STATE OF INDIANA COUNTY OF LAKE

2014 048749

2014 AUG 13 AM 11: 24

MICHAEL O. BROWN RECORDER

IN RE: MILDRED W. SMITH, DECEDENT

SS:

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

LAUREL C. BRIDGEMAN, being first duly sworn upon her oath, deposes and says:

- 1. That the above-named decedent died intestate on 10/21/2012, while domiciled in Lake County, Indiana.
- 2. 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.
- 3. That the following named persons are the only heirs of the decedent:
 - (1) Laurel C. Bridgeman, Adult Daughter, 2029 Taft St., Gary, Indiana 46404.
 (2) Darryle C. Smith, Adult Son, 468 Fountain Ave., Dayton, Ohio 45405
 - Ohio 45405.
 - (3) Gregory A. Smith, Adult Son, 4770 Ruby Forrest Dr., Stone Mountain tlGAL 30083 ounty Recorder!
- 4. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00), the costs and expenses of administration and reasonable funeral expenses.
- 5. 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:

Moore's Sub. All of Lot 40 and Lot 41 and South 14.4 Lot 42, Block 2. Property Number Feet of 45-08-08-455-005.000-004.

Commonly known as: 2029 Taft St., Gary, IN 46404-3022.

6. That the following list of persons, firms, or or orations are the only creditors of the estate and the amount stropposite each and the amount stropposite each are the only creditors of the estate and the amount stropposite each are the only creditors of the estate and the amount stropposite each are the only creditors of the estate and the amount stropposite each are the only creditors of the estate and the amount stropposite each are the only creditors of the estate and the amount stropposite each are the only creditors of the estate and the amount stropposite each are the only creditors of the estate and the amount stropposite each are the only creditors of the estate and the amount stropposite each are the only creditors.

name is the sum due said creditor, so far as the same is known to the affiant: NONE;

- 7. That the character and status of said real estate continued unbroken from the time Mildred W. Smith, aka Mildred Smith acquired said property until her death and at this time, your affiant, Laurel C. Bridgeman along with Darryle C. Smith and Gregory A. Smith, have acquired title to said real estate in fee simple, each having an undivided interest of 1/3, as sole surviving heirs of Mildred W. Smith. A certified copy of the death certificate of Mildred W. Smith aka Mildred Smith is attached hereto.
- 8. That the purpose of this affidavit is to have the Lake County Auditor to transfer the title to the above described real estate to Laurel C. Bridgeman, Darryle C. Smith and Gregory A. Smith, as joint tenants with rights of survivorship.

Affiant

Document is

VERIFICATION A

State of Indiana This Document is the property of

the Lake County Recorder! Subscribed and sworn to before me a Notary Public, this $\frac{13}{2}$ day of 大, 2014.

My Commission Expires:

May 4, 2017

NOTARÝ PUBLIC, Thomas V. Barnes



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003337					EDR No 00000285931					State No 047550					
Decedent's Legal Name							ne (If female)			2. Sex	3. Time (Of Death	4. Date	Of Death (Month/Day/Year)	
MILDRED SMITH					HOL	JSE				FEMALE		43 AM		10/21/2012	
5 Social Security Number	6a. Age-	Yrs 6b. Under	1 Year	6c. Under 1	Month 6d. Ur	nder 1 Day	6e. Under	1 Hour 7. Da	ate of Bir	th (Month/Da	y/Year) 8.	Birthplace (Cit	y and State	or Foreign Country)	
	86	Months		Days	Hours		Minutes			15/1926		ARY, IN	-90-		
9. Ever in U.S. Armed For	ces? 10.	If Death Occurred t	n A Hosp	ital:			10a. If Dea	th Occurred So				lome/Long-terr	n Care Faci	ility	
☐ Yes 🖾 No 🗀 Uni	known 🔲	Inpatient Emer	gency De	epartment Outp	oatient 🔲 Dea	ad on Arrival									
11. Facility Name (If Not RILEY HOSPICE			er)												
12. City Or Town, State, A		·					13. (County Of Death	h			14. Marital Sta			
MUNSTER. IN. 46	3321						LAF	(F				☐ Married ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		But Separated Divorced ver Married Unknown	
15. Surviving Spouse's Na		0.00			15a. (If Wife	e)Give Maide	en Last Name	<u></u>	16.	Decedent's U	Jsual Occupat	on	17. Kind	Of Business/Industry	
									TE	ACHER			CPS		
18. Residence - State			18a.	County	-l		18b. Cit	y Or Town	1				1		
INDIANA			LAKE	Ē			GARY								
18c. Street And Number										18d.	Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
2025 TAFT STRE	ET											46	404	Yes No	
19. Decedent's Education			20.	Decedent Of	Hispanic Origin	1		21. Deceder	nt's Race	•				<u> </u>	
BACHELOR'S DE	GREE (BA. AB. BS)	NC	OT HISPA	NIC			Black or A	frican	America	n				
22. Father's Name (First, M							23. Mother's	Name (First, M	liddle, La	ast)		23a. I	Mother's Ma	aiden Last Name	
MURRY HOUSE							MILDRE	D HOUSE	:			GUY	TON		
24. Informant's Name				24a. Relation	ship To Deced	ent	24b. Mailing	Address (Stree	et And N	lumber, City, S	State, Zip Code	9)			
LAUREL C BRID	GEMAN			DAUGHT	ER		316 FILL	MORE ST	TREE	T, GARY	<u>′, IN 4640</u>	2			
25a. Method Of Disposition	า		25b. Plac	ce Of Disposition	on (Name Of C	25. Pla Cemetery, Cr	ace Of Disposit rematory, Othe	on r Place) 25c	Location	on - City, Town	n, And State				
☑ Burial ☐ Cremation	□ Donation	☐ Entombment		,	/	-									
Removal From State Other (Specify):			OAK I	HILL CEM	ETERY	ocu	ıme	nt GA	RY,	N					
26. Was Coroner Contacte	d?	27. Name And (27a. Fu	neral Home License Number:	
☐ Yes ⊠ No		GUY & ALI	FN F	UNERAL	DIRECTO	ORS 29	959 WES	11TH AV	ÆNU	E GARY	NN 4640)4	FH830	007704	
27b. Signature Of Indiana	Funeral Serv	ice Licensee:								27c. Lie	cense Number	(Of Licensee):			
PATRICIAN L. O		/			Cause Of	Death (Se	e Instruction	s And Examp	iles)					Approximate	
28. Part I. Enter The <u>C</u> Such As Cardiac Arres	hain Of Eve	<u>nts</u> - Diseases, Inj y Arrest, Or Ventri	uries, O cular Fib	r Complication	ns - That Direction Showing T	ctly Caused he Etiology	d The Death. I	Do Not Enter Treviate. Enter	ermina Only Or	l Events ne Cause On	THIS	IS A TRUE	E COPY	() ☐ Interval Onset	
A Line. Add Additinal	Lines If Nece	essary.									THE REC	ORD ON	TH DEF	TH THIS Death	
Immediate Cause (Fin.	al Disease C	r Condition Result	ing In De	eath)	A. <u>LUNG</u>	CANCER M	ETASTATIC	Due to (Or As A Co	RETROPES	KONEALINE	DUE5	۱۹۰۱ دهن بعد بعدوس	YEARS	
Sequentially List Cond	itions, If An	, Leading To The	Cause L	isted On	В			Due to (Or As A Co	nsequence Of):		4 53 0 !	2013	<u> </u>	
Line A. Enter The Und The Events Resulting			iry That	Initiated	C.										
								Due to (Or As A Co	nsequence Of):	سے	em w	1300 T	400	
Part II. Enter Other <u>Signific</u>	ant Condition	e Contributing to De	ath Rut N	Lot Resulting In	D. The Underlyin	ng Cause Giv	vin In Part I	29 V	Vas An	Autopsy Perfo	rmed?	OUDTYest	CALTH	OFFICER	
T diff. Enter Outer <u>organic</u>	ark Condition	o Contained and to So	<u>atri</u> Dati	to thousand in	, in diading	.g Suass S.					Available To	OUNLI Yes	Case Of De	eath? Yes No	
31. Did Tobacoo Use Cor	tribute To De	1 1	If Femal								Manner Of D				
☐ Yes ☐ Probably ☐	No 🛭 Uni	nown			Days To 1 year 8efo		att IIIII	But Pregnant Within regnant Within The P				lomicide ⊔ Could Not Be D		Pending Investigation	
34. Date Of Injury (Month.	Day/Year)	- man	Time C				The second second	G., Decedent's						7. Injury At Work?	
								YEE.				1 20		Yes No	
38. Location Of Injury - St	atė	388	. City Or	riown		38b. S	Street & Numbe	B				38c. Apt. N	vo. 3	8d. Zip Code	
39. Describe How Injury C)ccurred									1.40	If Transports	ation Injury, Sp	ecify		
55. Describe now injury C	rocui160					EE.	AP	HILL			Driver/Operator	Passenger P	Pedestrian	Other (Specify)	
41. Signature, Of Person			NIA	IDE		100	MOIANIA	30			(Check Only C			luor	
LYLE R MUNN , I 43. Name, Address And Z					$\overline{}$					Certifying	g Physician 44. Licens	Corone e Number		Heath Officer 5. Date Certified	
					DTED IN	46204					010315	824		10/22/2012	
LYLE R MUNN , 46. Additional Funeral Ser	vice Provider	KIN SIAIE	KUA	U 49, PU	NIEK, IN	40304					010315 47. *Akas			10/22/2012	
48. Signature of Local He	alth Officer								49	For Registra	ar Only - Date	Filed (Month	/Day/Year):		
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE											r Only - Date Filed (Month/Day/Year): OCT 29 2012				
				AMEN	IDMENT TO	CERTIFICA	TE OF DEAT	H (ENTRY OF	RORIG	INAL)					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.