STATE OF INDIAN ... LAKE COUNTY FILED FOR RECORD

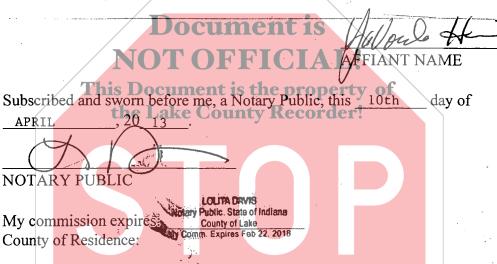
2013 0520<u>90</u> 2013 JUL 16 PM 2: 22. VIT OF HEIRSHIP MICHAEL B. BROWN RECORDER

THE STATE OF INDIANA ()
()KNOW ALL MEN BY THESE PRESENTS:
BEFORE ME the undersigned outbority, on this decrease up
BEFORE ME, the undersigned authority, on this day personally appeared Yavonda Harris of Ruben D. Harris (A.K.A)
Ruben Darnell Harris & (deceased), who upon his/her oath, did depose and state the
following:
"My name is <u>yavonda Harris</u> , and I reside at
2441 Taft Street Gary, In . I am the wife of Ruben D. Harris
(A.K.A) Ruben Darnell Harris Sr and am qualified to make this affidavit.
"The above named decedent, Ruben DarnellHarris Sr. died intestate on
9/7/2010 This Docume At the time of her death, the decedent was domiciled
in Lake County, Indiana, and resided at 2441 Taft Street Gary, In
No administration was had upon her estate nor was any necessary. No estate or inheritance taxes were due upon the death of9/7/2010
"In excess of forty-five (45) days have elapsed since the death of the decedent.
"No application or petition for the appointment of a personal representative is
pending or has been granted in any jurisdiction.
"It appears that the decedars?"
"It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the
costs and expenses of administration, and reasonable funeral expenses.
"The decedent's probate assets against all the formula in the second second and the second se
"The decedent's probate assets consist solely of a parcel of real estate which was owned by the decedent at the time of her death located inLAKE County,
Indiana; and more particularly described as follows:
Exhibit LEGAL 45-08-17-251-021.000-004
JUL 1 6 2013
More commonly brown as DDODEDTY ADDDEG
AKE COUNTY AUDITOR
2441 Taft Street Gary, In 46404 PEGGY HOLINGA KATUNA PEGGY HOLINGA KATUNA PEGGY HOLINGA KATUNA 13720 LAKE COUNTY AUDITOR
nord. Mach
<u> </u>

"There is no surviving spouse or children under the age of eighteen (18) years of age so IC 29-1-4-1 does not apply to this estate.

"The individual entitled to the estate, including real estate, as a result of the decedent's death is Yavonda Harris

LOT 31 IN BLOCK 2 IN HILLTOP SMALL FARMS, IN THE CITY OF GARY AS PER PLAT THEREOF, RECORDED SEPTEMBER 17, 1945. IN PLAT BOOK 26 PAGE 86 IN THE OFFICE OF THE RECORDERS OFFICE IN LAKE COUNTY, INDIANA



This instrument was prepared by: _____ SJK _____ . This document is to be used only in conjunction with transfer of this property to Yavonda Harris .

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.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

