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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
EAST CHICAGO, INDIANA

2014 027177

IN THE MATTER OF THE)
ADMINISTRATION OF THE ESTATE OF)
CHESTER PARKER, DECEASED)
DOD May 6, 2012)

SURVIVOR'S AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on May 6, 2012 while domiciled in Lake County.
2. That forty-five (45) days have elapsed since the death of the decedent.
3. That no application or petition for the appointment of a personal representative or has been granted in any jurisdiction nor is any administration contemplated.
4. That the Decedent owned certain real property as tenants by the entirety with Ethel Parker who survived him.
5. That among the decedent's probate assets is a parcel of real estate which was owned by the Decedent and Ethel Parker as husband and wife, located in Lake County, Indiana, more particularly described as follows:

Fairmount Park Addition Lots Numbered Five (5) and Six (6) in Block No. Five (5) in Lake County, Indiana, as the same appears in of record in Plat Book 10, page 21 in the Recorder's Office of Lake County, Indiana
 More commonly known as 2218 Ellsworth Street, Gary, Lake County, Indiana
 Property number 45-08-17-128-053.000-004

6. That said property should be transferred to the Ethel Parker as survivor of property held between the Husband and Wife.

Jacquelyn S. Bryant



Before me, the undersigned, a Notary Public in and for said County and state, this May 5, 2014 personally appeared Jacquelyn S. Bryant and acknowledged the execution of the Survivor's Affidavit For Transfer Of Real Property. In witness whereof, I have hereunto subscribed my name and affixed my official seal.
 My commission expires July 15, 2015.

Bessie M. Davis
 Bessie M. Davis, Notary Public
 Resident Lake County, Indiana

FILED

MAY 14 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

*\$20 cash
 EM
 Non-Comp*

01903

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2014 MAY 14 PM 2:53
 MICHAEL D. BRONKHORST
 RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
EAST CHICAGO, INDIANA

IN THE MATTER OF THE)
ADMINISTRATION OF THE ESTATE OF)
ETHEL PARKER, DECEASED)
DOD NOVEMBER 30, 2013)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on November 30, 2013 while domiciled in Lake County.
2. That forty-five (45) days have elapsed since the death of the decedent.
3. 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.
4. That the following named persons are the only heirs of the decedent:

Jacquelyn Bryant	adult daughter	383 Hobart Street, Gary, Indiana 46406
Janet E. Moore	adult daughter	2218 Ellsworth Street, Gary, IN 46404
Wendell C. Parker	adult son	2218 Ellsworth Street, Gary, IN 46404
Kenneth R. Parker	adult son	616 Durbin Street, Gary, IN 46406

5. It appears that the decedent's gross probate estate, less liens and encumbrances does not exceed the sum of the following: fifty thousand (\$50,000), the costs and expenses of administration, and reasonable funeral expenses as provided by Indiana Code 29-1-8-3.
6. That among the 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:

Fairmount Park Addition Lots Numbered Five (5) and Six (6) in Block No. Five (5) in Lake County, Indiana, as the same appears in of record in Plat Book 10, page 21 in the Recorder's Office of Lake County, Indiana
More commonly known as 2218 Ellsworth Street, Gary, Lake County, Indiana
Property number 45-08-17-128-053.000-004

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: NONE
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. Accordingly and **undivided interest** in the above mentioned real property shall be transferred to the following persons in **fee simple, as tenants in common** as follows:

Name	Relationship	Address	Percentage of interest in real property
Jacquelyn Bryant	adult daughter	383 Hobart Street, Gary, Indiana 46406	25% interest
Janet E. Moore	adult daughter	2218 Ellsworth, Gary, IN 46404	25% interest
Wendell C. Parker	adult son	2218 Ellsworth Street, Gary, IN 46404	25% interest
Kenneth R. Parker	adult son	616 Durbin Street, Gary, IN 46406	25% interest

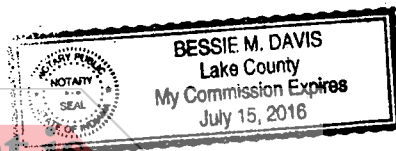
9. The above mentioned persons shall receive an undivided equal share of the real estate more particularly described as:

Fairmount Park Addition Lots Numbered Five (5) and Six (6) in Block No. Five (5) in Lake County, Indiana, as the same appears in of record in Plat Book 10, page 21 in the Recorder's Office of Lake County, Indiana

More commonly known as 2218 Ellsworth Street, Gary, Lake County, Indiana
Property number 45-08-17-128-053.000-004

10. That the gross value of the estate of the decedent Chester Lee Parker, as determined for the purposes 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 subjected to Federal Estate Tax.

Kenneth R. Parker
Kenneth R. Parker

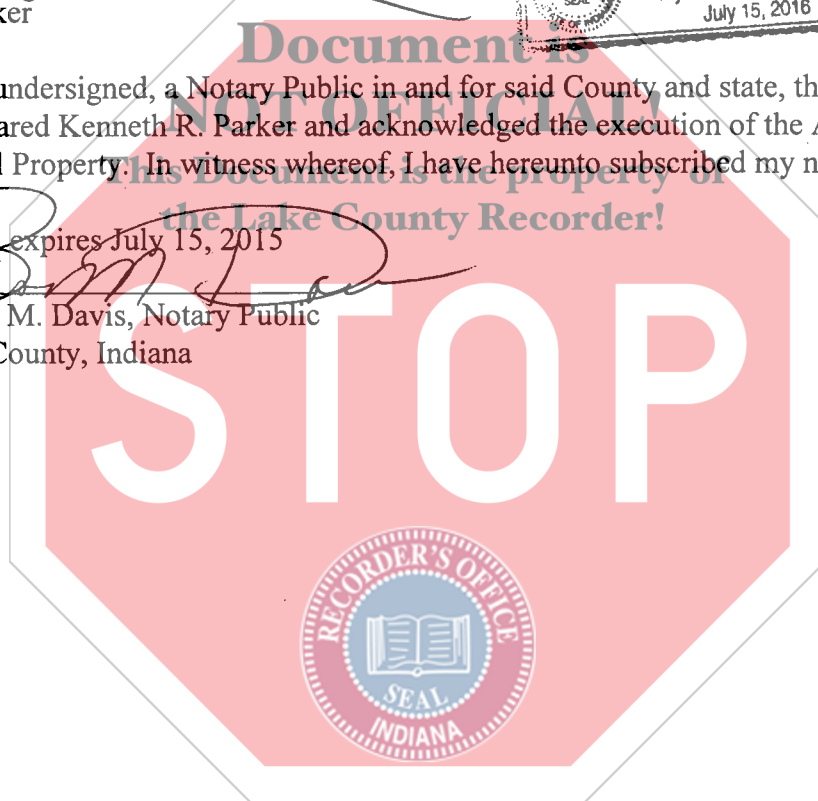


Before me, the undersigned, a Notary Public in and for said County and state, this May 5, 2014 personally appeared Kenneth R. Parker and acknowledged the execution of the Affidavit for Transfer of Real Property. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires July 15, 2015

Bessie M. Davis
Bessie M. Davis, Notary Public

Resident Lake County, Indiana





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000559

EDR No 00000356618

State No

1. Decedent's Legal Name (First, Middle, Last) ETHEL LEE PARKER				1a. Maiden Name (if female) HOPSON		2. Sex FEMALE	3. Time Of Death 09:19 PM	4. Date Of Death (Month/Day/Year) 11/30/2013	
5. Social Security Number [REDACTED]		6a. Age - Yrs 86	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) 10/30/1927		8. Birthplace (City and State or Foreign Country) LANEBURG, AR
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) METHODIST HOSPITAL NORTHLAKE									
12. City Or Town, State, And Zip Code GARY, IN, 46402					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 HOMEMAKER		17. Kind Of Business/Industry HOME	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY				
18c. Street And Number 2218 ELLSWORTH STREET						18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) SAMMIE L HOPSON SR				23. Mother's Name (First, Middle, Last) FANNIE BELL HOPSON			23a. Mother's Maiden Last Name FLEMING		
24. Informant's Name JACQUELYN S BRYANT			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 383 HOBART STREET, GARY, IN 46406				
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) 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: TAQUIA 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. Immediate Cause (Final Disease Or Condition Resulting In Death) 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									Approximate Interval: Onset To Death
A. ASYSTOLE									MINUTES
B. CARDIOPULMONARY FAILURE									MINUTES
C. AORTIC ANEURYSM									MONTHS
D.									
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 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 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: ALBERT REYNOLDS, 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: ALBERT REYNOLDS, 600 W GRANT ST., GARY, IN 46402						44. License Number 01051168A		45. Date Certified 12/04/2013	
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): DEC 06 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000197

EDR No 000000258893

State No 024773

1. Decedent's Legal Name (First, Middle, Last) CHESTER LEE PARKER		1a. Maiden Name (If female)		2. Sex	3. Time Of Death 11:00 AM	4. Date Of Death (Month/Day/Year) 05/06/2012	
5. Social Security Number [REDACTED]	6a. Age - Yrs 89	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) 04/25/1923	
8. Birthplace (City and State or Foreign Country) MAGNOLIA, AR		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				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) TIMBERVIEW HEALTH CARE CENTER							
12. City Or Town, State, And Zip Code GARY, IN, 46404				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 ETHEL LEE PARKER		15a. (If Wife) Give Maiden Last Name HOPSON		16. Decedent's Usual Occupation CRANE OPERATOR		17. Kind Of Business/Industry U S STEEL CORP	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 2218 ELLSWORTH STREET	
18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) ARTHUR PARKER SR		23. Mother's Name (First, Middle, Last) EMMA PARKER		23a. Mother's Maiden Last Name ANDERSON			
24. Informant's Name JACQUELYN BRYANT		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 383 HOBART STREET, GARY, IN 46406			
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 CEMETERY		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: PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD08700298				Cause Of Death (See Instructions And Examples) Approximate Interval: Onset To Death	
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. METASTATIC GASTRIC CANCER 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. ANEURYSM Due to (Or As A Consequence Of):					
		C. _____ Due to (Or As A Consequence Of):					
		D. _____ Due to (Or As A Consequence Of):					
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I ARTERIOSCLEROSIS				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 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: CHIEDU JOSEPH NCHEKWUBE, 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: CHIEDU JOSEPH NCHEKWUBE, 5495 BROADWAY, MERRILLVILLE, IN 46410				44. License Number 01031281A		45. Date Certified 06/02/2012	
46. Additional Funeral Service Provider:				47. *Akas:			
48. Signature of Local Health Officer: RICARDO HOOD, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): JUN 05 2012			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)