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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
) SS. 2013 090221
COUNTY OF LAKE)

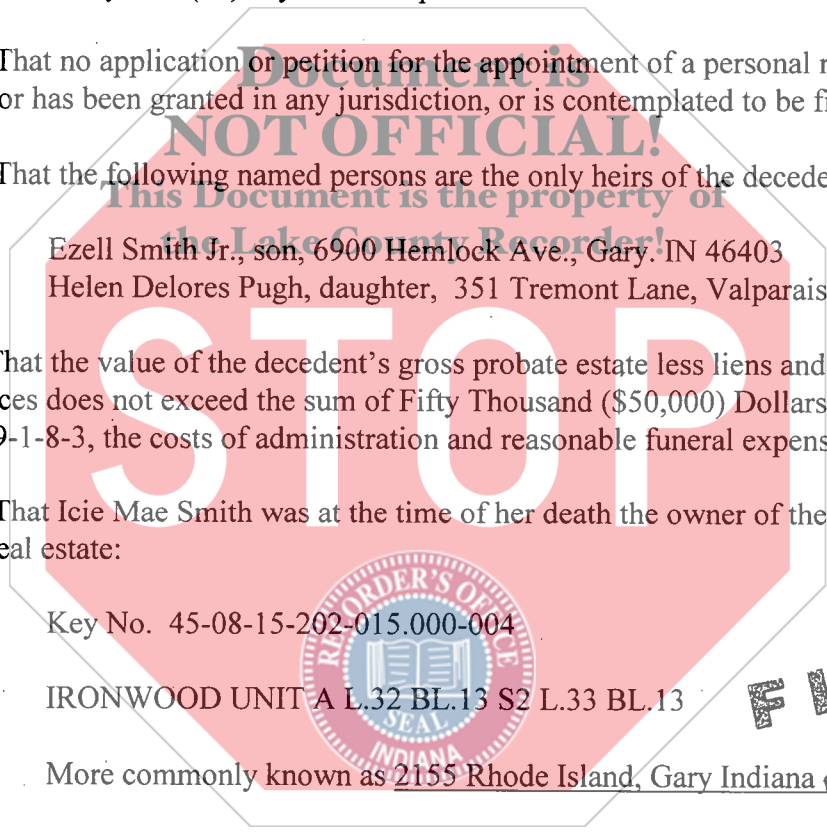
2013 DEC -9 PM 1:20
MICHAEL B. BROWN
RECORDER

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

EZELL SMITH, JR, before me personally appeared and who after being duly sworn upon her oath deposes and states that:

1. That Ezell Smith Jr. resides at 6900 Hemlock Ave. Gary, Indiana 46403.
2. That Ezell Smith a.k.a. Ezell Smith Sr. died intestate on December 1, 2008. (said Death Certificate is attached as Exhibit "A") That Icie Mae Smith died intestate on December 16, 2012 (said Death Certificate is attached as Exhibit "B")
3. That forty-five (45) days have elapsed since the death of the decedent.
4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.
5. That the following named persons are the only heirs of the decedents:
Ezell Smith Jr., son, 6900 Hemlock Ave., Gary, IN 46403
Helen Delores Pugh, daughter, 351 Tremont Lane, Valparaiso, IN 46385
6. That the value of the decedent's gross probate estate less liens and encumbrances does not exceed the sum of Fifty Thousand (\$50,000) Dollars, as provided under IC 29-1-8-3, the costs of administration and reasonable funeral expenses.
7. That Icie Mae Smith was at the time of her death the owner of the following described real estate:

Key No. 45-08-15-202-015.000-004
 IRONWOOD UNIT A L.32 BL.13 S2 L.33 BL.13
 More commonly known as 2155 Rhode Island, Gary Indiana



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PEGGY HOLINGA KATONA
LAKE COUNTY CLERK/AUDITOR

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8. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession as

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provided under I.C. 29-1-2-1, namely those persons stated in paragraph 5 herein.

9. That by reason of the above-stated matters, the affiant requests that the above real estate of Ezell Smith Sr. and Icie Mae Smith be transferred to:

Ezell Smith Jr., son, 6900 Hemlock Ave., Gary, IN
Helen Delores Pugh, daughter, Gary, IN

as joint tenants with rights to survivorship pursuant to the laws of intestate distribution.

10. That all of the assets of said Decedent which would be includable for State and Federal Tax purposes, including joint bank accounts and life insurance on Decedent's life were not sufficient or existed to necessitate payment of Federal Estate Taxes or Indiana Inheritance Tax.

Ezell Smith Jr.
EZELL SMITH JR.

STATE OF INDIANA)

) SS.
COUNTY OF LAKE)

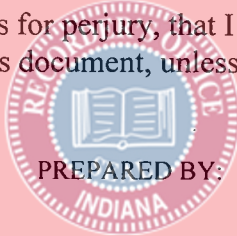
SUBSCRIBED AND SWORN before me, a Notary Public this 18th day of October ~~April~~ 2013 in the aforementioned State and County.

