

STATE OF INDIANA )  
 ) SS: IN RE: JOSEPHINE ANDREWS, DECEDENT  
 COUNTY OF LAKE )

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

1. That the above-named decedent died intestate on August 22, 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:

Valerie Cole, 2178 Whitcomb Street, Gary, IN, daughter of decedent  
 Janice Andrews, 511 S. Union Street, Apt. 104 Gary, IN, daughter of decedent  
 Adrienne Blanton, 1531 Pinchurst Lane, 49120 Niles, MI daughter of decedent  
 Haywood Andrews, 2326 Grandprix Dr., Apt. B, Indianapolis, IN, son of decedent  
 Kenny Andrews, 1431 N. Glenwood Ave., Griffith, IN, son of decedent  
 Rodney Andrews, 8870 East 6<sup>th</sup> Drive Apt. 111, Gary, IN, son of decedent  
 Dwight Andrews, 511 South Union Street, Apt. 104, Gary, IN, son 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 by IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

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:

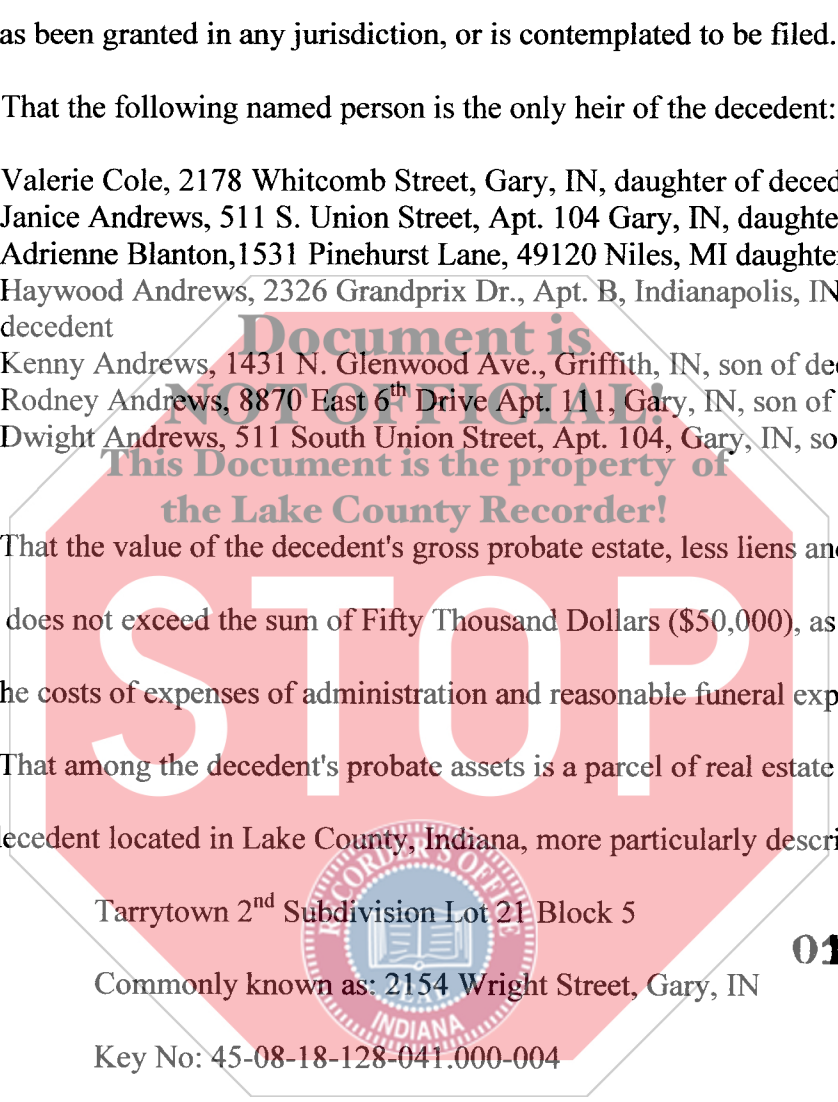
Tarrytown 2<sup>nd</sup> Subdivision Lot 21 Block 5  
 Commonly known as: 2154 Wright Street, Gary, IN  
 Key No: 45-08-18-128-041.000-004  
**017473**

