

Mail Tax Bill to:
1335 W, 47th Ave.
Gary, Indiana 46408

2013 058335

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 AUG -7 PM 1:55

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE THE ESTATE OF:)
LIONEL MCCOLOR GENTRY,)
 Deceased.)

SMALL ESTATE AFFIDAVIT FOR TRANSFER OF INTEREST IN REAL PROPERTY

Comes now CLIFFORD C. GOBER, brother of the deceased, who swears upon his oath, states:

1. That the above named decedent died the testate on the 11th day of May, 2013, while domiciled in Gary, Lake County, Indiana. See Attached Death Certificate.

2. That the heirs of the decedent are his grandchildren whose names are listed below:

Christopher W. Kendricks Jr. Tonya E. Kendrick Lionel D. Johnson
10265 Southland Way (address unknown) 5749 Adams Street
Semmes, Alabama Merrillville, Indiana

3. 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.

4. That the decedent was the sole owner of a house whose legal description is as follows:

Key No. 45-08-33-153-002.000-001

Lot 6 and Lot 5, except the East 21 feet thereof, in Block 3 in Hyde Park,
As per Plat Book 21, page 35, in the Office of the Recorder of Lake County,
Indiana.

Commonly known as: 1335 West 47th Avenue, Gary, IN 46408

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PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

5. That the decedent was also the sole owner of a 2003 Pontiac WK5j automobile VIN# 1G2WK52J83F141458.

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 the only creditors known creditor of the decedent is Midland Mortgage who owns a mortgage lien on the real property in the approximate amount of \$5,000.00.

8. That according to decedent's will, the grandchildren, listed in paragraph 2, are to be joint owners in the property listed in paragraphs 4 and 5. See attached Last Will and Testament of decedent.

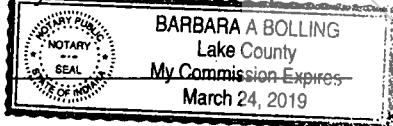
WHEREFORE, the decedent, LIONEL MCCOLOR GENTRY'S, interest in the above stated real property and automobile should be transferred to his grandchildren: CHRISTOPHER W. KENDRICK JR.; TONYA E. KENDRICK; AND LIONEL D. JOHNSON as joint tenants with rights of survivorship. They each have an undivided 1/3 interest in the real property.

FURTHER, they are the joint owners of the 2003 Pontiac WR5J.


CLIFFORD C. GOBER, affiant

Subscribed to and sworn before me Notary Public for the above State and County, personally appeared, Clifford C. Gober, this 1st day of August, 2013.

My Commission Expires:




Barbara A. Bolling, Notary Public



Local No 000214

EDR No 00000323489

State No

1. Decedent's Legal Name (First, Middle, Last) LIONEL MCCOLOR GENTRY				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 09:15 PM		4. Date Of Death (Month/Day/Year) 05/11/2013	
5. Social Security Number		6a. Age - Yrs 91		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) 09/22/1921		8. Birthplace (City and State or Foreign Country) CAHOMA, MS									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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									
11. Facility Name (If Not Institution, Give Street and Number) 1765 JENNINGS STREET										13. County Of Death LAKE	
12. City Or Town, State, And Zip Code GARY, IN, 46404										14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation SECURITY GURARD		17. Kind Of Business/Industry GOVERNMENT	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 1765 JENNINGS STREET		19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) RECTOR GENTRY				23. Mother's Name (First, Middle, Last) MARY GOBER				23a. Mother's Maiden Last Name WARNER			
24. Informant's Name CLIFFORD C GOBER		24a. Relationship To Decedent BROTHER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1765 JENNINGS STREET, GARY, IN 46404							
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) OAK HILL CEMETERY				25c. Location - City, Town, And State GARY, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408						27a. Funeral Home License Number: FH10500021			
27b. Signature Of Indiana Funeral Service Licensee: YOLANDA SMITH, BY ELECTRONIC SIGNATURE		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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. PROSTATE CANCER WITH METASTASIS TO THE BONE YEARS Due to (Or As A Consequence Of): 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 B. DEMENCIA YEARS Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____										Approximate Interval: Onset To Death	
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	
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					
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: FADI ISSA ALZEIDAN, 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: FADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410						44. License Number 01053003A		45. Date Certified 05/15/2013			
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): MAY 16 2013					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Last Will and Testament
OF
Lionel M. Gentry

I, the undersigned, **LIONEL M. GENTRY**, of the City of Gary, County of Lake, State of Indiana, being of sound and disposing mind and memory and desiring to provide for the disposition, at my death, of all my property, do make, publish and declare this to be my Last Will and Testament, hereby revoking all previous Wills and Codicils heretofore made by me.

ARTICLE I

I declare that I am a widower. I am presently unmarried and living as a single person. Further, I declare that I have no surviving natural children.

ARTICLE II

I order and direct that my Executor/Executrix, or his/her successor, hereinafter named, pay all my just debts and funeral expenses and liabilities of my estate. I authorize my Executor/Executrix to pay all administrative fees and expenses incurred by my Executor/Executrix during the pendency of this estate to be paid by my estate. Furthermore I direct that my Executor/Executrix shall not require any beneficiary under this Will to reimburse my estate for taxes paid on property passing under the terms of this Will.

