## IN RE RUBY WILLIAMS, DECEDENT

## AFFIDAVIT TO REMOVE LIFE ESTATE INTEREST OF RUBY WILLIAMS

1.	That the above-named decedent died intestate on or about the 13 <sup>th</sup> day of April, 2012, which domiciled in Gary, Lake County, State of Indiana.
2.	That more than forty-five (45) days have elapsed since decedent's death.
3.	That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4.	That the following named, persons are the only heirs of the decedent:
٠	Patricia Tyler, daughter, 4300 West 20 <sup>th</sup> Place, Gary, Indiana 46404
	Jim Robert Williams, son, 2224 Wright Street, Gary, Indiana 46404
	Gaysene Henderson, daughter, 2233 Wright Street, Gary, Indiana 46404.
5.	That the value of the decedent's gross probate estate, less liens and encumbrances does not exceed the sum of the allowance provided by IC § 29-1-4-1, \$50,000.00, the cost and expenses of administration and reasonable expenses.
6	That the among the decedent's probate assets is a parcel of real estate which she held a life estate in said real property located in Lake County, Indiana, more particularly described as follows:
	Key No: 45-08-18-133-055.000-004 45-08-133-005.000-004
	Lot 28 in Block 13, Tarrytown Second Subdivision in the City of Gary as per plat thereof, recorded in Plat Book 30 page 86 in the Office of the Recorder of Lake County, Indiana; commonly known as 2233 Wright Street, Gary, IN 46404
7.	That the heirs request that the life estate be removed from the property more particularly described as follows:
	Key No: 45-08-18-133-055.000-004 45-08-18-133-005.000-004

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 28441

Lot 28 in Block 13, Tarrytown Second Subdivision in the City of Gary as per plat thereof,

recorded in Plat Book 30 page 86 in the Office of the Recorder of Lake County, Indiana common known as 2233 Wright Street, Gary, IN 46404

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Key No: 45-08-18-133-005-000-004

- 8. That the gross value of the estate of the decedent, Ruby Williams, as determined for the purpose of Federal estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
- 9. That the decedent's estate wasnot subject to Indiana Inheritance Tax.

Respectfully submitted,

Patricia Tyler, Affiant

State of Indiana) County of Lake)

Subscribed and sworn to before me, a Notary Public, the signature of Patricia Tyler this day of 4, 2012 at Gary, Lake County, Indiana.

Notary

Resident: Lake County

My Commission Expires

I affirm under the penalty of perjury that I have taken reasonable care to redact each social security number int his document, unless required.

Wanda R. Hayes, Attorney

THIS INSTRUMENT PREPARED BY: Attorney Wanda R. Hayes, 5329 Piece Street Merrillville, Indiana 46410

Parcel No: 45-08-18-133-005.000-004

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name	al No O	71100				<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			7402	
,	•	35()		ł		ne (if female)		2. Sex	3. T	ime Of Deat	h 4.	Date Of Death (Month/Day
5. Social Security Number		6b. Under 1	Year   6c. Under	REE	D nder 1 Day	6e. Under 1 H	. : <del>1 - '                                 </del>	FEMAI		03:50 PM		04/13/2012
	•	<del></del>		<u>-</u>	- Lay	be. Under i H	our /. Date	of Birth (Month	/Day/Year)	8. Birthplac	ce (City and	State or Foreign Country)
307-42-5281 9. Ever in U.S. Armed Force	89 es? 10, if 0	Months eath Occurred in	Days A Hospital	Hours	-	Minutes	Oppured Sam	06/16/192 ewhere Other Th		ROSE	HILL, M	<u> </u>
Yes 🔯 No 🗋 Unkn	nown 🔀 inp	atient 🔲 Emerge	ency Department Ou	utpatient De	ad on Arrival	Hospice Fa	acility 🔲 🗅	Decedent's Home		al sing Home/Lo	ong-term Car	re Facility 💃
11. Facility Name (If Not Int METHODIST HOS	PITAL SO	reet and Number UTHLAKE (	CAMPUS									
12. City Or Town, State, And	d Zip Code					13. Cou	inty Of Death			l _	_	t Time Of Death
CROWN POINT, IN 15. Surviving Spouse's Name		<del></del>		15a. (If Wife	)Give Maider	LAKE		16. Decedent	s Usual Occi	<b>⊠</b> Wid	lowed [	ried, But Separated D D Never Married Dunk Kind Of Business/Industry
								CEAMOTE	ECC			
18. Residence - State			18a. County		<del></del>	18b. City O	r Town	SEAMSTR	(ESS	-	130	YCE SPORTSWE
NDIANA 8c. Street And Number			_AKE			GARY				_		
								11	Bd. Apt. No.	186	e. Zip Code	18f. Inside City Li
233 WRIGHT STR	KEET		20. Decedent O	V Historia Origin							46404	☑ Yes □ N
HIGH SCHOOL GR	RADUATE	OR GED	NOT HISPA				1. Decedent's					
2. Father's Name (First, Mid	ldle, Last)		INOT HISE	MNIC		23. Mother's Na	me (First, Midd	ican Americ He, Last)	an		23a. Mother	's Maiden Last Name
OHNNIE REED						PEARLIE F	REED				MILLER	
4. Informant's Name			24a. Relatio	nship To Decede	ent	24b. Mailing Add	fress (Street A	and Number, City	, State, Zip C	Code)	MILLER	
ATRICIA TYLER			DAUGH	TER		4300 WES	T 20TH P	LACE, GA	RY, IN 4	6404		
5a. Method Of Disposition  Burial Cremation	Donation 🔲	intombment 25	b. Place Of Disposit	tion (Name Of Ce	25. Place emetery, Crer	e Of Disposition matory, Other Pla	ice) 25c. Lo	ocation - City, To	wn, And Stat	e		
Removal From State Other (Specify):		F	/ERGREEN	MEMODIAI				ART, IN				
C Man Compan Contests 10				NICIVIDIKIAI	L PARK		IHOB					
	2	. Name And Con	nplete Address Of F	uneral Facility	PARK	um	ent	15			27a	. Funeral Home License Nu
Yes 🛭 No	G	'. Name And Con	nplete Address Of F	uneral Facility	)oc	<b>UM</b> (59 WEST 1	ent	15	Y. IN 46	404		
16. Was Coroner Contacted?  Yes  No  To. Signature Of Indiana Fur  ATRICIAN L. OWE	G	. Name And Con	N FUNERAL	uneral Facility  L DIRECTO	)oc	PUM( 59 WEST 1	ent	NUE, GAR	icense Num	ber (Of Licer	FH	. Funeral Home License No.
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