Mail Tax Bill to:

1971 Central Drive
Gary, Indiana 464270 | 3 050028

STATE OF INDIANA)

SS:

COUNTY OF LAKE)

IN RE THE ESTATE OF:
EARNESTINE COPELAND,
Deceased.

STATE OF INDIANA | COPELAND,
Deceased.

SMALL ESTATE AFFIDAVIT FOR TRANSFER OF INTEREST IN REAL PROPERTY

Comes now EVA L. PRINCE, daughter of the deceased, who swears upon her oath, states:

- 1. That the above named decedent died intestate on the 28th day of May, 2013, while domiciled in Gary, Lake County, Indiana. See Attached Death Certificate.
- 2. That she was the sole owner of the entireties property because her husband, Jacob Copeland died on the 13th day of February, 2012 while domiciled in Gary, Lake County, Indiana. See Attached Death Certificate.
- 3. That the only known heirs of the decedent are her children whose names are listed below:

Eva L. Prince
1985 Central Dr.
Gary, IN 46407

Robert A. Kelly 1234 New Jersey St. Gary, IN 46403 JUL 1 0 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

- 4. That it appears the value of the decedent's gross estate owned at the time of the decedent's death, less liens and encumbrances, the cost and expenses of administration and reasonable funeral expenses thereon, does not exceed \$50,000.00 as provided by Indiana Code § 29-1-8-3.
- 5. That the decedent was the sole owner of a house whose legal description is as follows:

Key No.: 45-08-11-351-019.000-004

East Twenty-nine (29) feet of Lot Sixteen (16), and West Twenty-three (23) Feet of Lot Seventeen (17), Block 4, Marshalltown, a subdivision in the City of Gary as shown in Plat Book 29, page 95 in Lake County, Indiana.

Deares CK#1082 KC Commonly known as: 1971 Central Drive, Gary, IN 46407

- 6. That more than 45 days have passed and no formal estate has been open nor is it anticipated that an estate will be opened.
 - 7. That there are no known creditors.

WHEREFORE, the decedent, EARNESTINE COPELAND'S, interest in the above stated property should be transferred to her children: EVA L. PRINCE AND ROBERT A. KELLY as joint tenants with rights of survivorship. They each have an undivided 1/2 interest in the property.

Eva L. Prince, affiant

Subscribed to and sworn before me Notary Public for the above State and

County, personally appeared, Eva L. Prince, this 9th day of July, 2013.

he Lake Coup

NOT OFFICIAL!