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

**NO SALES DISCLOSURE NEEDED**

Approved Assessor's Office

By: \_\_\_\_\_



2014 083872

2014 DEC 30 PM 2:45  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
**FILED**  
 DEC 30 2014  
 PEGGY HOANG  
 LAKE COUNTY AUDITOR

16.00  
 OK # 1932  
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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:

- Valerie Cole, 2178 Whitcomb Street, Gary, IN, daughter of decedent
- Janice Andrews, 511 S. Union Street, Apt. 104 Gary, IN, daughter of decedent
- Adrienne Blanton, 1531 Pinehurst Lane, 49120 Niles, MI daughter of decedent
- Haywood Andrews, 2326 Grandprix Dr., Apt. B, Indianapolis, IN, son of decedent
- Kenny Andrews, 1431 N. Glenwood Ave., Griffith, IN, son of decedent
- Rodney Andrews, 8870 East 6<sup>th</sup> Drive Apt. 111, Gary, IN, son of decedent
- Dwight Andrews, 511 South Union Street, Apt. 104, Gary, IN, son decedent

9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of Josephine Andrews be transferred to them 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.

Valerie Cole, Affiant

Valerie Cole, Affiant

STATE OF INDIANA )  
 ) SS:  
 COUNTY OF LAKE )

Before me, the undersigned, a Notary in and for said County and State, this 29<sup>th</sup> day of December, 2014 personally appeared Valerie Cole 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 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

↑

Affiant

**CERTIFICATE OF DEATH**

**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **000399**

EDR No **00000401937**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>JOSEPHINE ANDREWS</b>				1a. Maiden Name (If female) <b>PETERMAN</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>10:40 PM</b>	4. Date Of Death (Month/Day/Year) <b>08/22/2014</b>	
5. Social Security Number		6a. Age - Yrs <b>88</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>08/08/1926</b>	
		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, 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 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>2154 WRIGHT STREET</b>									
12. City Or Town, State, And Zip Code <b>GARY, IN, 46404</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 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 <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>HOME</b>	
16. 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>2154 WRIGHT STREET</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>ALVIN PETERMAN</b>				23. Mother's Name (First, Middle, Last) <b>HAZEL PETERMAN</b>			23a. Mother's Maiden Last Name <b>WALDEN</b>		
24. Informant's Name <b>VALERIE ANDREWS</b>			24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2178 WHITCOMB STREET, GARY, IN 46404</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>FERN OAK CEMETERY</b>			25c. Location - City, Town, And State <b>GRIFFITH, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404</b>					27a. Funeral Home License Number <b>FH10800011</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE</b>			27c. License Number (Of Licensee): <b>FD09200084</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.									
Cause Of Death (See Instructions And Examples)									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. <b>CARDIORESPIRATORY FAILURE</b> Due to (Or As A Consequence Of): <b>2 MINS</b>									
B. <b>CEREBRO VASCULAR ACCIDENT</b> Due to (Or As A Consequence Of): <b>3YEARS</b>									
C. <b>DIABETES MELLITUS</b> Due to (Or As A Consequence Of):									
D. <b>CORONARY ARTERY DISEASE</b> 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									
<b>CONGESTIVE HEART FAILURE</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 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: <b>WINIFRED ONIAH, BY ELECTRONIC SIGNATURE</b>						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: <b>WINIFRED ONIAH, 2269 W 25TH AVE, GARY, IN 46404</b>						44. License Number <b>01057396A</b>		45. Date Certified <b>09/25/2014</b>	
46. Additional Funeral Service Provider:									
47. *Akas:						48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>			
						49. For Registrar Only - Date Filed (Month/Day/Year): <b>SEP 25 2014</b>			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

STATE OF INDIANA

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED