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STATE OF INDIANA)
COUNTY OF LAKE) SS:
Tax I.D. No. 45-08-28-159-018.300-004

LESTER D. PETTY, being first duly sworn upon oath, depose(s) and say(s):

- 1. That Affiant's wife, **WILLIE MAE PETTY** died without leaving a will on June 7, 2012, in Lake County, Indiana.
- 2. That the Affiant and **WILLIE MAE PETTY** were duly and legally married at the time they acquired title in the following described real estate:

THE SOUTH 40 FEET OF LOT 1 AND THE NORTH 40 FEET OF LOT 2 IN BLOCK 4 IN FIRST SUBDIVISION TO OAKINGTON PARK, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 11 PAGE 12, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant saith naught.

Lester D. Petty
Lester D. Petty

Subscribed and sworn to before me, a Notary Public this 14 day of June, 2013.

Elizabeth R. Kinzie
Notary Public

My Commission Expires:
County of Residence:

ELIZABETH R. KINZIE
Lake County
My Commission Expires
May 9, 2017

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

1.3573

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this Document, unless required by law.

Patrick J. McManama
Signature of Preparer

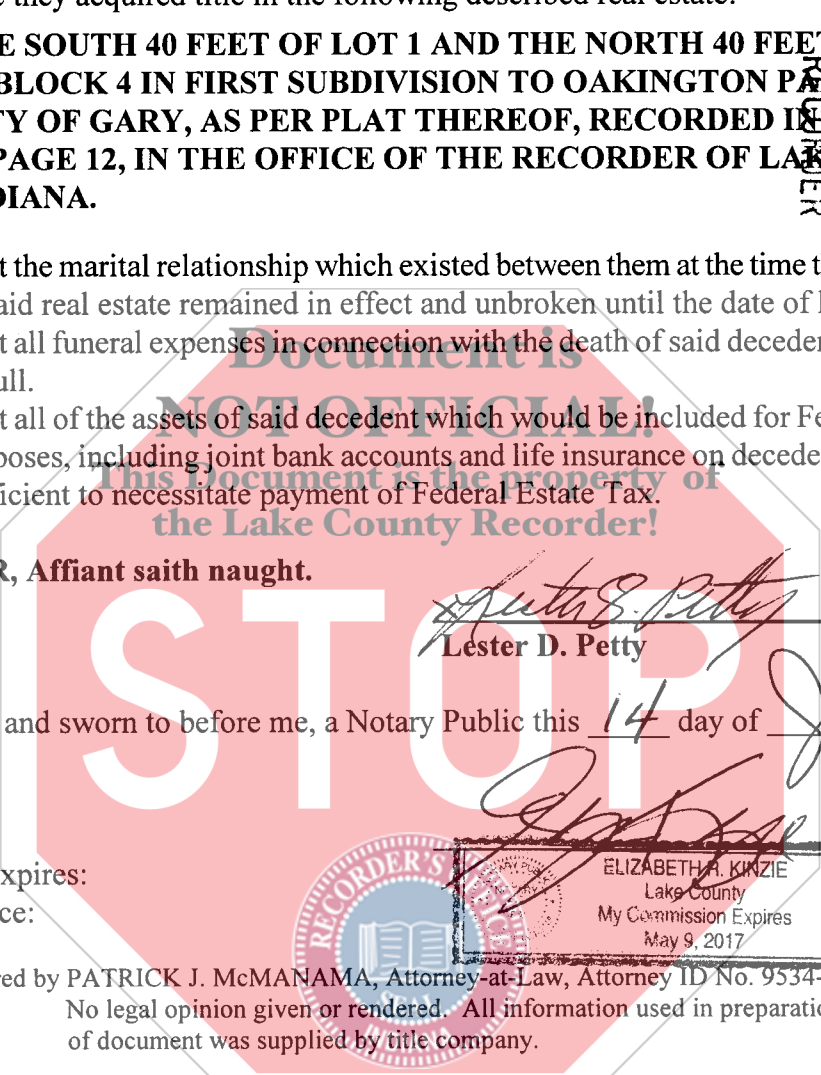
FILED
Elizabeth R. Kinzie
Name of Preparer

14-
CM
SS
✓ NONE

JUN 26 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 134383



STATE OF INDIANA
LAKE COUNTY
RECORDER OF DEEDS
FILED
MAY 11 2013
AM 11:07



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000249

EDR No 00000265124

State No

1. Decedent's Legal Name (First, Middle, Last) WILLIE MAE PETTY				1a. Maiden Name (If female) ELLIS		2. Sex FEMALE	3. Time Of Death 09:40 PM	4. Date Of Death (Month/Day/Year) 06/07/2012		
5. Social Security Number 308-66-5552		6a. Age - Yrs 55	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) 07/09/1956		8. Birthplace (City and State or Foreign Country) WETUMPKA, AL	
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 type="checkbox"/> Hospice Facility <input checked="" 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) 4008 PIERCE STREET						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		
12. City Or Town, State, And Zip Code GARY, IN, 46408			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation DIETARY WORKER		17. Kind Of Business/Industry HOSPITAL			
15. Surviving Spouse's Name LESTER D PETTY III			18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Residence - State INDIANA			18c. Street And Number 4008 PIERCE STREET			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) RUEBEN ELLIS			23. Mother's Name (First, Middle, Last) WILLIE MAE ELLIS			23a. Mother's Maiden Last Name ZIEGLER				
24. Informant's Name LESTER D PETTY SR			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 4008 PIERCE STREET, GARY, IN 46408					
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) FERN OAK CEMETERY		25c. Location - City, Town, And State GRIFFITH, IN				27a. Funeral Home License Number: FH10500021		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408					27c. License Number (Of Licensee): FD21000065			
27b. Signature Of Indiana Funeral Service Licensee: TAMIKA L ROMAYNE, BY ELECTRONIC SIGNATURE										
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) A. ENDOMETRIAL CANCER WITH BONE METASTASIS Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____								Approximate Interval: Onset To Death 1 YR		
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		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 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)		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: TERRILL APPLEWHITE, 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: TERRILL APPLEWHITE, 600 N GRANT ST, GARY, IN 46402						44. License Number 01067111A		45. Date Certified 07/11/2012		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 13 2012				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)