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STATE OF INDIANA)
)
COUNTY OF LAKE)

IN RE THE ESTATE OF)
JB MOODY,)
Deceased.)

SS:

2013 092219

SMALL ESTATE AFFIDAVIT HEIRSHIP FOR TRANSFER OF REAL AND PERSONAL PROPERTY

- 1. The above-named decedent, J.B. MOODY, died intestate on the 11th day of October, 2010 while residing in Gary, Lake County, Indiana.
- 2. Forty-five days have lapsed since the death of the decedent.
- 3. No application for the appointment of a personal representative is pending or has been granted in this or any jurisdiction nor is any administration contemplated.

STATE OF INDIANA
LAKE COUNTY
RECORDERS OFFICE
2013 DEC 18 AM 10:46
MICHAEL B. BERMAN
RECORDER

4. The following named person is the only heir of the decedent:

EMMA MCNEAL MOODY: Adult wife

5. The value of the decedent's gross probate estate less liens and encumbrances does not exceed the sum of allowances provided by I.C. 29-1-4-1, the costs and administration and reasonable funeral expenses.

6. Among decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake county, Indiana, more particularly described as follows:

GARY LAND COMPANY'S 8th SUB, N. 24 FT. of L. 13 BL.8 S. 11 FT. OF L.12 BL.8; Commonly known as 620 West 2nd Place, Gary, Indiana

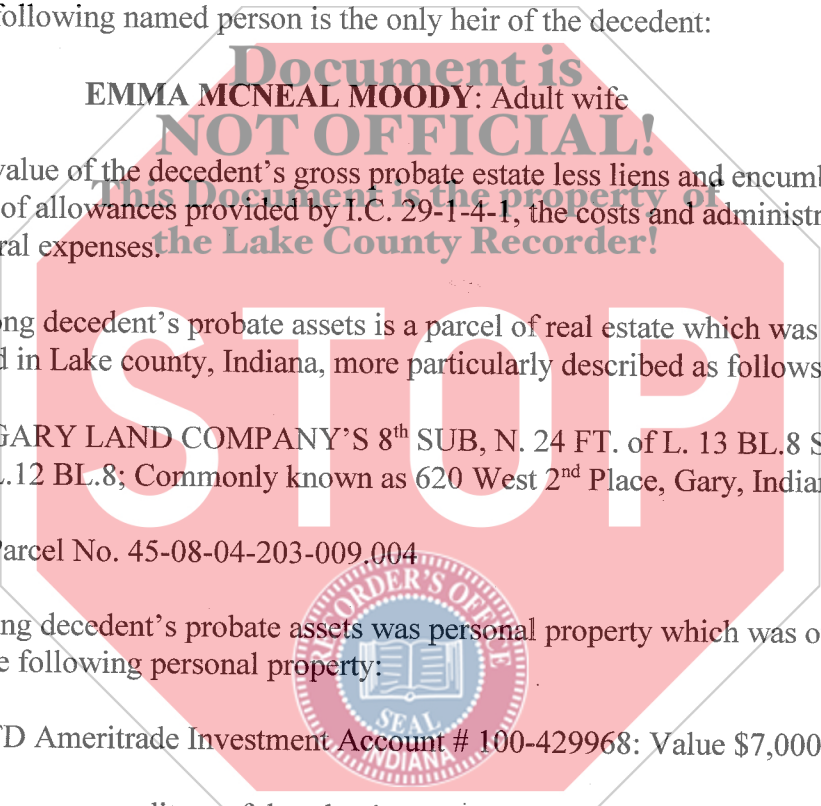
Parcel No. 45-08-04-203-009.004

7. Among decedent's probate assets was personal property which was owned by the decedent was the following personal property:

TD Ameritrade Investment Account # 100-429968: Value \$7,000.00

8. There are no creditors of decedent's estate so far as same is known to the affiant, **EMMA MCNEAL MOODY.**

9. The person entitled to the above-referenced real estate and personal property is the above-named heir and widow, **EMMA MCNEAL MOODY.**



16.1
CASH
DIP
NON-COM

FILED

DEC 18 2013

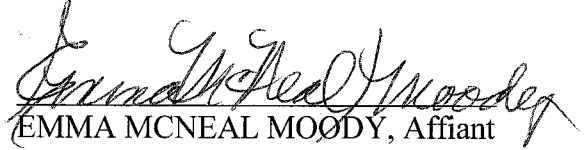
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

