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SMALL ESTATE AFFIDAVIT
COLLECITON OF REAL PROPERTY 29-1-8

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2010 037387

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 JUN 30 AM 10:58
MICHELLE R. FAJMAN
RECORDER

2013 056242

IN THE MATTER OF THE ESTATE OF)
ACIE F. GRAVES, DECEASED.)

HARRIET GRAVES, being first duly sworn upon her oath deposes and says:

1. That she is of lawful age and lives and resides at 3373 W. 79th Ave., in Gary, Lake County, Indiana: that she was formerly married to one, ACIE F. GRAVES, for many years and lived continuously with him as his wife until his death.

2. That Affiant's spouse was the joint owner of property with his brother Bernard Graves as tenants in common. Bernard Graves predeceased ACIE F. GRAVES and Bernard Graves (1/2) one half interest in said property was transferred to his son, Daren Graves. As a result Daren Grave and ACIE F. GRAVES owned the property as tenants in common of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

Common Description
1954 VERMONT, STREET, GARY, INDIANA 46407

Legal Description
Lot No. Thirty-two (32), in Block No. Two (2) as marked and laid down on the recorded plat of the Wilson Subdivision, in the City of Gary, Lake County, Indiana recorded in the Office of the Recorder of Lake County, Indiana in Plat Book 19, Page 31, together with all improvements thereon.

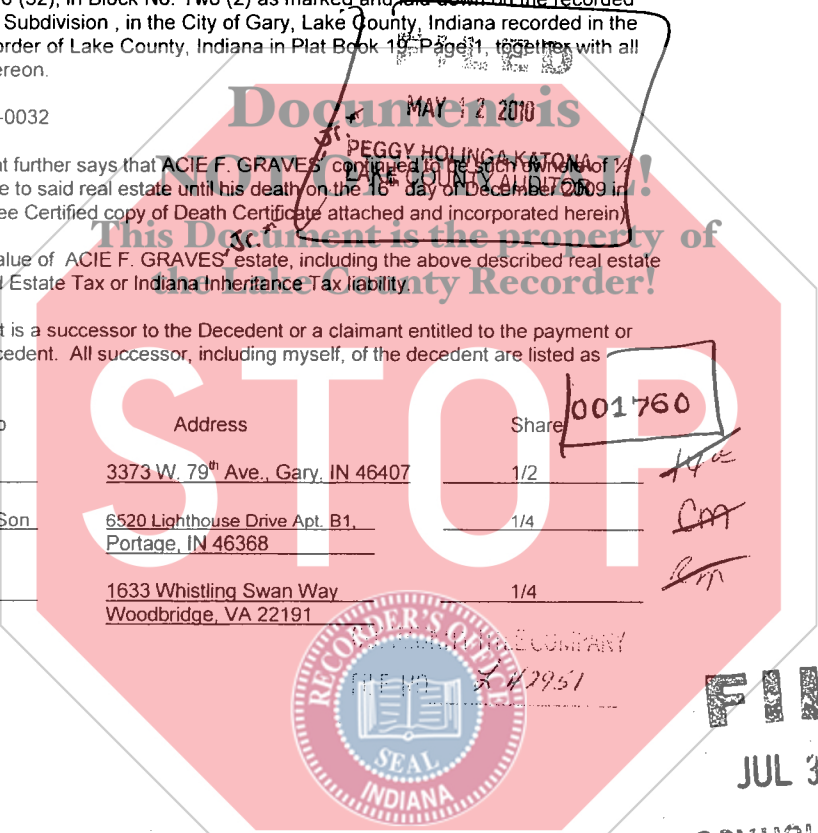
Key #25-47-0277-0032

3. That Affiant further says that ACIE F. GRAVES' continued to be sole owner of 1/4 one-half interest in the title to said real estate until his death on the 16th day of December 2009 in Lake County, Indiana. (See Certified copy of Death Certificate attached and incorporated herein)

4. That the value of ACIE F. GRAVES' estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affiant is a successor to the Decedent or a claimant entitled to the payment or property of the named decedent. All successor, including myself, of the decedent are listed as follows:

Name/Relationship	Address	Share
Harriet Graves/Wife	3373 W. 79 th Ave., Gary, IN 46407	1/2
Arnold E. Graves/Adult Son	6520 Lighthouse Drive Apt. B1, Portage, IN 46368	1/4
Erik Graves/Adult Son	1633 Whistling Swan Way Woodbridge, VA 22191	1/4



