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STATE OF INDIANA)
)
COUNTY OF LAKE)

IN RE DECEDENT:
MINNIE LEE WARREN AKA *Minnie L. Warren*

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Comes now **Henrietta Hinton**, being first duly sworn upon her oath, and says as follows:

1. That the above-named decedent died intestate on the 14th day of February 2010, while domiciled in Lake County.

2. That no petition for the appointment of a personal representative of said decedent is pending in any Court in this State and that forty-five (45) days have elapsed since the death of the decedent.

3. That the following named persons are the only heirs of the decedent:

<u>Name</u>	<u>Relationship</u>
Henrietta Hinton	Adult Daughter
Betty Jean Warren-Watkins	Adult Daughter

4. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by IC 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.

5. 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:

KINGS RESUB. J. R. LANES ADDITION, THE SOUTH 10 FEET OF LOT 4, BLOCK 6, ALL LOT 5 BLOCK 6 & THE NORTH 212 FEET OF LOT 6, BLOCK 6.
Commonly Known As: 1022 Burr Street, Gary, IN 46406
Property No. 45-07-12-130-013.000-004

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

AMOUNT \$ 16⁰⁰-
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK PH

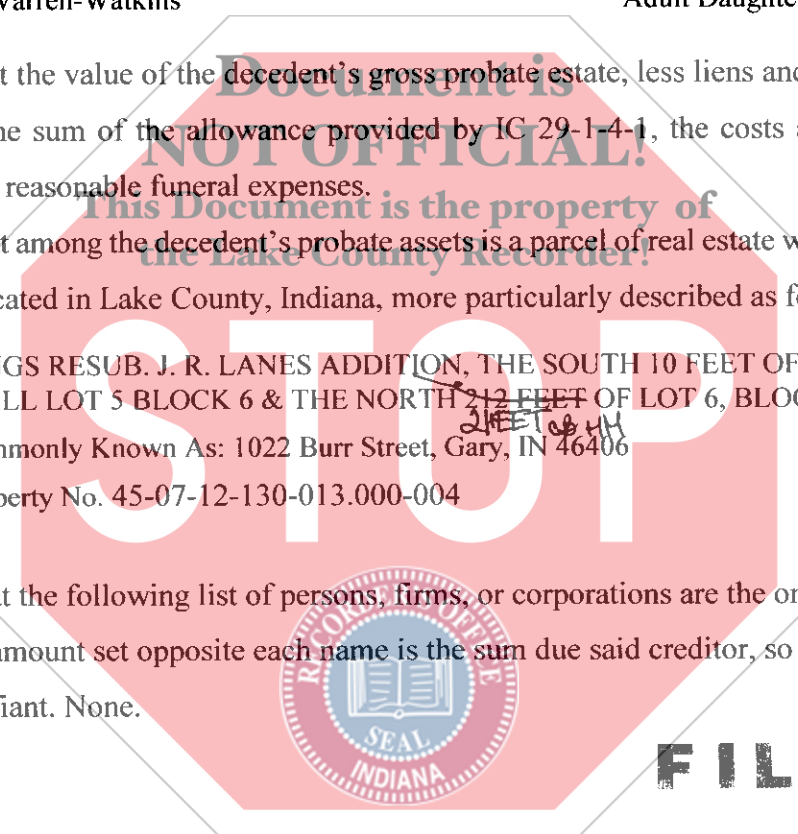
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FILED

AUG 15 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2011 AUG 15 PM 2:09
FILED FOR RECORD
LAKE COUNTY, INDIANA



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7. That the individuals entitled to the real estate as a result of the decedent's death are the following heirs of the decedent, namely:

<u>Name</u>	<u>Relationship</u>
Henrietta Hinton	Adult Daughter
Betty Jean Warren-Watkins	Adult Daughter

8. That the gross value of the estate of the decedent, MINNIE LEE WARREN, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

9. That the decedent's estate was not subject to Indiana Inheritance.

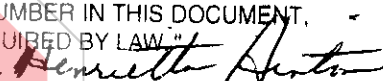
Further Your Affiant Sayeth Not.




 Henrietta Hinton

STATE OF INDIANA)
COUNTY OF LAKE)SS:

Document is NOT OFFICIAL
 This Document is the property of the Lake County Recorder

"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: 

Before me a Notary Public in and for said County and State, this 15th day of August 2011, personally appeared **Henrietta Hinton**, who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.


 _____, Notary Public

My County of Residence: Lake

My Commission Expires: 6/30/2017



This instrument prepared by Charles D. Brooks, Jr., Attorney at Law, 2200 Grant Street, Suite 100, Gary, IN 46404 Telephone: 219 944-8586

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



Local No. 581-10

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Minnie Lee Warren				1a. Maiden Last Name (If Female) Dixon		2. Sex Female	3. Time Of Death 2:00 PM	4. Date Of Death (Month/Day/Year) February 14, 2010	
5. Social Security Number 422-24-6732	6a. Age - Yrs 84	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) July 15, 1925		8. Birthplace (City And State Or Foreign Country) Muscle Shoals, Alabama	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) Methodist Hospital Southlake									
12. City Or Town, State, And Zip Code Merrillville, Indiana				13. County Of Death Lake			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 N/A		15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Matron			17. Kind Of Business/Industry Gary Community School System		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary			18c. Apt. No.	18e. Zip Code 46406	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 1022 Burr Street		19. Decedent's Education High school graduate/GED		20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race African American			
22. Father's Name (First, Middle, Last) Manuel Dixon			23. Mother's Name (First, Middle, Last) Henrietta Dixon			23a. Mother's Maiden Last Name Unknown			
24. Informant's Name Henrietta Hinton		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 1022 Burr Street Gary, Indiana 46406					
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) Oak Hill Cemetery			25c. Location - City, Town, And State Gary, Indiana				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell & Warner Funeral Home 4209 Grant Street, Gary, Indiana 46408					27a. Funeral Home License Number FH10500021		
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>					27c. License Number (Of Licensee): FD20000361				
<p align="center">Cause Of Death (See Instructions And Examples)</p> <p>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.</p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death) A. MASSIVE INTERCEREBRAL HEMORRHAGE</p> <p>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</p> <p>B. COMA</p> <p>C. HYPERTENSION</p> <p>D. _____</p>									Approximate Interval: Onset To Death
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 Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input 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				
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: <i>[Signature]</i> Dakshia Uyas, MD					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 200 E. 84th Ave Suite 3B Merrillville IN 46410					44. License Number 01032692		45. Date Certified 2/18/10		
46. Additional Funeral Service Provider:					47. *Akas:				
48. Signature of Local Health Officer: <i>[Signature]</i> Susan J. Best, D.O.					49. For Registrar Only - Date Filed (Month/Day/Year) February 15, 2010				