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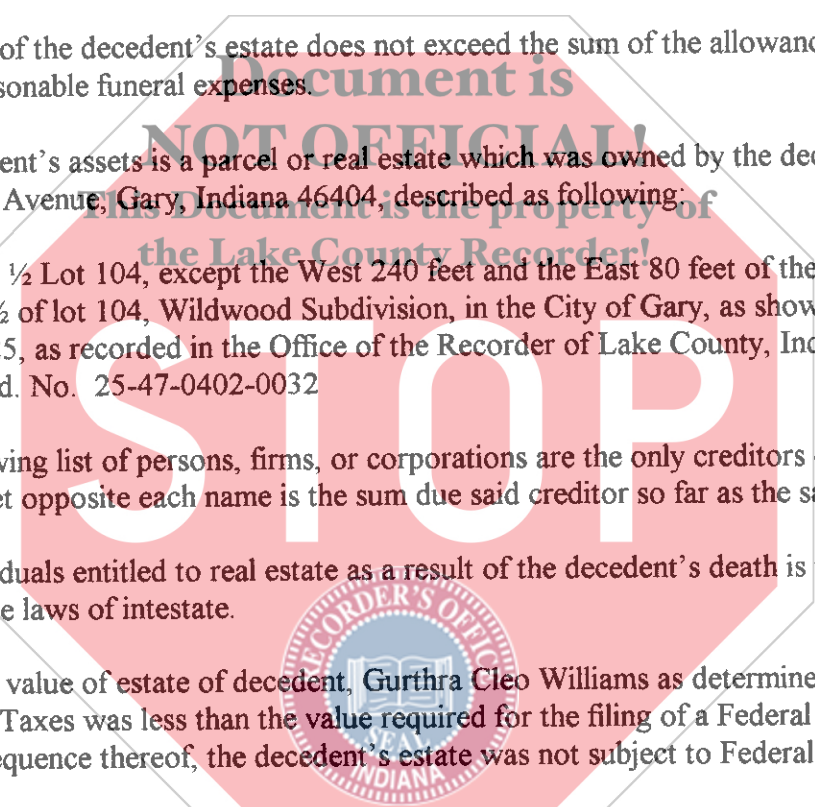
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RECORDER'S OFFICE  
LAKE COUNTY, INDIANA

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.
6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 3719 West 24<sup>th</sup> Avenue, Gary, Indiana 46404, described as following:  
  
The North 1/2 Lot 104, except the West 240 feet and the East 80 feet of the West 240 Feet of North 1/2 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.



**FILED**  
AUG 22 2011  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

EXHIBIT A

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

Local No **000181**

EDR No **000000195294**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>GURTHRA CLEO WILLIAMS</b>				1a. Maiden Name (If female) <b>HALL</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>07:30 AM</b>	4. Date Of Death (Month/Day/Year) <b>04/17/2011</b>		
5. Social Security Number <b>317-20-6272</b>		6a. Age - Yrs <b>101</b>	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) <b>09/04/1909</b>		8. Birthplace (City and State or Foreign Country) <b>WYNNE, AR</b>	
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 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 checked="" 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) <b>2328 MASSACHUTTES STREET STREET EAST</b>						12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</b>		13. County Of Death <b>LAKE</b>		
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		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>RETAIL</b>	17. Kind Of Business/Industry <b>CLOTHING INDUSTRY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18c. Street And Number <b>2328 MASSACHUTTES STREET STREET EAST</b>	18d. Apt. No.	18e. Zip Code <b>46402</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>				22. Father's Name (First, Middle, Last) <b>JOHN HALL</b>		
23. Mother's Name (First, Middle, Last) <b>BEULAH HALL</b>		23a. Mother's Maiden Last Name <b>UNKNOWN</b>		24. Informant's Name <b>RUEBIN HILL</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2328 MASSACHUTTES STREET STREET EAST, GARY, IN 46402</b>		
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>OAK HILL CEMETERY</b>			25c. Location - City, Town, And State <b>GARY, IN</b>			27a. Funeral Home License Number: <b>FH19500007</b>	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>HOUSE OF ROBINSON FUNERAL DIRECTORS, 1900 WEST 15TH AVENUE, GARY, IN 46404</b>				27b. Signature Of Indiana Funeral Service Licensee: <b>PAUL ANTHONY ROBINSON, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>FD01017284</b>
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.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>DEBILITY</b> Due to (Or As A Consequence Of): _____ YEARS  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 B. _____ Due to (Or As A Consequence Of): _____ C. _____ Due to (Or As A Consequence Of): _____ D. _____								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 Finding 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: <b>FADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE</b>						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: <b>FADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410</b>						44. License Number <b>01053003A</b>		45. Date Certified <b>04/27/2011</b>		
46. Additional Funeral Service Provider						47. *Akas:				
48. Signature of Local Health Officer: <b>RICARDO HOOD, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 28 2011</b>				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)