

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE:
ALMATINE TUCKER,
DECEDENT

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

DIANE L. BIGHAM, of East Chicago, Lake County, Indiana, being first duly sworn upon her oath, deposes and says:

1. ALMATINE TUCKER, SSN XXX-XX-5464, died testate on the 15th day of March, 1994, while domiciled in Lake County, Indiana, and that the Will of the decedent was not probated as the estate was of minimal value, wherein the opening of an estate and probating of the Will was not required.

2. That she is a surviving adult daughter of ALMATINE TUCKER.

3. Forty-five (45) days have elapsed since the death of the decedent.

4. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

5. The value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00) as provided by I.C. 29-1-8-3, including the costs and expenses of administration and reasonable funeral expenses.

6. Among the probate assets owned by the decedent at the time of her death was the following described real estate located in Lake County, Indiana:

Lot 45 and the West 5 feet of Lot 44, Subdivision of Block 21 and of Lots 16 to 20, both inclusive, Block 20, and of that part of 15 foot alley lying West of and adjacent to Lot 16, Fourth Addition to Indiana Harbor, in the City of East Chicago, as shown in Plat Book 5, Page 36, in Lake County, Indiana.

Parcel No.: 45-03-21-480-031.000-024

Common Address: 1202 E. Columbus Dr., East Chicago, IN 46312

7. The maximum period for creditors to file claims against the decedent's estate (nine (9) months from date of death), expired on or about December 15, 1994.

9. ALMATINE TUCKER left surviving her, the following:

Diane L. Bigham, adult daughter, 1202 E. Columbus Dr., East Chicago, IN 46312;

11648

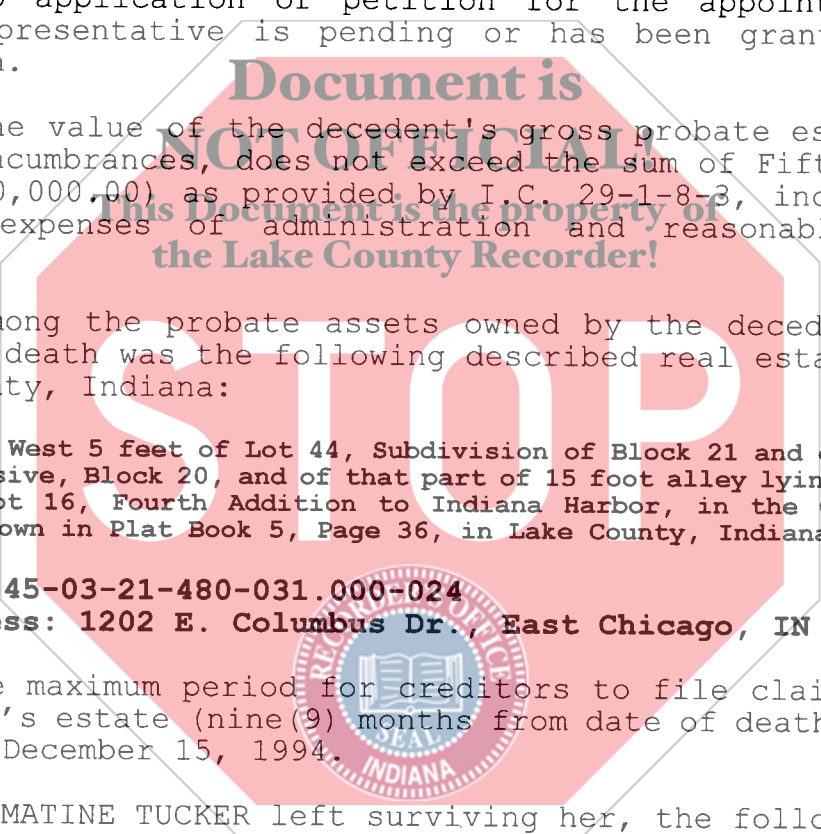
FILED

MAR 28 2013

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

2013 02 28 04 1

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL J. HARRIS
RECORDER
2013 MAR 28 PM 2:45



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WALCOMF

Carolyn J. Tucker, adult daughter, 1202 E. Columbus Dr., East Chicago, IN 46312;

Billie R. Holmes, adult daughter, 1202 E. Columbus Dr., East Chicago, IN 46312;

James L. Tucker, adult son, 890 Paradise Beach Cir., Pensacola, FL 32506;

Marvin O. Tucker, adult son, 1202 E. Columbus Dr., East Chicago, IN 46312;

Eddie G. Tucker, adult son, 4931 Carey St., East Chicago, IN 46312;

Mary M. Raybon, adult daughter, 4845 Park Florest Ct., Indianapolis, IN 46226;

John D. Tucker, adult son, 4845 Park Florest Ct., Indianapolis, IN 46226;

Sharon J. Tucker, adult daughter, 1202 E. Columbus Dr., East Chicago, IN 46312;

Dwayne J. Tucker, adult son, 7601 Morton, Merrillville, IN 46410; and

Denise L. Tucker, adult daughter, 1305 E. Columbus Dr., East Chicago, IN 46312.

