type="checkbox"/> NAME	NAME (LAST) <b>DENNIE</b>	(FIRST) <b>DANDRE</b>	(MID. INIT.) <b>JEROME</b>	EMPLOYEE NO. <b>10291</b>
<input checked="" type="checkbox"/> ADDRESS	NEW NAME (LAST) <b>DENNIE ESTATE</b>	(FIRST) <b>DANDRE</b>	(MID. INIT.) <b>JEROME</b>	
<input type="checkbox"/> TELEPHONE NUMBER	FORMER (STREET) <b>1935 ADAMS STREET PORTAGE INDIANA 46368</b>	(CITY)	(STATE)	(ZIP CODE)
<input type="checkbox"/> MARITAL STATUS	NEW ADDRESS (STREET) <b>C/o General Executor DAndre Jerome Dennie 5530 SOHL AVE. Hammond IN 46320-9998</b>	(CITY)	(STATE)	(ZIP CODE)
<input type="checkbox"/> DEPENDANCY CHANGES	CHANGED TO <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED	EFFECTIVE DATE	IF MARRIED, BE SURE TO CHANGE BENEFICIARIES AND SOCIAL SECURITY IN PAYROLL OFFICE.	
<input type="checkbox"/> TRAINING * LEVEL	HUSBAND OR WIFE'S NAME (MAIDEN NAME)	OCCUPATION	CHECK HERE IF WIFE OR HUSBAND IS ALSO AN EMPLOYEE OF SCHOOL CITY OF GARY. <input type="checkbox"/>	
<input type="checkbox"/> ADDITIONAL CERTIFICATION	NAME (ATTACH NEW W-4 INDICATING CHANGES)	BIRTH DATE	<b>2 11 1 0264 09</b>	
	NAME	BIRTH DATE		
	OTHER			
	<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MASTERS <input type="checkbox"/> SIXTH YEAR <input type="checkbox"/> DOCTORS	DATE TO BE COMPLETED	OFFICIAL TRANSCRIPTS SHOWING DEGREES AND COURSES MUST BE SUBMITTED FOR VERIFICATION.	
	SUBJECT (ALL CURRENT CERTIFICATES MUST BE FILED WITH THE PERSONNEL OFFICE)			
	KIND	GRADE	ISSUED	EXPIRES

\* TRAINING LEVEL WORK COMPLETED AT (SCHOOL) (CITY) (STATE)

REMARKS: When calling the phone number, Please make sure you dial all numbers as shown.

SIGNED: *D. Andre Jerome Dennie*  
General Executor

SCHOOL: **West Side High School Leadership Academy**

POSITION: **Custodial Engineer**

FORM NO. P-100 PERSONNEL OFFICE

WHITE - Personnel Office      YELLOW - Payroll      PINK - Employee      GOLD - Principal or Supervisor

JURAT

State of Indiana  
County of Lake

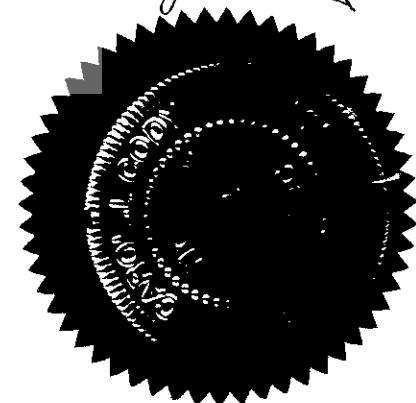
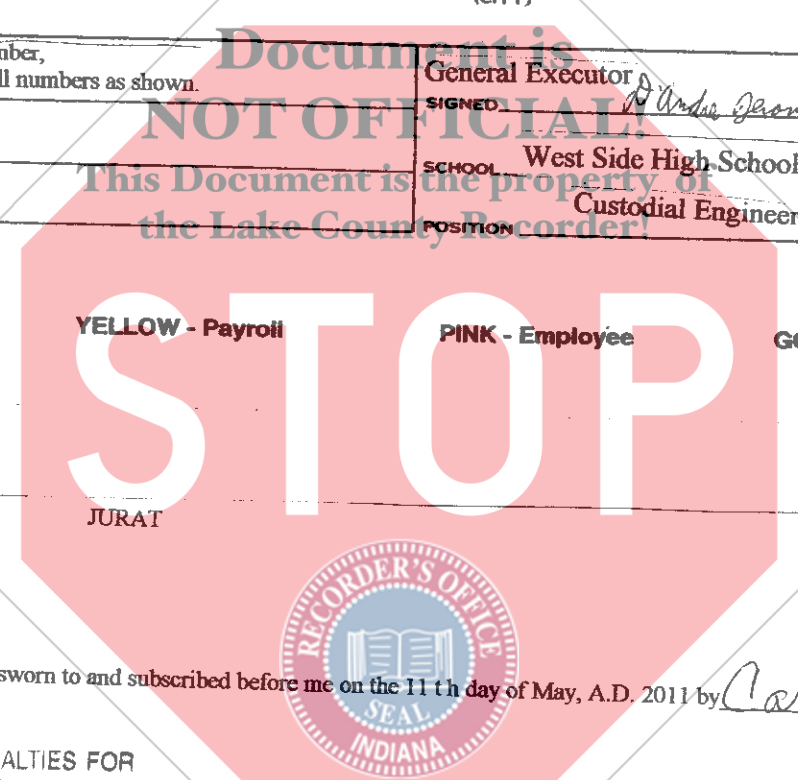
This Instrument was sworn to and subscribed before me on the 11 th day of May, A.D. 2011 by *Carol J. Cody*

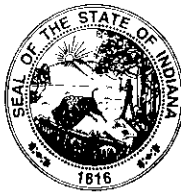
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."  
PREPARED BY: *D. Andre Dennie*

CAROL J. CODY  
Notary Public  
State of Indiana  
My Commission Expires Oct 11, 2014

DISCLAIMER:  
In case of future complications pertaining to the possible refusal of changing & correcting this information, This document has been filed in the Lake County Superior Court Recorder's Office in public records.

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r.m*





**OFFICE OF THE LAKE COUNTY RECORDER**

LAKE COUNTY GOVERNMENT CENTER  
2293 NORTH MAIN STREET  
CROWN POINT, INDIANA 46307

Recorder

PHONE (219) 755-3730  
FAX (219) 755-3257

**MEMORANDUM**

**DISCLAIMER**

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It may not meet with State of Indiana Recordation requirements.**

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9. CUSTOMER INSISTING DOCUMENT TO BE RECORDED \_\_\_\_\_ ✓
10. DOCUMENT RECORDED AS IS, MAY NOT MEET STATE REQUIREMENTS. \_\_\_\_\_ ✓

CUSTOMER INITIALS DJD DATE: 5/11/2011

EMPLOYEE INITIALS RM DATE: 5/11/11

2011 026409

2011 MAY 11 AM 10:05

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