My Commission Expires Phis Document is

BARBARA A BOLLING
Lake County
My Commission Expires
March 24, 2019

Barbara A. Bolling, Notary Public

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 0			EC	DR No 000		<u>-508</u>	8		State	No	<u>0086</u>	<u> </u>	Of Death (Month/Day/Yea
Decedent's Legal Name (First, Middle, I	ast)			1a. Maiden Na	ime (If female)			2. Sex	3.	rime Qf	Death	4. Date	
COB COPELAND	l or II-dea		Co. Under 1 Mars	th 6d. Under 1 Day	6e. Under	1 Hour	7 Date	MAL of Birth (Mon			5 PM	y and State	02/13/2012 or Foreign Country)
Social Security Number 6a. Age - Yr	6b. Under	rear	oc. Under i won		_			•			, ,		
427-12-6471 95 Ever in U.S. Armed Forces? 10. If	Months Death Occurred In		Days	Hours	Minutes 10a If Dea	ath Occum		10/23/19 where Other	16 Than A Hospi		ONEVIL	LE, MS	
		-		nt Dead on Arriv	☐ Hospice	e Facility		cedent's Hor		sing Ho	me/Long-terr	n Care Fac	Hity
Facility Name (If Not Institution, Give BRA HOSPITAL OF NOR			ΠΑΝΑ										
City Or Town, State, And Zip Code	THATCOLL	(14 1142	27/11/1		13.	County Of	Death			L	4. Marital Sta		
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ROWN POINT, IN, 46307 Surviving Spouse's Name			1	5a. (If Wife)Give Mai		<u> </u>		16. Decede	nt's Usual Oc	cupatio	n	17. Kind	Of Business/Industry
NONICCTINE CODE! AND				RINCE				STEEL \	VORKER	?		STEE	L MILL
ARNESTINE COPELAND Residence - State		18a. C		KINGL	18b. Ci	ty Or Tow		O TELL T	TOTAL	`		1	
DIANA		LAKE	:		GARY	,							
c. Street And Number		<u> </u>							18d. Apt. N	0.	18e. Zip	Code	18f. Inside City Limit
71 CENTRAL AVENUE													Yes No
Decedent's Education		20.	Decedent Of His	panic Origin	***	21. De	ecedents	Race				407	
H - 12TH GRADE; NO D	IPI OMA	NO	T HISPANI	IC		Black	or Afr	ican Ame	rican				
Father's Name (First, Middle, Last)	2011/7	1.40			23. Mother						23a.	Mother's M	aiden Last Name
ILEY COPELAND					MARY (COPFI	_AND				NA		
ILEY COPELAND Informant's Name		Т	24a. Relationshi	p To Decedent	24b. Mailin	g Address	(Street	And Number,	City, State, Z	p Code			
ARNESTINE COPELAND	1		WIFE		1971 CI	ENTR/	AL AV	ENUE, G	ARY, IN	4640	07		
a, Method Of Disposition		25h Diag	o Of Dienocition	25. I (Name Of Cemetery,	Place Of Dispos		25c.1	ncation - City	, Town, And S	state			
Burial Cremation Donation	Entombment	250.1120	A OI DISPOSITOR	(Mario di domolory)	0.0		-	,	, ,				
Removal From State				/			1						
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Other (Specify): 3. Was Coroner Contacted? □ Yes ☑ No 7b. Signature Of Indiana Funeral Servic HELIA C KIRBY-NUSS, I 28. Part I. Enter The Chain Of Even Such As Cardiac Arrest, Respiratory A Line. Add Additinal Lines If Necest Immediate Cause (Final Disease Or Sequentially List Conditions, If Any Line A. Enter The Underlying Caus The Events Resulting In Death) Las art II. Enter Other Significant Conditions STEOMYELITIS, GASTROSTOMY 1. Did Tobacco Use Contribute To Death Cause Improved The Probably ☑ No ☐ Unkn 4. Date Of Injury (MonthyDay/Year) 8. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature, Of Person Certifying Cau DOLPHUS A ANEKWE, 3. Name, Address And Zip Code Of Pe	27. Name And RIDGELAN BELICENSEE: BY ELECTE Sa - Diseases, In Arrest, Or Ventus sary. Condition Result Leading To The e (Disease Or Ing.) Contributing to D TUBE, OLD CVA th? 138 138 138 138 138 138 138 13	Complete WN FU CONIC GONIC Cause L Lif Femal Not Pregna Not Pregna Not Pregna ACITY Or CONIC CON	Address of Fune UNERAL HC SIGNATUF r Complications orillation Without eath) A. isted On Initiated C Not Resulting In Till le: ant Within Past Yeer ant, But Pregnant 43 Da or Injury r Town C SIGNATUE eath: ATURE	Tal Facility OME, INC., 420 RE Cause Of Death (some part of the End of the	See Instruction and the Death of the Death o	Ins And E Do Not E Sorres EASE The region William William Decrease William William William Decrease William William William William Decrease William William William William Decrease William William William Decrease William William William William Decrease William Will	Due to (Or Due to (Or Due to (Or 29. We 30. We tedent's H	As A Consequence As A C	46408 7c. License N D295000 s se On Performed? inding Availat 33. Manu Suicition Site, Re 40. If Tra Driverio Pertifier (Checkertifying Physical Street) 44. O1 47	1888 1888 1888 1888 1888 1888 1888 188	Yes complete The Death: domicide Could Not Be at, Wooded A. 38c. Apt. 38c. Apt. Coror e Number 54A	FH10 Cause Of D Accident Determined No. No. pecify: Pedestrian Introduction Int	Approximate Interval: Onse To Death WEEKS WEEKS WEEKS YEARS IO Pending Investigation 37. Injury At Work? Yes No 38d. Zip Code Heath Officer 45. Date Certified 02/28/2012

