

3
STATE OF INDIANA)
) SS: IN RE: HOPE SCOTT, DECEDENT
COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on June 2, 2012, 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 person is the only heirs of the decedent:

Lisa M. Scott, 1071 East 53rd Avenue, Gary, Indiana (daughter)

Cheryl L. Barnes, 7641 Juniper Street, Gary, Indiana (daughter)

Henry Scott Jr., 18487 Kerill Court, Triangle, VA (son)

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:

Lot 3 in Carolina Village Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 31, Page 59, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4666 Maryland Street, Gary, Indiana 46409

Key No: 45-08-34-127-023.000-004

7. That the following list of persons, firms, or corporations are the only creditors

FILED
SEP 13 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

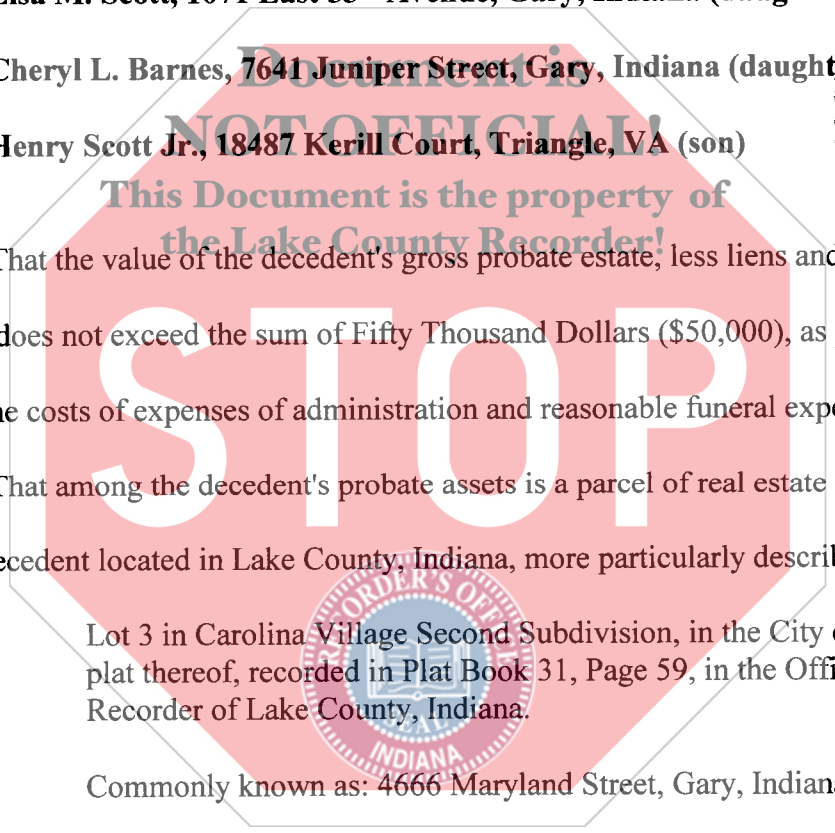
26088

1600
CK# 2233
Mr. Lomb
1W op E

2012 064589

2012 SEP 14 AM 10:16

STATE OF INDIANA
LAKE COUNTY
RECORDER OF RECORD



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 is

Lisa M. Scott, 1071 East 53rd Avenue, Gary, Indiana (daughter)

