

3

STATE OF INDIANA )  
COUNTY OF LAKE )

IN THE MATTER OF: )  
Jacqueline N. Gilliam, deceased )  
February 26, 2014 )

Cause:

*Of ALMA Jacqueline Gilliam*

2014 026932

SMALL ESTATE AFFIDAVIT  
AND HEIRSHIP AFFIDAVIT

Comes now the Affiant, Regina Gilliam-Smith, and being duly sworn upon oath now  
depose, attest and state the following:

1. That the above mentioned-named decedent died intestate on the 26<sup>th</sup> day of February, 2014.
2. That Affiant, Regina K. Smith, daughter, resides at 4608 Joyce Lane, McHenry, IL 60050.
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 nor is any administration contemplated.
5. That the following named persons are the only heirs of the decedent:

Affiant, Regina K. Smith, adult daughter, residing at 4608 Joyce Lane, McHenry, Illinois 60050.

Russell Gilliam, adult son, residing at 8358 Balmoral Street, Indianapolis, Indiana 46123.

Rosalyn Crayton, adult daughter, residing at 8715 South Mount Drive, Alpharetta, Georgia 30023.

6. That the value of the decedent's gross probate estate less liens and encumbrances, does not exceed the sum \$50,000.00 of the allowance as provided by Ind. Code 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.
7. That among the decedent's probate assets is a parcel of real estate which was owned by decedent and is located in Lake County, more particularly described as follows:

Parcel No: 45-95-17      *45-08-15-206-024-000-004*

Lot Seventeen (17) and the South half of Lot (16) Block Fourteen (14), Ironwood, Unit A, a subdivision in the City of Gary, as per plat thereof,

*16.00  
CASH  
NONCAMP  
DP*

01863

MICHAEL BROWN  
RECORDER

2014 MAY 13 AM 11:30  
FILED FOR RECORD

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**STOP**

This Document is the property of  
Lake County Recorder!

**FILED**  
MAY 13 2014  
REGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

recorded in Plat Book 21, page4, in the office of the Recorder of Lake County, Indiana

Commonly known as: 2262 Vermont, Gary, Indiana **Exempt 19**

- 8. That to the best of Affiant's knowledge all bills have been paid.
- 9. That to the best of Affiant's knowledge there are no Federal, State and inheritance tax liability by reason of the death of said decedent.
- 10. That the individuals entitled to the real estate as a result of the decedent's death are:

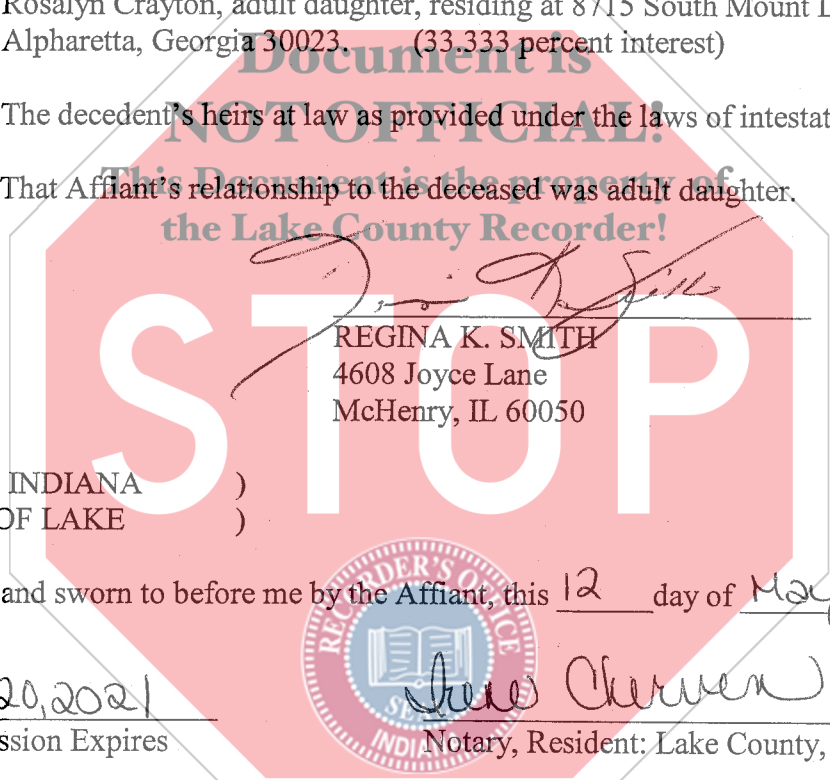
Affiant, Regina K. Smith, adult daughter, residing at 4608 Joyce Lane, McHenry, Illinois 60050. (33.333 percent interest)

