STATE OF INDIANA
) In Re: Gurthra Cleo Williams, deceased April 17, 2011
) SS:

COUNTY OF LAKE
)

Affidavit For Transfer of Real Property

- 1. That the above named decedent died intestate on date.
- 2. That forty-five (45) days have elapsed since the death of decedent.
- 3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
- 4. That the following named person is the legal heir of decedent: Evelyn Wallace, daughter.
- 5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses. Unit 15
- 6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 3719 West 24th Avenue, Gary, Indiana 46404, described as following:

The North ½ Lot 104, except the West 240 feet and the East 80 feet of the West 240 Feet of North ½ of lot 104, Wildwood Subdivision, in the City of Gary, as shown in Plat Book 52, Page 25, as recorded in the Office of the Recorder of Lake County, Indiana Property Id. No. 25-47-0402-0032

- 7. 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: NONE
- 8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
- 9. That the gross value of estate of decedent, Gurthra Cleo Williams as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As 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.

AUG 2 2 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

**EXHIBIT A** 

028469

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Concident Subject Name   First, Mode, Last)   18. Registrates Subject Name   18. Registrate	Date Of Death (Month/Day/Year)
SURPLIFIED CASE ACCES TO SECURIOR AND CONTROL OF THE PROPERTY	04/17/2011
Supplementary Business   Supplementary   Sup	and State or Foreign Country)
317-20_65272	5
Type   Note     Intercent     Intercent     Intercent         Intercent	
132 MASSACHUTTES STREET STREET STREET STREET   133 County Of Seath   134 MARCH   135 March   134 March   135 Mar	Care Facility
ARY, IN, 45402  ARY  BB. City O Town  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB. City O Town  ARY  BB. City O Town  BB	At Time Of Death
ARY, IN, 46402  Summing Stockets Name  If a, gr.Winylive Masters Lab Name  If a, gr.Winylive Masters Rabers If a, gr.Winylive Masters In a gr. Lab Name  If a, gr.Winylive Masters In a gr. Lab Name  If a, gr.Winylive Masters In a gr. Lab Name  If a, gr.Winylive Masters In a gr. Lab Name  If a, gr.Winylive Masters In a gr. Lab Name  If a, gr.Winylive Masters In a gr. Lab Name  If a, gr. Lab Name  If a, gr.Winylive Masters In a gr. Lab Name  If a, g	lus At Time Of Death  Married, But Separated Divorce
186 County	☐ Never Married ☐ Unknown
Recidence - State   186 County	17. Kind Of Business/Industry
DAMA   LAKE   GARY   18d Apt. No   18d Zip Code   18d Apt. No   18d Apt. No   18d Zip Code   18d Apt. No   18d Apt. No   18d Apt. No   18d Zip Code   18d Apt. No   18d Apt. No   18d Zip Code   18d Apt. No   18d Apt. No   18d Apt. No   18d Zip Code   18d Apt. No   18d Apt. No   18d Zip Code   18d Zip Cod	CLOTHING INDUSTRY
196. Zep Code   328 MASSACHUTTES STREET STREET EAST   20. Decoderer Cell regions Code   12. Decoderer Received	
23. MASSACHUTTES STREET STREET EAST  24. Decedent's Education  25. Decedent's Education  26. Decedent's Education  27. Decedent's Education  28. Decedent's Education  29. Decedent's Education  29. Molfer's Name (First, Modele, Last)  20. Molfer's Name (First, Modele, Last)  21. Molfer's Name (First, Modele, Last)  22. Molfer's Name (First, Modele, Last)  23. Molfer's Name (First, Modele, Last)  24. Molfer's Name (First, Modele, Last)  25. Molfer's Name (First, Modele, Last)  26. Molfer's Name (First, Modele, Last)  27. Molfer's Name (First, Modele, Last)  28. Molfer's Name (First, Modele, Last)  28. Molfer's Name (First, Modele, Last)  29. Molfer's Name (First, Modele, Last)  29. Molfer's Name (First, Modele, Last)  29. Molfer's Name (First, Modele, Last)  20. Molf	Code 18f. Inside City Limits?
Deceder Escation   20. Deceder Chipagonic Origin   21. Deceder Race   22. Deceder Race   23. Medical American   24. Medical American   25. Medical American	
Deceder Escation   20. Deceder Chipagonic Origin   21. Deceder Race   22. Deceder Race   23. Medical American   24. Medical American   25. Medical American	402 <u>⊠</u> Yes □ No
23 Mother's Name (First, Middle, Liss)   244. Relationship To Decident   246. Missing Address (Street And Number, City, State, Zp Code)   248. Missing Address (Street And Number, City, State, Zp Code)   249. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street And Number, City, State, Zp Code)   250. Missing Address (Street	
Father's Name (First Middle, Last)	Jahada Maidea Lost Ne
Section   Sect	Mother's Maiden Last Name