MICHAEL D. BROWN
RECORDER

2013 JUL 31 AM 10:34

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

#17
CM
A
NON
COMF

1 Ref

FILED

JUL 31 2013

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

** - He-record to add Jr. to name and
to perfect transfer **

14098

- Jr.
6. The decedent's name is ACIE F. GRAVES.
 7. The date of the death was December 16, 2009, more than forty-five days have elapsed since the death of the decedent, and I have attached a copy of the death Certificate hereto. Note: At any time after forty-five or more days from the date of a decedent's death any person who is indebted to or who has possession of any personal property or an instrument evidencing a debt, obligation, stock, chose in action, or stock brand belonging to the decedent, shall pay such indebtedness or deliver such personal property, or so much of either as is claimed, to a person claiming to be a successor of the decedent or entitled to payment or delivery of the property belonging to the decedent upon being presented an affidavit made by said person.
 8. This Affidavit is made to show that Affiant, HARRIET GRAVES by reason of her husband's death is now 1/2 one-half owner of the fee simple title as tenant in common with Daren Graves to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, ACIE F. GRAVES, from the tax rolls on said real estate and to include HARRIETTE GRAVES as tenants in common with DAREN GRAVES.
 9. That the value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed fifty thousand dollars (\$50,000.00).
 10. That at least forty-five (45) days have elapsed since the death of the decedent.
 11. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

THE FOREGOING STATEMENT IS MADE UNDER PENALTIES OF PERJURY.

Further your Affiant saith not.

Harriet Graves
GRAVES

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public in and for Lake County and State
this 1 day of MARCH 2010.



Mary Taylor
NOTARY PUBLIC

My Commission Expires: 7-31-2017
My County of Residence: Lake



"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"

Amy Thompson

Return to: SONYA A. MORRIS ATTORNEY AT LAW; 222 INDIANAPOLIS BLVD., SUITE 105, SCHERERVILLE, INDIANA 46375



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 4336-09

State No. _____

1 Decedent's Legal Name (First, Middle, Last) Acie F. Graves Jr. Jr.				2 Sex Male		3 Time Of Death 12:45 PM		4 Date Of Death (Month/Day/Year) December 16, 2009	
5 Social Security Number 306-34-0540		6a Age - Yrs 75		6b Under 1 Year Months _____ Days _____		6c Under 1 Month Days _____ Hours _____		7 Date Of Birth (Month/Day/Year) June 15, 1934	
8 Place Of Birth (City And State Or Foreign Country) Pine Bluff, Arkansas		9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival <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 Southlake Hospital				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 Merrillville, Indiana 46410		16a (If Wife) Give Maiden Last Name Smith		16b Decedent's Usual Occupation Automation Tender		17 Kind Of Business/Industry Ford Motor Company			
13 Surviving Spouse's Name Harriet Smith		18 Residence - State Indiana		18a County Lake		18b City Or Town Gary		18c Zip Code 46404	
16c Street And Number 3373 West 19th Ave.		18d Apt. No. _____		18e 21st Code 46404		18f Inhabit City/County <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 Mother's Name (First, Middle, Last) Virginia Graves			
23 Father's Name (First, Middle, Last) Acie F. Graves Sr.		24 Relationship To Decedent Wife		25 Place Of Disposition 3373 West 19th Ave. Gary, IN 46404		26a Method Of Disposition <input 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) _____			
26b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Oak Hill Crematory		26c Location - City, Town, And State 4450 Harrison Street Gary, Indiana 46408		27a Name And Complete Address Of Funeral Facility Smith, Bizzell & Warner Funeral Home 4209 Grant Street, Gary, Indiana 46408		27b Funeral Home License Number FH10500021			
27c Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>		27d License Number (Of Licensee) FD29700057		28 Cause Of Death (See Instructions And Examples) 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 Cardio-pulmonary arrest B sepsis C Renal failure D Respiratory Failure Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I ANemia					
29 Were Autopsy Findings Applicable To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30 Were Autopsy Findings Applicable To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 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	
34 Date Of Injury (Month/Day/Year) _____		35 Time Of Injury _____		36 Place Of Injury (U.S. Decedent's Home, Construction Site, Restaurant, Wooded Area) _____		37 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38 City Or Town _____	
38a State _____		38b Street & Number _____		39 Describe How Injury Occurred _____		40 Describe How Injury Occurred <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 Surendra J. Shah MD 5825 Broadway Suite A Merrillville, IN 46410		44 License Number 01032180A		45 Date Certified 12/21/2009	
46 Additional Funeral Service Provider _____		47 Signature Of Local Health Officer <i>[Signature]</i>		48 Date Filed (MM/DD/YYYY) December 23, 2009					

