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STATE OF INDIANA)
COUNTY OF LAKE)

SS: IN RE: BENNIE LEE HILLS, DECEDENT

2014 059920

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died testate on February 23, 2014, while domiciled in Lake County, Indiana.

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, or is contemplated to be filed.

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

MARY ANN JONES, 1245 Roosevelt Place, Gary, IN 46404, cousin of decedent

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

6. That among the decedent's probate assets are two parcels of real estate which were owned by the decedent located in Lake County, Indiana, more particularly described as follows:

TOLLESTON E. 2.50 FT. OF S. 130 FT. L. 18 BL. 10 & 2.4 FT. OF S. 130 FT. L. 19 BL. 10

Key No: 45-08-08-206-016.000-004

Commonly known as: 2116 W 10TH AVE, GARY

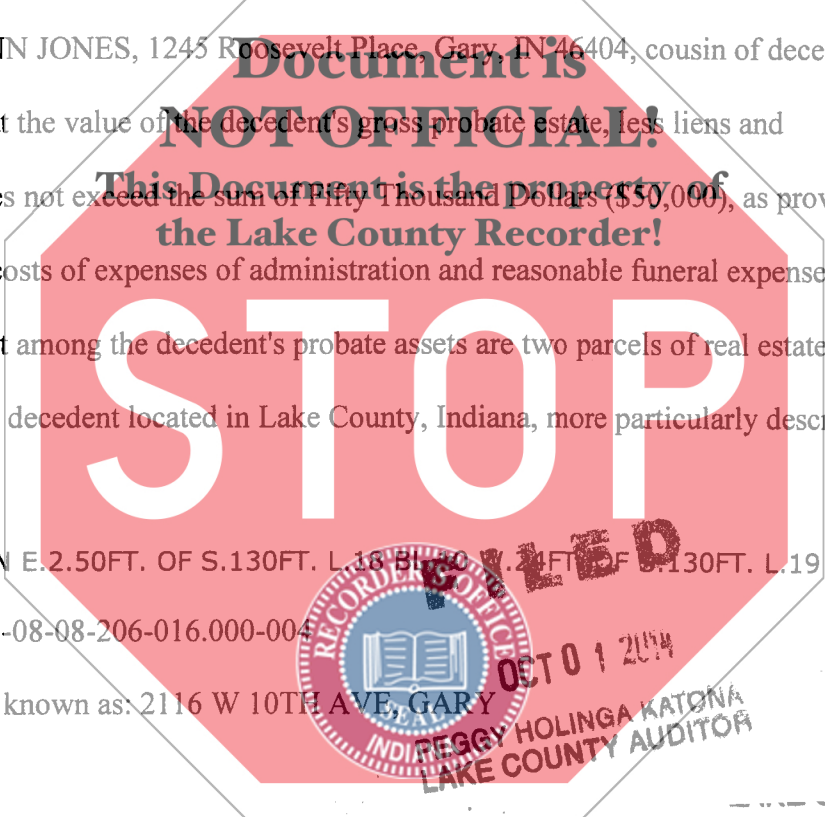
And:

TOLLESTON W. 47.50 FT. OF S. 130 FT. L. 18 BL. 10

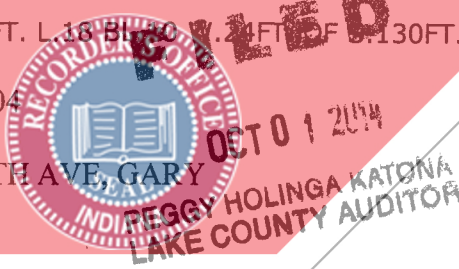
Key No: 45-08-08-206-015.000-004

Commonly known as: 2120 W 10TH AVE, GARY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL S. BROWNE
RECORDER
2014 OCT -2 AM 8:41



26904



FILED
OCT 01 2014
REGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 16
CASH _____ CHARGE _____
CHECK # 4013
OVERAGE _____
COPY _____
NON-COM _____
CLERK BA