DEBIN HILL   248. Mainting Address (pritter, the Institute, 1984)   328 MASSACHUTTES STREET EAST, GA	NOWN
28. Place Of Disposition  39. Was Considered Conference	
See   Procession   December   See   Procession   Sendent   See   Procession   Charactery Crematory, Crimer Place   25c. Location - City, Town, And State   Service   Control Copacity	GARY, IN 46402
Buttal   Cremation   Donation   Denation	
Seguentially 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  Did Tobacco Use Contribute To Death?  23. If Pemale:    Did Tobacco Use Contribute To Death?   32. If Pemale:   Did Tobacco Use Contribute To Death?   33. If Pemale:   Did Tobacco Use Contribute To Death?   35. Time Of Injury (Month/Day/Year)   36. Time Of Injury State   38a. City On Town   38b. Street & Number   30. Deach of Centrying Cause Or Death:   Disease Or Death (See Instructions And Examples)   36. Apt No.   37. April Control on the Control of Centry One Cause Or Injury That Initiated C.   36. Street & Number   36. Apt No.   3	27a. Funeral Home License Numb
72. Segretative Of Indiana Funeral Service Licensees  AUL ANTHONY ROBINSON, BY ELECTRONIC SIGNATURE  28. Part I. Enter The Chain Of Everts - Diseases, Injuries, Or Complications - That Directly Cause of Death (See Instructions And Examples)  29. Part I. Enter The Chain Of Everts - Diseases, Injuries, Or Complications - That Directly Caused The Death - Division of Part I in the Part I insured that Cause (Final Disease Or Condition, Resulting in Death)  A Line. Add Additional Lines if Necessary.  Immediate Cause (Final Disease Or Condition, Resulting in Death)  Sequentially List Conditions, If Any, Leading To The Cause Listed On B.  Disease Condition of Injury That Initiated The Events Resulting in Death) Last  Disease Condition of Injury That Initiated The Events Resulting in Death) Last  Disease Contribute To Death?    Ves	FH19500007
28. Part I. Enter The Chain Of Events - Diseases. Injuries, Or Complications - That Directly Caused The Death But Not Eritary Ferrings Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Effology. Do Not Abbreviate - Enter Only One Cause On A Line. Add Additinal Lines it Necessary. Immediate Cause (Final Disease Or Condition. Resulting in Death)  A DEBILTY  Deate (Or As Consequence On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated C. Duals (Or As Consequence On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated C. Duals (Or As Consequence On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated C. Duals (Or As Consequence On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated C. Duals (Or As Consequence On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated C. Duals (Or As Consequence On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated C. Duals (Or As Consequence On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated C. Duals (Or As Consequence On Line A. Enter The Underlying Cause Given in Part I. 29. Was An Autopsy Performed?  30. Were Autopsy Finding Available To Complete The Cause C. Duals (Or As Consequence On Line A. Enter The Underlying Cause Given in Part I. 29. Was An Autopsy Performed?  30. Were Autopsy Finding Available To Complete The Cause C. Duals (Or Death)  31. Did Tobacoo Use Contribute To Deatin?  32. If Female:  33. Wanner Or Death:  34. Did Transportation Injury Sectors (Death)  35. Time Of Injury  36. Feduce Of Vinjury (F.O.) Decedent's Home, Construction Site, Restauropt, Wooded Area)  36. Feduce Of Vinjury (F.O.) Decedent's Home, Construction Site, Restauropt, Wooded Area)  36. Feduce Of Vinjury (F.O.) Decedent's Home, Construction Site, Restauropt, Wooded Area)  37. Signature, Of Person Certifying Cause Of Death:  38. Jonate, Address And Zip Code Of Person Certifying Cause Of Death:  38. Signature of Local Health Offi	
Immediate Cause (Final Disease Or Condition Resulting in Death)  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  One to (Or As A Consequence Of):  Disease Or Injury That Initiated C.  Disease That Initiate C.  Disease Or Injury That Initiated C.  Disease	Approximate Interval: Onset To Death
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  C. Due to (Or As A Consequence Of):  Due to (Or As A Consequence Of):	YEARS