Said decedent left no other child or children, nor descendants of any predeceased child or children, and that all survivors are competent adults.

10. That by reason of the above-stated matters, the affiant requests that the above-enumerated real property of the decedent, ALMATINE TUCKER, be transferred to the legatees at law of ALMATINE TUCKER as follows: DIANE L. BIGHAM, CAROLYN J. TUCKER, BILLIE R. HOLMES, JAMES L. TUCKER, MARVIN O. TUCKER, EDDIE G. TUCKER, MARY M. RAYBON, JOHN D. TUCKER, SHARON J. TUCKER, DWAYNE J. TUCKER and DENISE L. TUCKER, as tenants in common, pursuant to the Last Will and Testament of ALMATINE TUCKER, a copy of which is attached hereto, made a part hereof and marked as Exhibit "C".

11. The gross value of the estate of the decedent, ALMATINE TUCKER, as determined for the purposes 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.

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0651-94

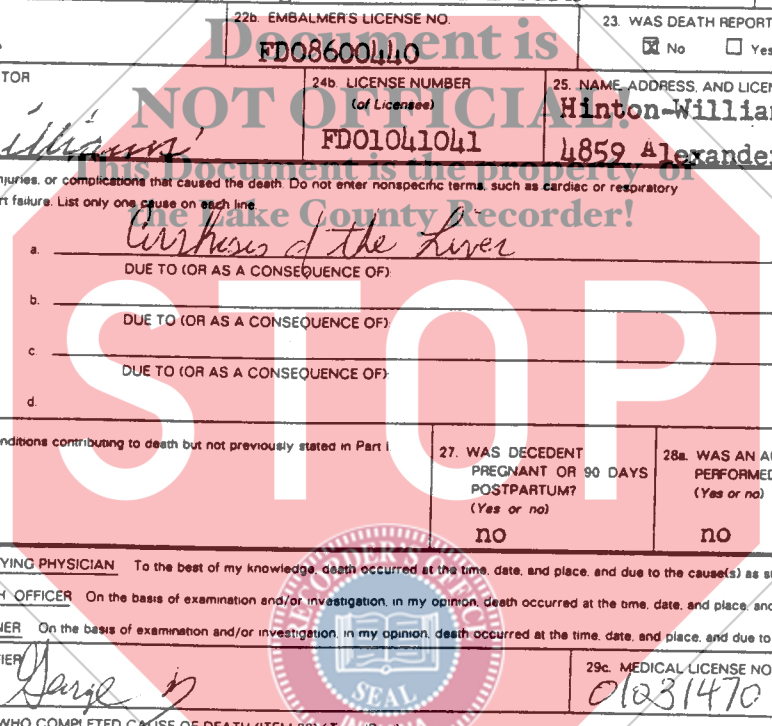
CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Almatine Tucker				2. SEX Female		3a. TIME OF DEATH 9:48 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) March 15, 1994							
4. *SOCIAL SECURITY NUMBER 309-58-5464		5a. AGE—Last Birthday (Years) 72		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) June 17, 1921		7. BIRTHPLACE (City and State or Foreign Country) Canton, Mississippi					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ---		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) The Community Hospital						9c. CITY, TOWN, OR LOCATION OF DEATH Munster			9d. COUNTY OF DEATH Lake						
10. MARITAL STATUS (Specify) Widow		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker				12b. KIND OF BUSINESS/INDUSTRY							
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION East Chicago			13d. STREET AND NUMBER 1202 E. Columbus Dr.								
13e. ZIP CODE 46312		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 12th Grade College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) John Webb						19. MOTHER'S NAME (First, Middle, Maiden Surname) Betty Patterson									
20a. INFORMANT'S NAME (Type/Print) Carolyn Tucker				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1202 E. Columbus Dr., East Chicago, Indiana				20c. Relationship Daughter							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 21, 1994 Evergreen Memorial Park				21c. LOCATION—City or Town, State Hobart, Indiana							
22a. EMBALMER'S NAME John V. Hower				22b. EMBALMER'S LICENSE NO. FD08600410				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John R. Williams</i>				24b. LICENSE NUMBER (of Licensee) FD01041041		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home FH8300152 4859 Alexander Ave., East Chicago, In.									
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cirrhosis of the Liver DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. 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)	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>John George M.D.</i>		29c. MEDICAL LICENSE NO. 01231470		29d. DATE SIGNED (Month, Day, Year) 3/16/94	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) J.W. George M.D. 7905 Calumet Ave. Munster, Indiana										31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams</i>		32. ABOVE IS A TRUE AND COMPLETE STATEMENT OF DEATH ON FILE WITH THE HEALTH DEPARTMENT March 18, 1994			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED MAR 04 2013							
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.											



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER