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STATE OF INDIANA)
) SS: IN RE: LESSIE BEE EVANS, DECEDENT
COUNTY OF LAKE)

2011 071720

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on November 22, 2010, while domiciled in Lake County, Indiana.

2. That forty-five (45) days have elapsed since the death of the decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

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

- Charlotte R. Evans, 2437 Buchanan Street, Gary, Indiana, daughter of decedent
- Dorothy A. Triplett, Orlando, FL, daughter of decedent
- Melvin Evans Jr., Gary, Indiana, son of decedent
- Curtis L. Evans, Yavne, Israel, son of decedent
- Diane E. Campbell, Las Vegas, daughter of decedent
- Charmene D. Holmes, S. Brunswick, NJ, daughter of decedent

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

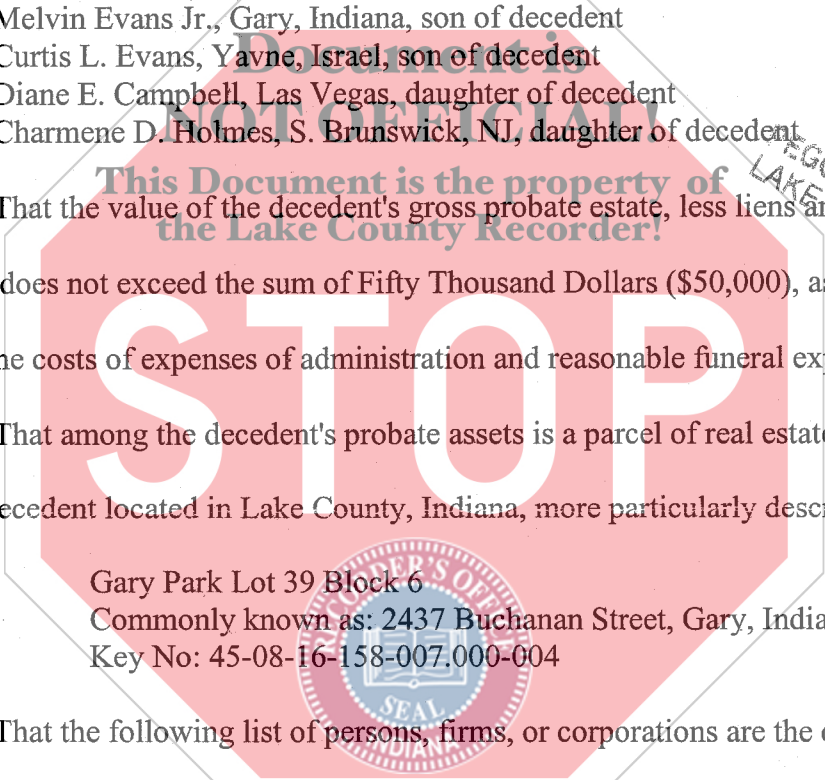
6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Gary Park Lot 39 Block 6
Commonly known as: 2437 Buchanan Street, Gary, Indiana 46407
Key No: 45-08-16-158-007.000-004

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 known to the affiant: NONE

8. That the individuals entitled to the real estate as a result of the decedent's death

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2011 DEC 12 PM 1:18
MICHELLE PADDAN
RECORDER
EGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
FILED
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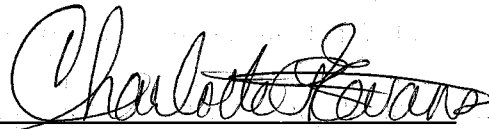
are as follows:

Charlotte R. Evans, 2437 Buchanan Street, Gary, Indiana, daughter of decedent
Dorothy A. Triplett, Orlando, FL, daughter of decedent
Melvin Evans Jr., Gary, Indiana, son of decedent
Curtis L. Evans, Yavne, Israel, son of decedent
Diane E. Campbell, Las Vegas, daughter of decedent
Charmene D. Holmes, S. Brunswick, NJ, daughter of decedent