D. Deart ii. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Givin in Part I  29. Was An Autopsy Performed?  30. Were Autopsy Finding Available To Complete The Cause Givin In Part I  31. If Female:  32. If Female:  33. Manner of Death:  34. Not Pregnant At Tome Of Death:  35. Time Of Injury (Month/Day/Year)  36. Flace Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)  37. Time Of Injury State  38. City Of Town  38. Signature, Of Person Certifying Cause of Death:  38. Signature of Local Health Officer:  38. Signature of Local Health Officer:  49. For Registrar Only - Date Field (Month/Day  40. If Transportation Injury, Seedify  41. Signature of Local Health Officer:  42. Certifier (Check Only One)  43. Signature of Local Health Officer:  44. License Number  45. Signature of Local Health Officer:  46. Additional Funeral Service Provider:  47. FARS 30. Signature of Local Health Officer:  48. Signature of Local Health Officer:  49. For Registrar Only - Date Field (Month/Day  40. APR 28 20.	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Givin in Part I  29. Was An Autopsy Performed?	
30. Were Autopsy Finding Available To Complete The Cause   33. Were Autopsy Finding Available To Complete The Cause   34. Date Of Injury (Month/Day/Year)   35. Time Of Injury   36. Fface Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)   35. Time Of Injury - State   38a. City Or Town   38b. Street & Number   38c. Apt. No.     36. Fface Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)   36. Apt. No.   38c. Apt. No.   38c. Apt. No.     38a. City Or Town   38b. Street & Number   40. If Transportation Injury, Specify   Peasenger   P	⊠ No
1. Did Tobacco Use Contribute To Death?    Not Pregnant At Time Of Death   Not Pregnant Within 42 Days Of Death   Not Pregnant Within Past Year   Pregnant Within The Past Year   Suicide   Could Not Be Deten   Not Pregnant, But Pregnant Within The Past Year   Suicide   Could Not Be Deten   Not Pregnant, But Pregnant Within The Past Year   Suicide   Could Not Be Deten   Not Pregnant, But Pregnant Within The Past Year   Suicide   Could Not Be Deten   Not Pregnant, But Pregnant Within The Past Year   Suicide   Could Not Be Deten   Not Pregnant, But Pregnant Within The Past Year   Suicide   Could Not Be Deten   Not Pregnant, But Pregnant Within The Past Year   Suicide   Could Not Be Deten   Not Pregnant, But Pregnant Within The Past Year   Suicide   Could Not Be Deten   Not Pregnant, But Pregnant Within The Past Year   Suicide   Could Not Be Deten   Suicide   C	Cause Of Death? Yes No
Yes   Probably   No   Unknown   Not Pregnant 43 Days To 1 year 8 afore Death   Unknown   Pregnant Within The Past Year   Suicide   Could Not Be Detended	Accident Pending Investigation
8. Location Of Injury - State  38a. City Or Town  38b. Street & Number  40. If Transportation Injury, Specify Deveroperator □Passenger □Passen	Determined
8. Location Of Injury - State  9. Describe How Injury Occurred  1. Signature, Of Person Certifying Cause Of Death: ADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE 3. Name, Address And Zip Code Of Person Certifying Cause Of Death: ADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410  6. Additional Funeral Service Provider  19. For Registrar Only - Date Filed (Month/Day APR 28 20	ea) 37. Injury At Work?
8. Location Of Injury - State  9. Describe How Injury Occurred  1. Signature, Of Person Certifying Cause Of Death: ADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE 3. Name, Address And Zip Code Of Person Certifying Cause Of Death: ADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410  6. Additional Funeral Service Provider  19. For Registrar Only - Date Filed (Month/Day APR 28 20	
1. Signature, Of Person Certifying Cause Of Death: ADI ISSA ALZEIDAN , BY ELECTRONIC SIGNATURE 3. Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. License Number 45. Certifying Physician □ Coroner 46. ADI ISSA ALZEIDAN , 311 E. 89TH AVE, MERRILLVILLE, IN 46410 47. *Akas: 48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day APR 28 20	
1. Signature, Of Person Certifying Cause Of Death: ADI ISSA ALZEIDAN , BY ELECTRONIC SIGNATURE 3. Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. License Number 45. ADI ISSA ALZEIDAN , 311 E. 89TH AVE, MERRILLVILLE, IN 46410 46. Additional Funeral Service Provider:  8. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day APR 28 20	pecify:
ADI ISSA ALZEIDAN , 311 E. 89TH AVE, MERRILL.VILLE, IN 46410  8. Signature of Local Health Officer:  8. Signature of Local Health Officer:  APR 28 20	
ADDISSA ALZEIDAN , 311 E. 691 H AV E, MEINTELVIELE, IN 40416  47. *Akas:  8. Signature of Local Health Officer:  ICARDO HOOD VIA ELECTRONIC SIGNATURE  APR 28 20	er Heath Officer  45. Date Certified
8. Signature of Cocar Health Circles.  APR 28 20	04/27/2011
APR 28 20	h/Day/Year):
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	2011

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.