Russell Gilliam, adult son, residing at 8358 Balmoral Street, Indianapolis, Indiana 46123. (33.333 percent interest)

Rosalyn Crayton, adult daughter, residing at 8715 South Mount Drive, Alpharetta, Georgia 30023. (33.333 percent interest)

The decedent's heirs at law as provided under the laws of intestate.

- 11. That Affiant's relationship to the deceased was adult daughter.

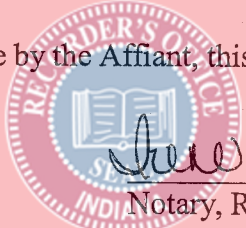


REGINA K. SMITH  
4608 Joyce Lane  
McHenry, IL 60050

STATE OF INDIANA )  
COUNTY OF LAKE )

Subscribed and sworn to before me by the Affiant, this 12 day of May, 2014.

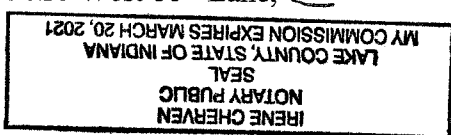
March 20, 2021  
My Commission Expires



Irene Cherven  
Notary, Resident: Lake County, IN

I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security number in this document, unless required law.

NOTE: This instrument prepared by Sonya D. Scott-Dix, 3620 West 80<sup>th</sup> Lane, Merrillville, IN 46440 (219) 756-1529





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

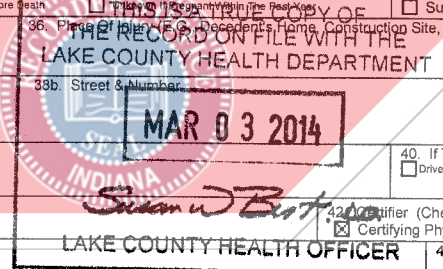
Tracking No. 11356

Local No 000655

EDR No 00000372140

State No 009261

1. Decedent's Legal Name (First, Middle, Last) <b>JACQUELINE N GILLIAM</b>				1a. Maiden Name (If female) <b>HUGHES</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>02:18 AM</b>	4. Date Of Death (Month/Day/Year) <b>02/26/2014</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>75</b>	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) <b>07/21/1938</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>
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 checked="" 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 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) <b>METHODIST SOUTHLAKE HOSPITAL</b>									
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</b>					13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 <b>SECRETARY</b>		17. Kind Of Business/Industry <b>GARY COMMUNITY SCHOOL CORP</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>GARY</b>				
18c. Street And Number <b>2262 VERMONT STREET</b>						18d. Apt. No.	18e. Zip Code <b>46407</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>Black or African American</b>				
22. Father's Name (First, Middle, Last) <b>CLAYTON HUGHES</b>				23. Mother's Name (First, Middle, Last) <b>BERNICE HUGHES</b>			23a. Mother's Maiden Last Name <b>CODY</b>		
24. Informant's Name <b>REGINA K SMITH</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4608 JOYCE LANE, MCHENRY, IL 60050</b>					
25. Place Of Disposition									
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) <b>EVERGREEN MEMORIAL PARK</b>			25c. Location - City, Town, And State <b>HOBART, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>					27a. Funeral Home License Number: <b>FH83007704</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20500009</b>			
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. <u>LUNG CANCER</u> 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. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of): C. <u>RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): D. <u>PLEURAL EFFUSION</u>									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 checked="" 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"/> 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 checked="" type="checkbox"/> No	
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 checked="" 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: <b>SURESH D REDDY, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		45. Date Certified <b>02/28/2014</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>SURESH D REDDY, 8777 BROADWAY STE A, MERRILLVILLE, IN 46410</b>						44. License Number <b>01038650A</b>		47. *Alias:	
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 03 2014</b>			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			



RAISED SEAL AFFIXED