E

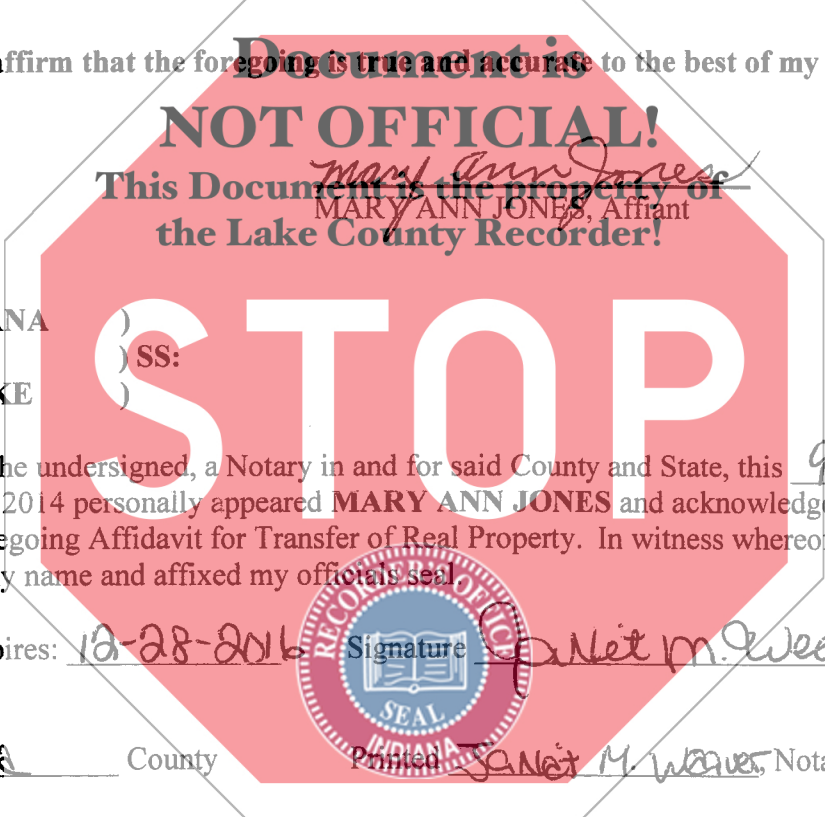
7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: NONE

8. That the individual entitled to the real estate as a result of the decedent's death are as follows:

MARY ANN JONES, 2116 W. 10th Avenue, Gary, IN 46404, cousin of decedent

9. That by reason of the above-stated matters, the affiant requests that the above-Listed real estate of BENNIE LEE HILLS be transferred to her pursuant to the laws of intestate distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.



STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, the undersigned, a Notary in and for said County and State, this 9th day of June, 2014 personally appeared MARY ANN JONES and acknowledged the execution of the foregoing Affidavit for Transfer of Real Property. In witness whereof, I have hereto subscribed my name and affixed my official seal.

My commission expires: 12-28-2016 Signature Janet M. Weaver

Resident of Lake County Printed Janet M. Weaver, Notary Public

Robert L. Lewis, 10070-45
ROBERT L. LEWIS & ASSOCIATES
2148 West 11th Avenue
Gary, Indiana 46404
219) 944-2755-phone

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

Janet M. Weaver
Affiant

JANET M. WEAVER
NOTARY PUBLIC
SEAL
STATE OF INDIANA
My Comm. Expires December 28, 2016

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000076

EDR No 000000371620

State No

1. Decedent's Legal Name (First, Middle, Last) BENNIE LEE HILLS
1a. Maiden Name (if female)
2. Sex MALE
3. Time Of Death 01:20 AM
4. Date Of Death (Month/Day/Year) 02/23/2014

5. Social Security Number
6a. Age - Yrs 86
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 01/22/1928
8. Birthplace (City and State or Foreign Country) DUNDEE, MS