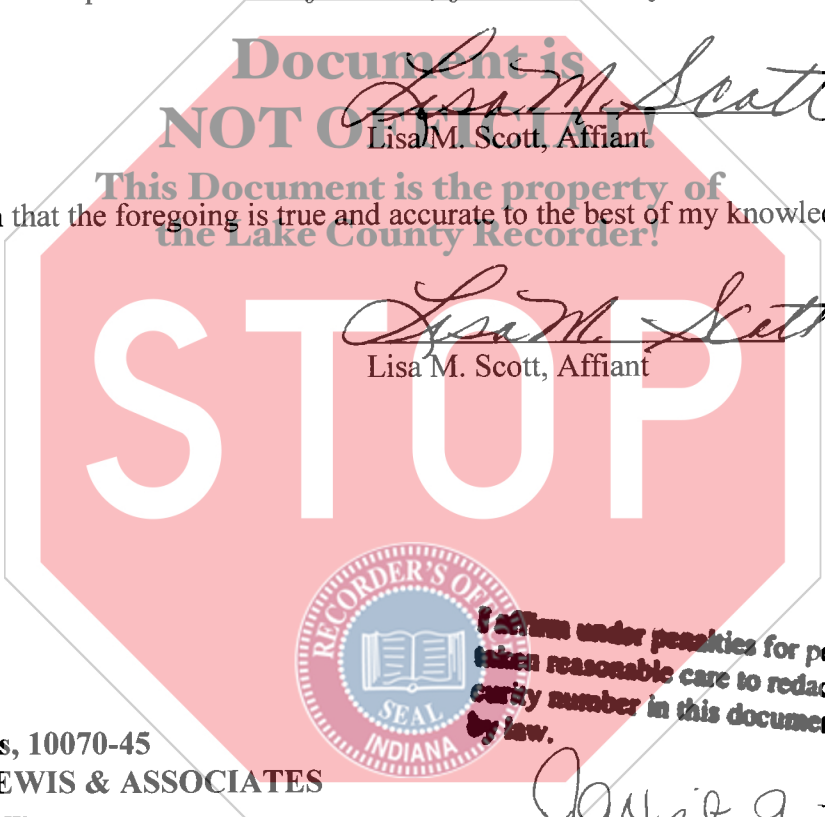
Cheryl L. Barnes, 7641 Juniper Street, Gary, Indiana (daughter)

Henry Scott Jr., 18487 Kerill Court, Triangle, VA (son)

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

Document is NOT ORIGINAL
Lisa M. Scott
Lisa M. Scott, Affiant

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.
This Document is the property of the Lake County Recorder!



Lisa M. Scott
Lisa M. Scott, Affiant



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.

Janel Weaver
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

Local No 002168

EDR No 00000264756

State No 031261

1 Decedent's Legal Name (First, Middle, Last) HOPE SCOTT				1a Maiden Name (If female) RICHARDSON		2 Sex FEMALE	3 Time Of Death 08 06 AM	4 Date Of Death (Month/Day/Year) 06/02/2012
5 Social Security Number 310-36-5179	6a Age - Yrs 74	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) 11/05/1937		8 Birthplace (City and State or Foreign Country) GARY, IN
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 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 SOUTHLAKE CAMPUS								
12 City Or Town, State, And Zip Code CROWN POINT, IN, 46307				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			15a (If Wife) Give Maiden Last Name			16 Decedent's Usual Occupation CLERK		17 Kind Of Business/Industry DIVISION OF FAMILY AND CHILDEN
18 Residence - State INDIANA		18a County LAKE		18b City Or Town GARY				
18c Street And Number 4666 MARYLAND STREET				18d Apt No		18e Zip Code 46409		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19 Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20 Decedent Of Hispanic Origin NOT HISPANIC			21 Decedent's Race Black or African American			
22 Father's Name (First Middle, Last) EMERICK MORGAN			23 Mother's Name (First, Middle Last) ARTHELLA JENNINGS			23a Mother's Maiden Last Name RICHARDSON		
24 Informant's Name CHERYL BARNES		24a Relationship To Decedent DAUGHTER		24b Mailing Address (Street And Number, City, State, Zip Code) 7641 JUNIPER STREET, GARY, IN 46403				
25 Place Of Disposition								
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) OAK HILL CEMETERY			25c Location - City, Town, And State GARY, IN			
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility MANUEL MEMORIAL FUNERAL HOME, 421 W 5TH ST, GARY, IN 46402					27a Funeral Home License Number FH11100005	
27b Signature Of Indiana Funeral Service Licensee ANGELA R MANUEL, BY ELECTRONIC SIGNATURE						27c License Number (Of Licensee) FD20600080		
Cause Of Death (See Instructions And Examples)								
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 A Line Add Additional Lines If Necessary								
Immediate Cause (Final Disease Or Condition Resulting In Death)			A ACUTE RESPIRATORY FAILURE <small>Due to (Or As A Consequence Of)</small>			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			B TOXIC ENCEPHALOPATHY <small>Due to (Or As A Consequence Of)</small>			JUL 17 2012		
			C CARDIAC ARREST <small>Due to (Or As A Consequence Of)</small>					
			D CORONARY ARTERY DISEASE <small>Due to (Or As A Consequence Of)</small>					
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		
ACIDOSIS						30 Were Autopsy Findings 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 checked="" type="checkbox"/> No <input 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 HARISH AMBALAL SHAH, 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 HARISH AMBALAL SHAH, 200 EAST 86TH PLACE, MERRILLVILLE, IN 46410						44 License Number 01035471A		45 Date Certified 07/16/2012
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) JUL 17 2012		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								