

STATE OF INDIANA)
)ss: 2013 052085
COUNTY OF LAKE)

IN THE MATTER OF:)
CHERYL TATE, Deceased.)

2013 JUL 16 PM 1:39

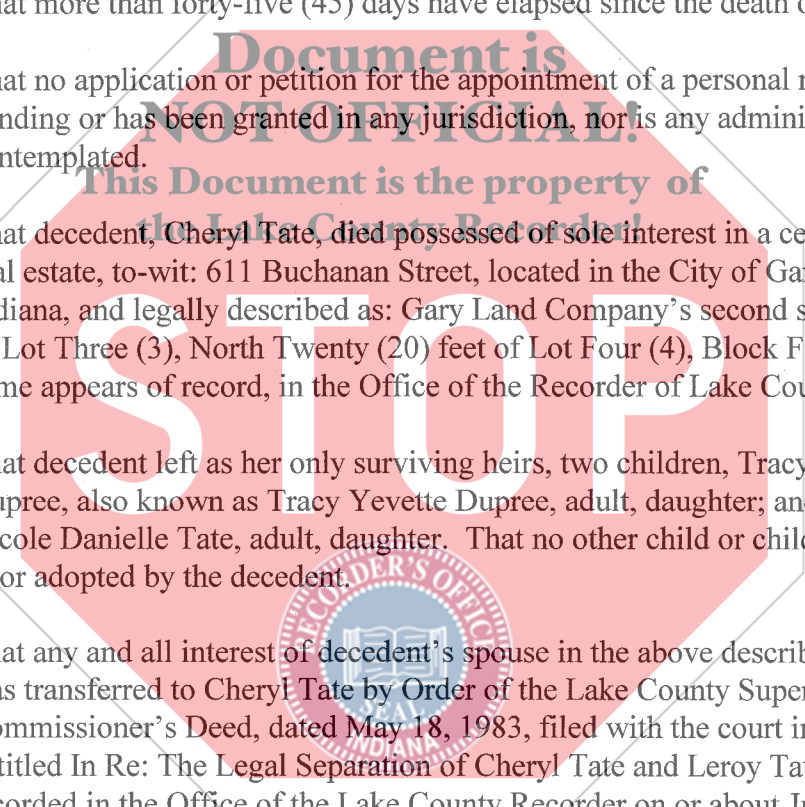
MICHAEL B. BROWN
RECORDER

SMALL ESTATE AFFIDAVIT and AFFIDAVIT TO
TRANSFER REAL ESTATE

That the undersigned, Tracy Y. Tate-Dupree and under penalty of perjury, do hereby verify, and state:

1. That decedent, Cheryl G. Tate, also known as Cheryl Tate, died intestate on, January 27, 2010, at age Sixty-four (64) years, while domiciled in Gary, Lake County, Indiana.
2. That more than forty-five (45) days have elapsed since the death of the decedent.
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 decedent, Cheryl Tate, died possessed of sole interest in a certain parcel of real estate, to-wit: 611 Buchanan Street, located in the City of Gary, Lake County, Indiana, and legally described as: Gary Land Company's second sub-division, all of Lot Three (3), North Twenty (20) feet of Lot Four (4), Block Five (5), as the same appears of record, in the Office of the Recorder of Lake County, Indiana.
5. That decedent left as her only surviving heirs, two children, Tracy Y. Tate-Dupree, also known as Tracy Yevette Dupree, adult, daughter; and LaRoyka Nicole Danielle Tate, adult, daughter. That no other child or children were born to or adopted by the decedent.
6. That any and all interest of decedent's spouse in the above described real estate was transferred to Cheryl Tate by Order of the Lake County Superior Court via Commissioner's Deed, dated May 18, 1983, filed with the court in a matter entitled In Re: The Legal Separation of Cheryl Tate and Leroy Tate, and duly recorded in the Office of the Lake County Recorder on or about June 15, 1983.

7. That there are no creditors of decedent's estate, so far as the same is known to the affiant.
8. That the individuals entitled to the decedent's interest in said Real Estate as a



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



10 0051

Local No.....

State No.....

1. Decedent's Legal Name (First, Middle, Last) Cheryl G. Tate		1a. Maiden Last Name (If Female) Banks		2. Sex Female	3. Time Of Death 8:35 PM	4. Date Of Death (Month/Day/Year) January 27, 2010	
5. Social Security Number 305-46-1896	6a. Age - Yrs 64	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) April 23, 1945	8. Birthplace (City And State Or Foreign Country) Markedtree, Arkansas
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department <input type="checkbox"/> 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 northlake							
12. City Or Town, State, And Zip Code Gary, Indiana 46402				13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name None		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Bus Driver		17. Kind Of Business/Industry Boys and Girls Club	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary			
18c. Street And Number 611 Buchanan Street				18d. Apt. No.	18e. Zip Code 46402		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education High School Graduate / GED		20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race African American			
22. Father's Name (First, Middle, Last) Monroe Banks			23. Mother's Name (First, Middle, Last) Gladys M Banks		23a. Mother's Maiden Last Name Barnes		
24. Informant's Name Gladys M Banks		24a. Relationship To Decedent Mother		24b. Informant's Address (Street, City, State, Zip Code) 611 Buchanan Street Gary, IN 46402			
25a. Method Of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Fern Oaks Cemetery		25c. Location - City, Town, And State Griffith, Indiana 46319			
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 Street, Gary, Indiana 46408				27a. Funeral Home License Number: FH10500021	
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>				27c. License Number (Of Licensee): FD20000361			
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 Line A. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Cardio-respiratory arrest Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last							
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 Findings 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 checked="" 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 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: <i>[Signature]</i>			
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: Adnes H. Williams II, 7700 Grant St. Gary, IN 46404		44. License Number 01026836	
45. Date Certified 1-27-2010				46. Additional Funeral Service Provider:			
47. *Akas:				48. Signature of Local Health Officer: <i>[Signature]</i>			
49. For Registrar Only - Date Filed (Month/Day/Year): FEB 12 2010				IVRA-20 (7/05)			