9. Ever in U.S. Armed Forces?
10. If Death Occurred in A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital:
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: Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation STEELWORKER
17. Kind Of Business/Industry USX

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town GARY

18c. Street And Number 2116 WEST 10TH AVENUE
18d. Apt. No.
18e. Zip Code 46404
18f. Inside City Limits? Yes No

19. Decedent's Education 8TH GRADE OR LESS
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race Black or African American

22. Father's Name (First, Middle, Last) WILEY HILLS
23. Mother's Name (First, Middle, Last) VEATRICE HILLS
23a. Mother's Maiden Last Name IRBY

24. Informant's Name MARY ANN JONES
24a. Relationship To Decedent COUSIN
24b. Mailing Address (Street And Number, City, State, Zip Code) 125 ROOSEVELT PLACE, GARY, IN 46404

25a. Method Of Disposition: Burial Cremation Donation Entombment
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) FERNDAKS CEMETERY
25c. Location - City, Town, And State GRIFFITH, IN

26. Was Coroner Contacted? Yes 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: FH830077D4

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) A. CHRONIC PULMONARY OBSTRUCTIVE DISEASE
Due to (Or As A Consequence Of):
B.
Due to (Or As A Consequence Of):
C.
Due to (Or As A Consequence Of):
D.
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? Yes No
30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
32. If Female:
 Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death
 Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Unknown If Pregnant Within The Past Year
33. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide 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? Yes No

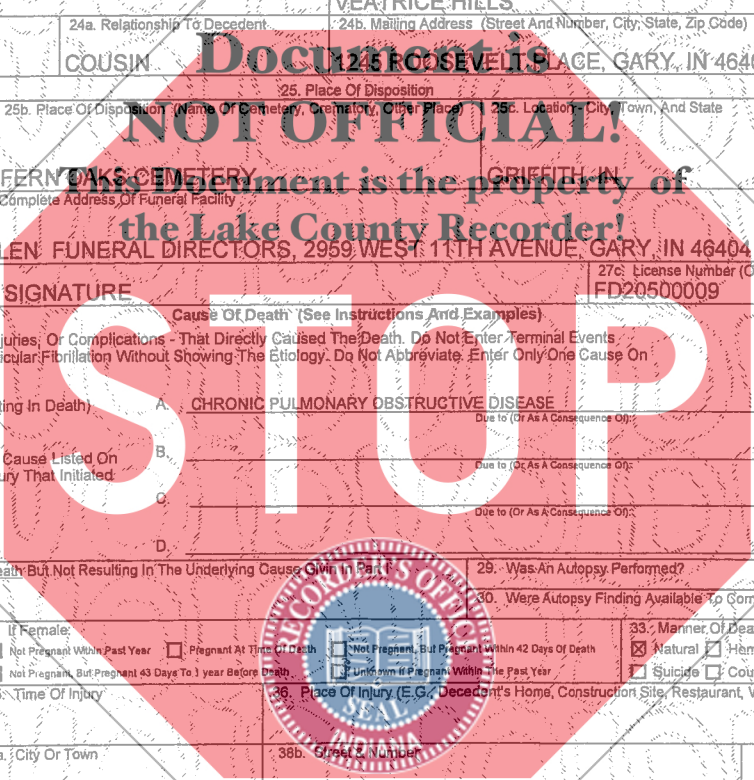
38. Location Of Injury - State
38a. City Or Town
38b. Street Number
38c. Apt. No.
38d. Zip Code

39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
 Driver/Operator Passenger Pedestrian Other (Specify)
41. Signature, Of Person Certifying Cause Of Death: NATHANIEL TURNER ROSS, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One): Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: NATHANIEL TURNER ROSS, 1619 W. 5TH AVE., GARY, IN 46404
44. License Number 01052287A
45. Date Certified 02/26/2014

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): FEB 27 2014

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



VOID IF ALTERED OR ERASED