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STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

SS: IN RE: LUCILLE EDWARDS, DECEDENT

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

1. That the above-named decedent died intestate on January 28, 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:

Demetrius Shumpert, 460 Taft Place, son of decedent

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 §29-28-3, the costs of expenses of administration and reasonable funeral expenses.

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:

Lot 23 in Block 11 in Tarry town First Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 30 page 13, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 3942 West 21<sup>st</sup> Avenue, Gary, Indiana 46404

Key No: 45-08-07-384-036.000-004

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

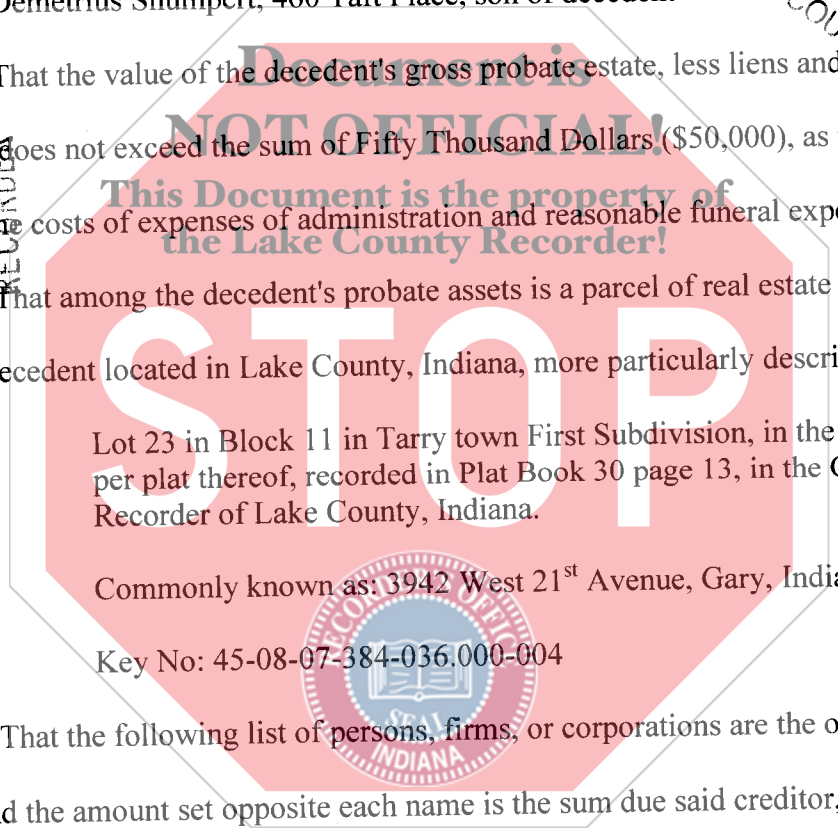
**016348**

AMOUNT \$	16-
CASH	CHARGE
CHECK #	4098
OVERAGE	1
COPY	
NON-COM	✓
CLERK	RS

**FILED**  
NOV 18 2014  
PEGGY HOLINGA  
LAKE COUNTY AUD.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2014 NOV 24 AM 8:18  
MICHAEL BROWN  
RECORDER

2014 073991



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

Demetrius Shumpert, 460 Taft Place, son of decedent

9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of Lucille Edwards be transferred to him 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.

*Demetrius Shumpert*  
Demetrius Shumpert, Affiant

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

*Demetrius Shumpert*  
Demetrius Shumpert, Affiant

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary in and for said County and State, this 30<sup>th</sup> day of April, 2014 personally appeared Demetrius Shumpert 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 11<sup>th</sup> Avenue  
Gary, Indiana 46404  
219) 944-2755-phone

**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  
NOTARY PUBLIC  
SEAL  
STATE OF INDIANA  
My Comm. Expires December 28, 2016

*Janet M. Weaver*  
Affiant

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No 000027

EDR No 00000367200

State No 004323

1. Decedent's Legal Name (First, Middle, Last) <b>LUCILLE EDWARDS</b>			1a. Maiden Name (if female) <b>EDWARDS</b>			2. Sex <b>FEMALE</b>		3. Time Of Death <b>10:14 AM</b>		4. Date Of Death (Month/Day/Year) <b>01/28/2014</b>			
5. Social Security Number		6a. Age - Yrs <b>75</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
7. Date of Birth (Month/Day/Year) <b>11/17/1938</b>		8. Birthplace (City and State or Foreign Country) <b>SENATOBIA, MS</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 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 checked="" 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>3942 WEST 21ST AVENUE</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	
12. City Or Town, State, And Zip Code <b>GARY, IN, 46404</b>			15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>CRANE OPERATOR</b>		17. Kind Of Business/Industry <b>INLAND STEEL CORP</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>GARY</b>			18d. Apt. No.		18e. Zip Code <b>46404</b>		
18c. Street And Number <b>3942 WEST 21ST AVENUE</b>			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>JIMMIE D EDWARDS SR</b>			23. Mother's Name (First, Middle, Last) <b>MILDRED EDWARDS</b>			23a. Mother's Maiden Last Name <b>BASKIN</b>							
24. Informant's Name <b>DEMETRIUS SHUMPERT</b>			24a. Relationship To Decedent <b>SON</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>460 TAFT PLACE, GARY, IN 46404</b>							
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 checked="" type="checkbox"/> Yes <input 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>PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD08700298</b>						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. <b>END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> 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. <b>CONGESTIVE HEART FAILURE</b> C. <b>DEMENTIA</b> D. _____													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>HYPERTENSION</b>						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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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"/> 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			37. Injury At Work? <input type="checkbox"/> Yes <input 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)			38. Zip Code				
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>JOSEPH C. LEGASPI, 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>01/30/2014</b>				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JOSEPH C. LEGASPI, 9307 CALUMET AVE D1, MUNSTER, IN 46321</b>						44. License Number <b>01059155A</b>			47. *Akas:				
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 31 2014</b>							
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

