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STATE OF INDIANA)
) SS: IN RE: MARIE GRAHAM, DECEDENT
COUNTY OF LAKE)

2012 026330

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on September 19, 2004, 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:

Clarence Reynolds, 3640 Connecticut Street, Gary, Indiana, husband 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.

FILED
APR 13 2012
GREGORY HOLINGA KATONA
LAKE COUNTY AUDITOR

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:

S BDWY. Addition Lot 11 Block 7 South ½ Lot 10 Block 7
Commonly known as: 3640 Connecticut Street, Gary, Indiana 46409
Key No: 45-08-22-356-025.000-004

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

011635

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

Clarence Reynolds, 3640 Connecticut Street, Gary, Indiana, husband of decedent

AMOUNT $ 16-
CASH ____ CHARGE ____
CHECK # 1801) 1239
OVERAGE ____
COPY ____
NON-COM ✓
CLERK 33

9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of Marie Graham 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.

Clarence Reynolds

Clarence Reynolds, Affiant

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

Clarence Reynolds

Clarence Reynolds, Affiant

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

I affirm under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Janet Parker

Affiant

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 04 D569 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Marie C. Reynolds
2. SEX: Female
3a. TIME OF DEATH: 7:42 P M
3b. DATE OF DEATH (Month, Day, Yr.): September 19, 2004
[redacted]
5a. AGE—Last Birthday (Years): 62
5b. UNDER 1 YEAR: Months Days
5c. UNDER 1 DAY: Hours Minutes
6. DATE OF BIRTH (Mo. Day, Yr.): June 2, 1942
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital Northlake
9c. CITY, TOWN, OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Clarence Reynolds
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): LPN
12b. KIND OF BUSINESS/INDUSTRY: Timberview Nursing Home
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 3640 Connecticut Street
13e. ZIP CODE: 46409
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: U S A
15. WAS DECEDENT OF HISPANIC ORIGIN?: [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12); College (1-4 or 5 +): 2 Years

PARENTS

18. FATHER'S NAME (First, Middle, Last): Vollie Graham
19. MOTHER'S NAME (First, Middle, Maiden Surname): Nathalee Pryor

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Clarence Reynolds
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3640 Connecticut Street Gary, Indiana 46409
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) _____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 25, 2004 Evergreen Cemetery
21c. LOCATION—City or Town, State: Hobart, Indiana
22a. EMBALMER'S NAME: Roosevelt Allen Jr.
22b. EMBALMER'S LICENSE NO: #01051701
23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): #08700646
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704

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. D Ventricular fibrillation	
	DUE TO (OR AS A CONSEQUENCE OF) b. Dilated Cardiomyopathy	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF) c. Mitral Valve Disease	
	DUE TO (OR AS A CONSEQUENCE OF) d. Mitral Regurgitation	

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): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): _____

CERTIFIER

29a. CERTIFIER (Check only one):
[X] 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: [signature] MD
29c. MEDICAL LICENSE NO.: 037773
29d. DATE SIGNED (Month, Day, Year): 9/27/04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Andre Artis 5800 Broadway Merrillville Indiana 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]
32. DATE FILED (Month, Day, Year): SEP 30 2004

33. MANNER OF DEATH: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
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 (R5/1-99)