17019

10. The gross value of the estate of the decedent , **J B MOODY**, as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

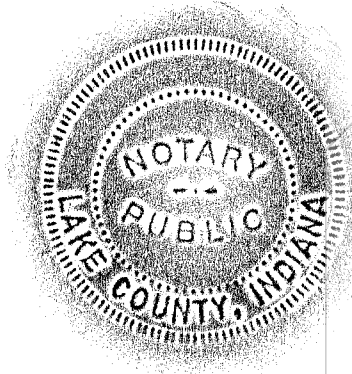
11. The purpose of this affidavit is to transfer ownership of the above-referenced real estate and personal property the heir, **EMMA MCNEAL MOODY**.

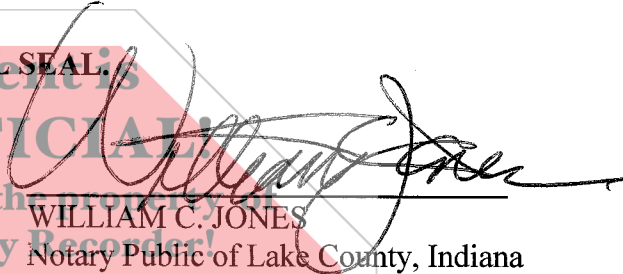
Further, affiant sayeth not.


EMMA MCNEAL MOODY, Affiant

Before me, the undersigned , a Notary Public, in and for said County, thei 12th day of December, 2013, came **EMMA MCNEAL MOODY**, and acknowledged and executed the foregoing instrument.

WITNESS MY HAND AND OFFICIAL SEAL.




WILLIAM C. JONES
Notary Public of Lake County, Indiana

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

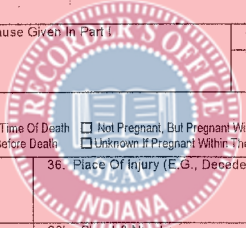


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Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) J.B. Moody Jr.				1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 9:15 AM	4. Date Of Death (Month/Day/Year) October 11, 2010	
5. Social Security Number [REDACTED]	6a. Age - Yrs 69	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) July 10, 1941		8. Birthplace (City And State Or Foreign Country) Dallas, Texas	
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 <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 checked="" type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) 620 W 2nd Place									
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 Emma L. McNeal - Moody			15a. (If Wife) Give Maiden Last Name McNeal		16. Decedent's Usual Occupation Electrician		17. Kind Of Business/Industry Gary Community School Corp.		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary		18c. Street And Number 620 W. 2nd Place	18d. Apt. No. N/A	18e. Zip Code 46402	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education 12th Grade			20. Decedent Of Hispanic Origin N/A		21. Decedent's Race Black				
22. Father's Name (First, Middle, Last) J.B. Moody Sr.				23. Mother's Name (First, Middle, Last) Parthina Moody		23a. Mother's Maiden Last Name Unknown			
24. Informant's Name Emma L. McNeal - Moody		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 620 W. 2nd Place Gary, Indiana 46402					
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) Abraham Lincoln Cemetery			25c. Location - City, Town, And State Elwood, Illinois				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors Inc. 2959 W 11th Avenue Gary, Indiana 46404						27a. Funeral Home License Number: 83007704		
27b. Signature Of Indiana Funeral Service Licensee: <i>Carmelita D. [Signature]</i>						27c. License Number (Of Licensee): 29700070			
<p align="center">Document is NOT OFFICIAL! This Document is the property of County Recorder!</p> <p align="center">STOP</p>									
<p align="center">Cause Of Death (See Instructions And Examples)</p> <p>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.</p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Vascular collapse</u> Approximate Interval: Onset To Death Unknown</p> <p>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</p> <p>B. <u>Due to arteriosclerotic heart and vascular disease</u></p> <p>C. _____</p> <p>D. _____</p>									
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 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 <i>[Handwritten description]</i>						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 type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: P.J. Adams, Chief Investigator 2900 West 93rd Avenue, Crown Point, Indiana 46307						44. License Number N/A	45. Date Certified		
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): OCT 15 2010			



OCT 15 2010