My Commission Expires:
Notary Public Seal State of Indiana
Lake County
My Commission Expires 08/13/2015

County of residence Lake

Ronisha Humphrey
Notary Public

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.



Cornell Collins
PREPARED BY: CORNELL COLLINS
ATTORNEY AT LAW
607 S. LAKE ST.
GARY, IN 46403
219-938-8080

Affidavit for Transfer of Property-SMITH



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



#08-610

Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Ezell Smith Sr.				1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 11:45 AM	4. Date Of Death (Month/Day/Year) December 1, 2008		
5. Social Security Number [REDACTED]		6a. Age - Yrs 92	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) August 10, 1916		8. Birthplace (City And State Or Foreign Country) Potawatomie, Oklahoma	
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 type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) 2155 Rhode Island Street										
12. City Or Town, State, And Zip Code Gary, Indiana					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			
15. Surviving Spouse's Name Icile Mae Smith			15a. (If Wife) Give Maiden Last Name Hibbitt		16. Decedent's Usual Occupation Pay Load Operator		17. Kind Of Business/Industry U S Steel (Gary Works)			
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary						
18c. Street And Number 2155 Rhode Island Street					18d. Apt. No.	18e. Zip Code 46407		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 8th Grade		20. Decedent Of Hispanic Origin NO			21. Decedent's Race Black					
22. Father's Name (First, Middle, Last) Emmitt Smith Sr.				23. Mother's Name (First, Middle, Last) Lonie Smith			23a. Mother's Maiden Last Name Brannon			
24. Informant's Name Icile Mae Smith		24a. Relationship To Decedent Wife	24b. Mailing Address (Street And Number, City, State, Zip Code) 2155 Rhode Island Street Gary, Indiana 46407							
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) December 8, 2008 Evergreen Cemetery			25c. Location - City, Town, And State Hobart, Indiana					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404					27a. Funeral Home License Number: 83007704			
27b. Signature Of Indiana Funeral Service Licensee: <i>Carmelita Perry</i>					27c. License Number (Of Licensee): 29700070					
STOP										
Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!										
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 Each Line. Add Additional Lines If Necessary. Failure to THRIVE										
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.										
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 (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>DR. RUPESH J. SHAH</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: DR. RUPESH J. SHAH 202 E. 86TH PLACE MERRILLVILLE, IN 46410					44. License Number 02002106		45. Date Certified 12/05/08			
46. Additional Funeral Service Provider:					47. *Akas:					
48. Signature of Local Health Officer: <i>R. Adams</i>					49. For Registrar Only - Date Filed (Month/Day/Year): DEC 16 2008					



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

Local No **000513**

EDR No **000000295843**

State No

1. Decedent's Legal Name (First, Middle, Last) CIE MAE SMITH				1a. Maiden Name (If female) HIBBITT		2. Sex FEMALE	3. Time Of Death 03:35 AM	4. Date Of Death (Month/Day/Year) 12/16/2012		
5. Social Security Number [REDACTED]		6a. Age - Yrs 92	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) 05/26/1920		8. Birthplace (City and State or Foreign Country) SEMINOLE, OK	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) HOUSE								
11. Facility Name (If Not Institution, Give Street and Number) 3900 HEMLOCK AVENUE										
12. City Or Town, State, And Zip Code GARY, IN, 46403				13. County Of Death LAKE		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 NURSING ASSISTANT		17. Kind Of Business/Industry HOSPITAL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 2155 RHODE ISLAND STREET	18d. Apt. No.	18e. Zip Code 46407	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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) JOHN HENRY HIBBITT			23. Mother's Name (First, Middle, Last) ELIZABETH HIBBITT			23a. Mother's Maiden Last Name MATHIS				
24. Informant's Name EZELL SMITH JR		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 6900 HEMLOCK AVENUE, GARY, IN 46403						
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) EVERGREEN MEMORIAL PARK		25c. Location - City, Town, And State HOBART, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404					27a. Funeral Home License Number: FH83007704				
27b. Signature Of Indiana Funeral Service Licensee: IAQUIA BLEVINS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20500009				
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.									Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. DEMENCIA Due to (Or As A Consequence Of):									YEARS	
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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of):									YEARS	
C. HYPERTENSION Due to (Or As A Consequence Of):									YEARS	
D.										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I CONGESTIVE HEART FAILURE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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 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				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		38. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		38c. Apt. No.	38d. Zip Code			
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: JOSE LUIS AGUSTI, 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: JOSE LUIS AGUSTI, 60 VALPARAISO STREET, VALPARAISO, IN 46383						44. License Number 01061624A		45. Date Certified 12/27/2012		
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): DEC 28 2012				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)