9. That by reason of the above-stated matters, the affiant requests that the above-

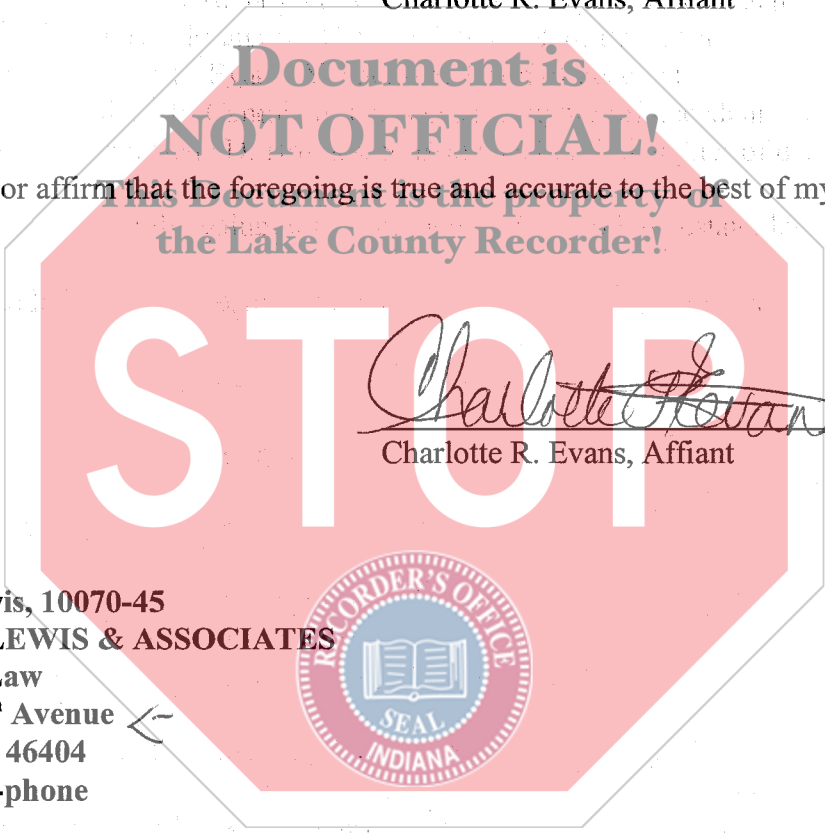
list real estate of Lessie Bee Evans be transferred to them pursuant to the laws of intestate

distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3



Charlotte R. Evans, Affiant

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.



Charlotte R. Evans, Affiant

Robert L. Lewis, 10070-45
ROBERT L. LEWIS & ASSOCIATES
Attorneys at Law
2148 West 11th Avenue
Gary, Indiana 46404
219) 944-2755-phone



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

#10-589

Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Lessie Bee (Leslie) Evans				1a. Maiden Last Name (If Female) Hudson		2. Sex Female		3. Time Of Death 5:46pm		4. Date Of Death (Month/Day/Year) November 22, 2010	
5. Social Security Number 423-32-4125		6a. Age - Yrs 89		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) August 7, 1921				8. Birthplace (City And State Or Foreign Country) Phenix City, Alabama							
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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 Northlake											
12. City Or Town, State, And Zip Code Gary, Indiana 46402						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 Homemaker		17. Kind Of Business/Industry Home	
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Gary			18d. Apt. No. N/A		18e. Zip Code 46407
18c. Street And Number 2437 Buchanan Street											
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
19. Decedent's Education 8th Grade				20. Decedent Of Hispanic Origin N/A				21. Decedent's Race Black			
22. Father's Name (First, Middle, Last) John Henry Gary						23. Mother's Name (First, Middle, Last) Eula Gary			23a. Mother's Maiden Last Name Ford		
24. Informant's Name Charlotte Evans				24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 2437 Buchanan Street Gary, Indiana 46407					
25. Place Of Disposition November 30, 2010 Evergreen Cemetery Hobart, Indiana											
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)				25c. Location - City, Town, And State					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, Inc. 2959 West 11th Avenue Gary, Indiana 46404						27a. Funeral Home License Number: 83007704			
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of licensee): #08700298					
<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. CARDIOPULMONARY Arrest Approximate Interval: Onset To Death</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. _____ Due To (Or As A Consequence Of):</p> <p>C. _____ Due To (Or As A Consequence Of):</p> <p>D. _____ Due To (Or As A Consequence Of):</p>											
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 checked="" 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 checked="" 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 						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 Okolocha Medical 7054 Grand St. Gary, IN 46404						44. License Number 01041856		45. Date Certified 12-10-10			
46. Additional Funeral Service Provider: 						47. *Akas:					
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): DEC 15 2010					