#10-415

Local No					s	tate No		
1. Decedent's Legal Name (First, Middle, Last)	lame (First, Middle, Last) 1a. Maiden Last Name (If Female)			1	State No			
Ruben Darnell Ha 5. Social Security Number 6a. Age - Yrs 6b. Under 1 Ye	ear 6c. Under 1 Month	N/A	6e. Under 1 Hour 7	į.		-	September 7, 2010	
314-78-1340 36 Months	Days	Hours		nuary 24		Gary, I	And State Or Foreign Country) ndiana	
9. Ever In U.S. Armed Forces? 10, If Death Occurred in A			10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility Decodent's Home I Nursing Home/Long-Term Care Facility Other (Specify)					
☐ Yes X X 1 Unknown ☐ ☐ Inpatient ☐ Emerger 11. Facility Name (If Not Institution, Give Street And Number)	ncy Department Outpatient	Dead On Arrival	Hospice Facility Deced	enl's Home 🔲 i	lursing Home/Long	Term Care Facility	Other (Specify)	
2441 Taft Street								
12. City Or Town, State, And Zip Code Gary, Indiana			13. County Of Death Lake			14. Marital Status At Time Of Death XIX Married ☐ Married, But Separated ☐ Divorced		
15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Name			e 16. Decedent's Us		☐ Widowed ☐ Never Married ☐ Unknown 17. Kind Of Business/Industry			
Yavonda A. Harris Howard			Keeper			USX	USX Steel Corp.	
18. Residence - State Indiana	18a. County Lake		18b. City Or Town Gary					
18c. Street And Number		 		Т	18d. Apt. No.	18e, Zip Co	ide 181. Inside City Limits?	
2441 Taft Street						4640	4 XXX 🗆 110	
19. Decedent's Education 12th Grade				21. Decedent's Race Black				
22. Father's Name (First, Middle, Last) Lewis Harris Sr.	,		23. Mother's Name (First, Middle Pamela		Rodgers	23a, Mo	Rodgers	
24. Informant's Name	24a. Relationship I	o Decedent	24b. Mailing Address (Street A	nd Number, City,	State, Zip Code)			
Yavonda A. Harris	Wife	7		2441 Taft Street Gary, Indinaa 46404				
25a. Method Of Disposition. 25b. I	Place Of Disposition (Name O	25, P	Place Of Disposition y, Other Place) 25c. Li	ocation - City, To	own, And State			
⊠XiXal ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	eptember 15, vergreen Cen	, 2010 netery	FFICI	AHoba	rt, Ind	ian a		
26. Was Coroner Contacted? 27 Name And Compl	ele Address of Funeral Facility	Directo	rs is The pro	mont	u of		27a, Funeral Home License Number:	
प्रे×× □ № 2959 Wes	st 11th Aver	nue Gary,	Indiana 4640)4	y OI		83007704	
27b. Signature Of Indiana Funecal Service Licensee:	the	Lake C	Jounty Reco		License Number			
Charles & Julies	Caus	e Of Death (Se	e Instructions And Exar		7007000			
 Part I. Enter The <u>Chain Of Events</u>—Diseases, Injur Such As Cardiac Arrest, Respiratory Arrest, Or Ventricul A Line. Add Additional Lines If Necessary. 	ar Fibrillation Without Sh	owing The Etiolog	y. Do Not Abbreviate. Enter	Only One Cau	ise On		Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting	In Death A.	DIABE	TIS MELLI URE DISO	Or As A Consequence	e Ofr:			
Sequentially List Conditions, If Any, Leading To The Cau Line A. Enter The Underlying Cause (Disease Or Injury	ase Listed OII	5812	Due To (Or As A Consequence				
The Events Resulting In Death) Last	C		Due To (Or As A Consequence	e Of).			
Part II. Enter Other Significant Conditions Contributing To Death Bu	ut Not Resulting In The Underl	lying Cause Given In F		s An Autopsy Pe		Yes No		
		Zir.	DER SO	ere Autopsy Findi	ngs Available To Co	mplete The Cause Of	Death? ☐ Yes ★★No	
	emale:	E G		0/0 1/	33, Manner Of De			
□ Hot	Pregnant, But Pregnant 43 Days To me Of Injury	1 Year Before Death	I Hot Prognant, But Prognant Within 42 D Unknown If Prognant Within The Past You ace Of Injury (E.G., Decedent's Hor	par .	Suicide Could	ide		
34. Date Or injury (Monthib Day/ real)	ne of injury		SEAL DECEMENTS NO	me, construction	Site, Restaurant, V	vooded Alea)	37. Injury Al Work?	
38. Location Of Injury - State 388. C	ity Or Town	38b, 5	Street & Number			38c. Apt. No.	38d. Zip Code	
39 Describe How Injury Occurred						tation Injury, Specify:	- L	
<u> </u>						r 🗆 Passenger 📋 Peo	estrian Other (Specify)	
41. Signature. Of Person Cerifying Cause Of Death:				-	(Check Only One) ing Physician 🔲 C	oroner 🔲 Health Offi	cer	
43. Name, Address And Zip Code Of Person Certifying Cat AUGUSTING 12A4 M.D 5857 B.	use Of Death	ERMINIW	E IN 4691	0	44. License	Number 2994	45. Date Certified 9 / 1 4 / 1 0	
AUGUSTING 1244 M.D. 5857 BROADWAY, MERRICIWE IN 46410 46. Additional Funeral Service Provider:					47. "Akas:			
48. Signature of Local Health Order: 49. For F					igistrar Uniy - Date Filed (Month/Day/Year):			
Z R	アンペッツ		•	1	SEP	16 20	IU	

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security a is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3 7-1-10