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2011 042324

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 AUG -5 PM 1:04

MICHELLE R. FAJMAN
RECORDER

# SMALL ESTATE AFFIDAVIT OF SURVIVORSHIP

**State of Indiana**
**County of Lake**

**I, Bernetta Murray, upon duly sworn, state on my oath that:**

1. **My address is: 2521 W. 12th Ave. Gary, In 46404**
2. **My residence is: 2521 W. 12th Ave. Gary, In 46404**
3. **I am a successor to the decedent or a claimant entitled to the property of the named decedent.** Bernetta Murray is the only Heir

| Name/Relationship | Address | Share |
|---|---|---|
| Bernetta Murray/daughter | 2521 W. 12th Ave. Gary, In 46404 | 100% |

**Legal Description: SO. BEND & GARY LAND CO'S SUB. ALL L.31 & L.32 BL.5 E.15FT. L.30 BL.5**
**Address of property: 2521 W. 12th Ave. Gary, In 46404**
**Key Number: 45-08-08-179-013.000-004**

4. **The decedent's name is Edna Lee Wright.**
5. **The date of the decedent's death was June 25, 2004, more than forty-five (45) days have elapsed since the death of the decedent and I have attached a copy of the death certificate hereto. Note: At any time after forty-five or more days from the date of a decedent's death, any person who is indebted to or who has possession of any property or an instrument evidencing a debt, obligation, stock chose in action, or stock brand belonging to the decedent, shall pay such indebtedness or deliver such personal property, or so much of either as is claimed to a person claiming to be a successor of the decedent or entitled to payment or deliver of the property belonging to the decedent upon being presented an affidavit made by said person.**
6. **That the value of the gross probate estate, wherever located, less lien and encumbrances does not exceed fifty thousand dollars ($50,000.00).**
7. **That at least forty-five (45) days has elapsed since the death of decedent.**
8. **That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.**



FILED
AUG 05 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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**THE FOREGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY**

**STATE OF INDIANA**
**COUNTY OF LAKE**

Before me, the undersigned, a Notary Public in and for said County and State, this 18th day of June, 2011.

Kenneth Murray personally appeared.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.
My commission expires 12/10/17

Jamica L. Williams, Notary Public

JAMICA L. WILLIAMS
Lake County
My Commission Expires
December 10, 2017

Scc

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Local No. 04 0397 State No.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| 1. DECEASED - NAME (First, Middle, Last) | 2. SEX | 3a. TIME OF DEATH | 3b. DATE OF DEATH (Month, Day, Yr.) |
|---|---|---|---|
| Edna Wright | Female | 12:30a.m | June 25, 2004 |

| 4. *SOCIAL SECURITY NUMBER | 5a. AGE - Last Birthday (Years) | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo., Day, Yr.) | 7. BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 306-34-0467 | 70 | | | September 1, 1933 | Gary Indiana |

| 8a. WAS DECEDENT A U.S. VETERAN? | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? | PLACE OF DEATH (Check only one. See instructions) |
|---|---|---|
| No | N/A | HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence |

| 9b. FACILITY NAME (If not institution, give street and number) | 9c. CITY, TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH |
|---|---|---|
| Methodist Hospital Northlake | GARY | Lake |

| 10. MARITAL STATUS (Specify) | 11. SURVIVING SPOUSE (If wife, give maiden name) | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) | 12b. KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Widowed | | Assembly line worker | King Foundry |

| 13a. RESIDENCE - STATE | 13b. COUNTY | 13c. CITY, TOWN OR LOCATION | 13d. STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Gary | 2521 West 12th Avenue |

| 13e. ZIP CODE | 13f. INSIDE CITY LIMITS | 13g. ON A FARM? | 14. CITIZEN OF WHAT COUNTRY? | 15. WAS DECEDENT OF HISPANIC ORIGIN? | 16. RACE — American Indian, Black, White, etc. (Specify) | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|---|---|
| | | | | | | Elementary/Secondary (0-12) | College (1-4 or 5+) |
| 46404 | ☐ No ☒ Yes | ☒ No ☐ Yes | USA | ☐ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | Black | 12 | N/A |

**PARENTS**

| 18. FATHER'S NAME (First, Middle, Last) | 19. MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| Charles Jennings | Rebecca Gates |

**INFORMANT**

| 20a. INFORMANT'S NAME (Type/Print) | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c. Relationship |
|---|---|---|
| Bernetta Murry | 3941 Lincoln Street, Gary, IN 46408 | Daughter |

**DISPOSITION**

| 21a. METHOD OF DISPOSITION | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 21c. LOCATION - City or Town, State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) | July 2, 2004 EVERGREEN MEMORIAL PARK | HOBART, Indiana |

| 22a. EMBALMER'S NAME | 22b. EMBALMER'S LICENSE NO. | 23. WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| Sherman G. Banks III | FD01016254 | ☒ No ☐ Yes |

| 24a. SIGNATURE OF FUNERAL DIRECTOR | 24b. LICENSE NUMBER (of Licensee) | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| | | Smith Bizzell & Warner FH19600034 4209 Grant Street, Gary, Indiana 46407- |

**CAUSE OF DEATH**

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Congestive Heart Failure d. Renal failure due to | |
| | DUE TO (OR AS A CONSEQUENCE OF): b. Coronary Artery Disease ; Hypertension | |
| Conditions, if any, which gave rise to the immediate cause stating the underlying cause last | DUE TO (OR AS A CONSEQUENCE OF): c. Chronic Lymphocytic Leukemia | |
| | DUE TO (OR AS A CONSEQUENCE OF): d. Multiple Dependent Diabetes Mellitus | |

| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I | 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|---|
| | NO | NO | NO |

**CERTIFIER**

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

| 29b. SIGNATURE AND TITLE OF CERTIFIER | 29c. MEDICAL LICENSE NO. | 29d. DATE SIGNED (Month, Day, Year) |
|---|---|---|
| M. F. Badar MD | 01026783 | 7-8-04 |

**HEALTH OFFICER**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

DR GF BADAR 5490 BROADWAY MERRILLVILLE IN 46410

31. HEALTH OFFICER'S SIGNATURE

32. DATE FILED (Month, Day, Year) JUL 19 2004

| 33. MANNER OF DEATH | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) | 34d. DESCRIBE HOW INJURY Ooccurred |
|---|---|---|---|---|
| ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) | 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) |
|---|---|
| | |

| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | 34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. |
|---|---|
| | |

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1