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STATE OF INDIANA)
COUNTY OF LAKE)

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 13th 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:

Patricia Tyler, daughter, 4300 West 20th 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 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

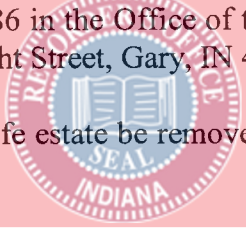
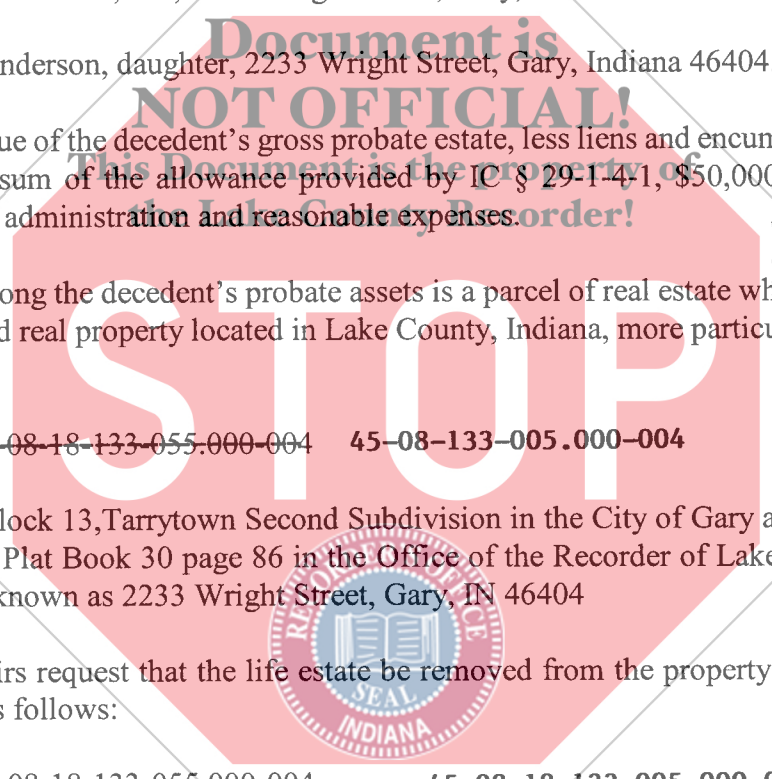
7. That the heirs request that the life estate be removed from the property more particularly described as follows:

Key No: ~~45-08-18-133-055.000-004~~ 45-08-18-133-005.000-004

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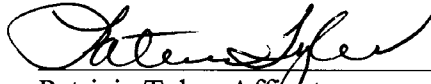
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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- 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 was not 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 28th day of August, 2012 at Gary, Lake County, Indiana.


 Notary

Resident: Lake County

My Commission Expires: April 9, 2013

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


 Wanda R. Hayes, Attorney

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





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001186

EDR No 00000256083

State No.017402

1. Decedent's Legal Name (First, Middle, Last) RUBY L WILLIAMS				1a. Maiden Name (If female) REED		2. Sex FEMALE		3. Time Of Death 03:50 PM		4. Date Of Death (Month/Day/Year) 04/13/2012			
5. Social Security Number 307-42-5281		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) 06/16/1922		8. Birthplace (City and State or Foreign Country) ROSE HILL, MS											
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 checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input 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 SEAMSTRESS		17. Kind Of Business/Industry JOYCE SPORTSWEAR			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY			18c. Street And Number 2233 WRIGHT STREET		18d. Apt. No.	18e. Zip Code 46404	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) JOHNNIE REED				23. Mother's Name (First, Middle, Last) PEARLIE REED				23a. Mother's Maiden Last Name MILLER					
24. Informant's Name PATRICIA TYLER				24a. Relationship To Decedent DAUGHTER				24b. Mailing Address (Street And Number, City, State, Zip Code) 4300 WEST 20TH PLACE, GARY, IN 46404					
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) EVERGREEN MEMORIAL PARK				25c. Location - City, Town, And State HOBART, IN.					
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, 2959 WEST 11TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number: FH83007704					
27b. Signature Of Indiana Funeral Service Licensee: PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700298							
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.													
Immediate Cause (Final Disease Or Condition Resulting In Death)										Approximate Interval: Onset To Death			
A. ENDOCARDITIS <small>Due to (Or As A Consequence Of):</small>										6DAYS			
B. SUBDURAL HYGROMA <small>Due to (Or As A Consequence Of):</small>										2WEEKS			
C. HYPERTENSION <small>Due to (Or As A Consequence Of):</small>										OVER 1YR			
D. HEADACHE <small>Due to (Or As A Consequence Of):</small>										OVER 3 MNTHS			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
ENDOCARDITIS													
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 checked="" type="checkbox"/> No <input 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 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: AUGUSTINE IKECHUKWU IZAH, 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: AUGUSTINE IKECHUKWU IZAH, 5857 BROADWAY, MERRILLVILLE, IN 46410						44. License Number 01042994A		45. Date Certified 04/19/2012					
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): APR 20 2012							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													