

3

Tax Parcel Number(s):
45-07-10-256-035-000-023

2012 040761

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2012 JUN 20 AM 10:43

Mail Tax Bills To:
Robert D. Bellamy
6746 New Hampshire
Hammond, Indiana 46323

MICHAEL S. FAJMAN
RECORDER

STATE OF INDIANA) IN RE: DECEDENT
)SS:
COUNTY OF LAKE) SHIRLEY PIERCE

AFFIDAVIT FOR TRANSFER OF REAL ESTATE

Comes now, Robert D. Bellamy of 6746 New Hampshire, Hammond, Indiana 46323, who being first duly sworn deposes and says:

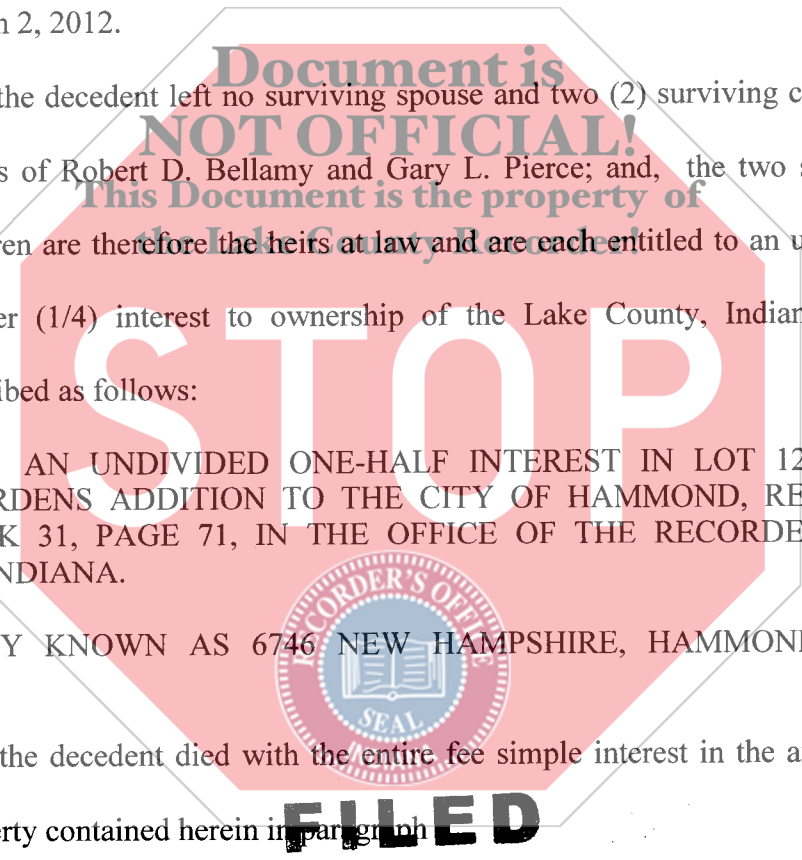
1) That he is the son and heir of the decedent, SHIRLEY PIERCE, who died on March 2, 2012.

2) That the decedent left no surviving spouse and two (2) surviving children by the names of Robert D. Bellamy and Gary L. Pierce; and, the two said surviving children are therefore the heirs at law and are each entitled to an undivided one-quarter (1/4) interest to ownership of the Lake County, Indiana, real estate described as follows:

AN UNDIVIDED ONE-HALF INTEREST IN LOT 12, BLOCK 4, CLINE GARDENS ADDITION TO THE CITY OF HAMMOND, RECORDED IN PLAT BOOK 31, PAGE 71, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 6746 NEW HAMPSHIRE, HAMMOND, INDIANA 46323.

3) That the decedent died with the entire fee simple interest in the aforementioned property contained herein in paragraph 1.



FILED

JUN 20 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO. 12298

002528

15
CM
Cv



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

Local No **000694**

EDR No **000000248313**

State No **010027**

1. Decedent's Legal Name (First, Middle, Last) SHIRLEY PIERCE				1a. Maiden Name (If female) MCFADDEN		2. Sex FEMALE	3. Time Of Death 05:15 AM	4. Date Of Death (Month/Day/Year) 03/02/2012	
5. Social Security Number 306-36-9041	6a. Age - Yrs 73	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) 05/18/1938		8. Birthplace (City and State or Foreign Country) HENRY, TN	
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 checked="" 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) MUNSTER MED INN									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 HOUSE WIFE		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND					
18c. Street And Number 6746 NEW HAMPSHIRE						18d. Apt. No.	18e. Zip Code 46323	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) BRUCE MCFADDEN				23. Mother's Name (First, Middle, Last) MILDRED HUNDLE			23a. Mother's Maiden Last Name HAYNES		
24. Informant's Name BOB BELLAMY		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 6746 NEW HAMPSHIRE, HAMMOND, IN 46323					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HEIGHTS CREMATORY			25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311					27a. Funeral Home License Number: FH10900001		
27b. Signature Of Indiana Funeral Service Licensee: CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700033			
28. Part I. Enter The <u>Chain Of Events</u> - 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.									Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. <u>METASTATIC CARCINOMA OF BREAST</u> <small>Due to (Or As A Consequence Of):</small>									5 YEARS
B. <u>CORONARY ARTERY DISEASE</u> <small>Due to (Or As A Consequence Of):</small>									3 YEARS
C. <u>FAILURE TO THRIVE SYNDROME</u> <small>Due to (Or As A Consequence Of):</small>									6 WEEKS
D.									
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> 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 checked="" 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: RED ADLER, BY ELECTRONIC SIGNATURE						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: RED ADLER, 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 46321						44. License Number 01019251A		45. Date Certified 03/06/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 07 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									