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

THIS IS AN OFFICIAL COPY OF RECORD OF DEATH. ORIGINAL COPY ON FILE AT INDIANA STATE DEPARTMENT OF HEALTH

1033796

INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH - RESUBMIT**

Loc	cal N	00	0251		E		0000			14				0260	48	Of Death (Month/Day/Year)		
Decedent's Legal Name	(First, N	liddle, Last	t)			1a	. Maiden Nam	e (If female	e)		2. Se:	`	3. Time		4. Date			
ERNESTINE COP 5. Social Security Number			6b. Under	Voor	6c. Under 1 Mg	1	INCE Inder 1 Day	6e. Unde	er 1 Hour	7. Date		MALE onth/Day/Y		09 PM Birthplace (Ci	ty and State	05/28/2013 or Foreign Country)		
				100				 		ł	•	-	·	ALLAUAG	SOEE C	OLINTY MS		
409-50-7062 9. Ever in U.S. Armed Force		84 10. If Dea	Months ath Occurred In	A Hosp	Days oital:	Hours	s	Minutes 10a. If D	eath Occu		06/09/ where 0th	19∠8 er Than Alt		ALLAHAS	SEEC	OUNTY, MS		
☐ Yes ☑ No ☐ Unk		[] Inpati	ient 🕅 Emero	ency De	epartment Outpat	ient 🔲 D	ead on Arrival		ice Facility r (Specify)		ecedent's H	lome [Nursing	Home/Long-ter	m Care Fac	ility		
11. Facility Name (If Not In								C Cana	(Opecary)									
METHODIST HOS 12. City Or Town, State, A			<u>). </u>					13	. County	Of Death				14. Marital St	atus At Time	e Of Death		
•														☐ Married [☑ Widowed		But Separated Divorced ver Married Unknown		
GARY, IN, 46402 15. Surviving Spouse's Na	me		<u> </u>		Т	15a. (If W	ife)Give Maide		KE		16. Dec	edent's Usu	al Occupa			d Of Business/Industry		
2 • 1 • • • • • • • • • • • • • • • • • • •											LIONAE		,		OWN	HOME		
18. Residence - State				18a.	County			18b. (City Or To		HOME	MAKEF	<u> </u>		JOVVIN	HOME		
INIDIANIA				LAK	=			GAR	Y									
INDIANA 18c. Street And Number				LAN	<u> </u>			JOAK				18d. A	pt. No.	18e. Zij	Code	18f. Inside City Limits?		
1971 CENTRAL A	971 CENTRAL AVENUE												46	8407	⊠ Yes □ No			
19. Decedent's Education				20.	Decedent Of H	spanic Orig	jin		21. [Decedent's	Race	. L						
9TH - 12TH GRAI	DE: N	IO DIPI	LOMA	NO	OT HISPAN	IIC			Blac	k or Afr	ican An	erican						
22. Father's Name (First, M				1				23. Mothe	ers Name	(First, Midd	fle, Last)			23a.	Mother's M	aiden Last Name		
ARTHUR PRINCE	Ξ							MALIN						FRO	DST			
24. Informant's Name					24a. Relationship To Decedent					•		er, City, Sta						
EVA PRINCE					DAUGHT	R						NUE, GARY, IN 46407						
25a. Method Of Disposition	n			25b, Pla	ce Of Disposition	(Name Of		ce Of Dispo ematory, Ot		25c. L	ocation - C	ity, Town, A	And State					
☑ Burial ☐ Cremation ☐ Removal From State	☐ Dona	ation 🔲 E	Intombment															
Other (Specify):					GREEN			um	en	HOE	ART, Ì	N			27a F	uneral Home License Number:		
26. Was Coroner Contacte	ed?	ļ			Address Of Fun	TO					AT				12.7			
Yes No				/N FL	JNERAL H	OME, II	NC., 4201	W. RIL	GE R	OAD, C	SARY,	N 4640	8 Se Numbe	er (Of Licensee		200007		
27b. Signature Of Indiana SHELIA C KIRBY	-NUS	Service Li	ELECTR	ONIC	SIGNATU	RE	umei	nt is	the	nro		FD295			,· 			
28. Part I. Enter The <u>C</u> Such As Cardiac Arres A Line, Add Additinal I	st, Respi	iratory Arr	est, Or Ventri	uries, C cular Fi	or Complications brillation Withou	- That Dir	of Death (Se- rectly Caused The Etiology	The Deati	h Do Not	Enter Ter	minal Eve	nts ause On				Approximate Interval: Onset To Death		
Immediate Cause (Fina	al Disea	se Or Co	ndition Result	ing In D	eath)	. CARE	DIOPULMON	ARY ARRE	ST	Due to (Or	As A Conseque	ence Of);				MINS		
						. VENT	RICULAR AF	RRHYTHM	IA							HR		
Sequentially List Cond Line A. Enter The Und	derlying	Cause (D			Initiated					Due to (Or	As A Consequ	ence Of):						
The Events Resulting I	in Deatr	ı) Lası				ž				Due to (Or	As A Consequ	ence Of):						
						D				T a a said		-						
Part II. Enter Other Signific	cant Con	ditions Cor	ntributing to De	ath But	Not Resulting In	The Underly	ying Cause Giv	vin In Part I				sy Perform		☐ Yes		le oth?		
DEMENTIA, HYPERTEN 31. Did Tobacco Use Con	NSION, C	ARCINO	MA OF BREA 32.	ST If Fema	ale:			·		00.	-		Manner Of			Yes No		
☐ Yes ☐ Probably 🗵					nant Within Past Year nant, But Pregnant 43 (gnant Within 42 Within The Pas				Homicide Could Not Be		Pending Investigation		
34. Date Of Injury (Month)	/Day/Yes	ar)		. Time (Mays 10 1 year 1								ant, Wooded A		37. Injury At Work?		
										£				/		Yes No		
38. Location Of Injury - St	tate		388	. City C	or Town		38b. S	Street & Nur	mber					38c. Apt		38d. Zip Code		
39. Describe How Injury C							EARL	. DEA MDIAN	VA	227				rtation Injury, S	pecify: Pedestrian	Other (Specify)		
41. Signature, Of Person BIKASH AGARW 43. Name, Address And 2	/AL , E	BY ELE	CTRONI					- Committee	Шь			Certifier (C Certifying I	Physician	One) Coro		Heath Officer 45. Date Certified		
BIKASH AGARW 46. Additional Funeral Se			VABASH	STRE	ET, SUITE	500B,	MICHIGA	AN CITY	Y, IN 40	360			01048 47. *Ak			06/03/2013		
48. Signature of Local Health Officer. ROLAND H WALKER, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFIC						0.0507516	TE OF T	ATU (5.	ITBV OF			Only - Da	JUN 17):			
49: 06/04/2013 5: 309-50-7062					AMEN	OMENT TO	O CERTIFICA	ATE OF DE	EATH (EN	IIRY OR	URIGINA	-)						

State Form \$849.20TTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

(7/05)