ARTICLE III

I hereby give, devise and bequeath the following items to the following people:

- (1) To my grandchildren; namely, **CHRISTOPHER WARNER KENDRICK, JR.**,
TONYA E. KENDRICK and **LIONEI. D. JOHNSON**, to be divided equally and to share

- and share alike, my real estate situated at 1335 W. 47th Avenue, Gary, Lake County, Indiana and any automobile that I may own at the time of my death. The surviving Grandchildren shall take the property and it shall not pass by right of representation. This bequest does not include the personal property within the house;
- (2) To CLIFFORD GOBER, my brother, all the hand tools, saws and tool kits in the basement, plus any clothing he can use. Further, one Smith and Wesson Cal. 38 model #10.5, handgun serial number D575386 (6 shots);
- (3) To BARBARA BARNETTE, my sister, one Smith and Wesson Cal .38 model #36 handgun serial number J170515 (5 shots).
- (4) To CLIFFORD GOBER and BARBARA BARNETTE, equally, all pictures of family.
- (5) To my Church or to SALVATION ARMY any remaining clothes.

Document is
NOT OFFICIAL!
This Document is the property of
ARTICLE IV
the Lake County Recorder!

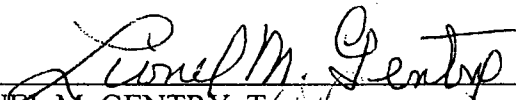
I direct that any of my household goods and furnishings owned by me at the time of my death be sold at private sale and that the proceeds from the sale be first used for the administrative expenses of my estate; thereafter, if there be any balance remaining, then said sums shall be divided equally between CLIFFORD GOBER and BARBARA BARNETTE.

ARTICLE VII

I hereby nominate and appoint, my sister BARBARA BARNETTE as Executrix of this my Last Will and Testament and expressly direct that no bond be required of her. If BARBARA BARNETTE shall for any reason decline to serve, or fail to qualify for any reason, or having

and appoint CLIFFORD GOBER and expressly direct that no bond be required of him. If CLIFFORD GOBER shall for any reason decline to serve, or fail to qualify for any reason, or having qualified and been appointed, fails to complete the administration of my estate, then I direct that the Court nominate and appoint any such person who may qualify to serve as Executor or Executrix of this my Last Will and Testament and direct that such person be required to post bond prior to his or her appointment.

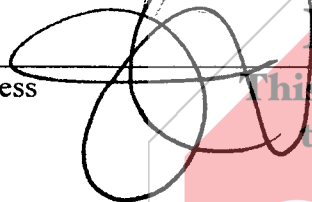
IN WITNESS HEREOF, I, LIONEL M. GENTRY, have hereunto set my hand to this my Last Will and Testament which consists of three (3) pages.



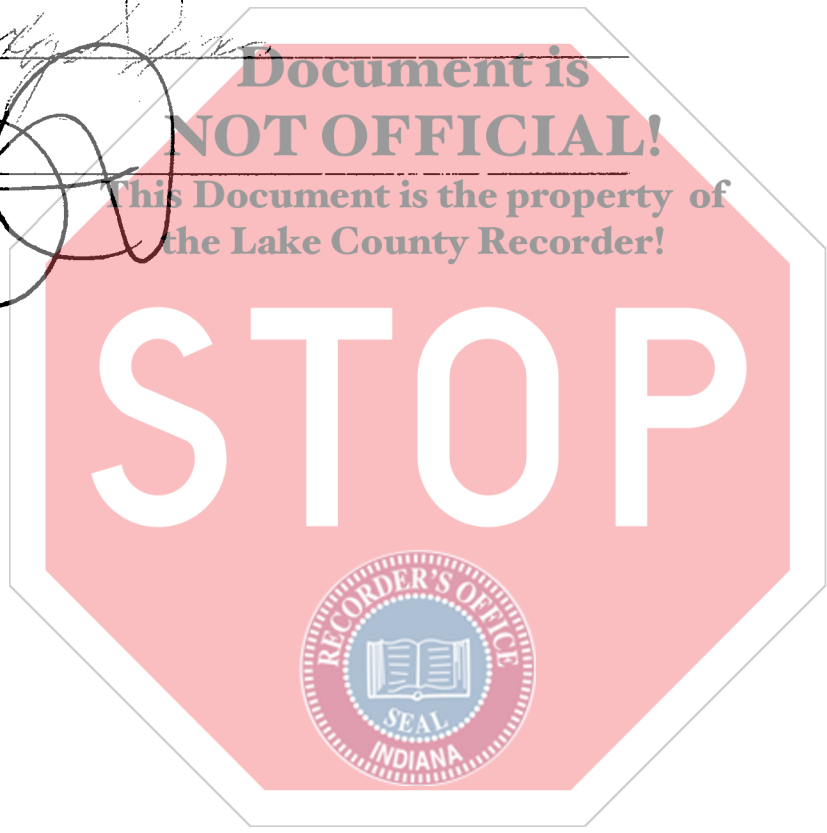
LIONEL M. GENTRY, Testator



Witness



Witness



LIONEL M. GENTRY, in our presence, signed this instrument, and before he signed it, he declared to us that it was his Will and requested that we act as witnesses to its execution. We believe him to be of sound mind, possessing testamentary capacity, over eighteen years old, and not subject to undue influence, fraud or coercion. We now in her presence and in the presence of each other sign below as witnesses all on this 18th day of August, 2008,

Merrillville, Lake County, Indiana.

Wendy Jones
Signature

1801 Broadway
Address

Wendy Jones
Printed Name

Merrillville, IN 46410

Joann M. Price
Signature

P.O. Box 14473
Address

Joann M. Price
Printed Name

Merrillville, IN 46411

Prepared by: Joann M. Price

Joann M. Price #20485-49
Attorney at Law
P.O. Box 14473
Merrillville, Indiana 46411
(219) 689-3161

