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

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

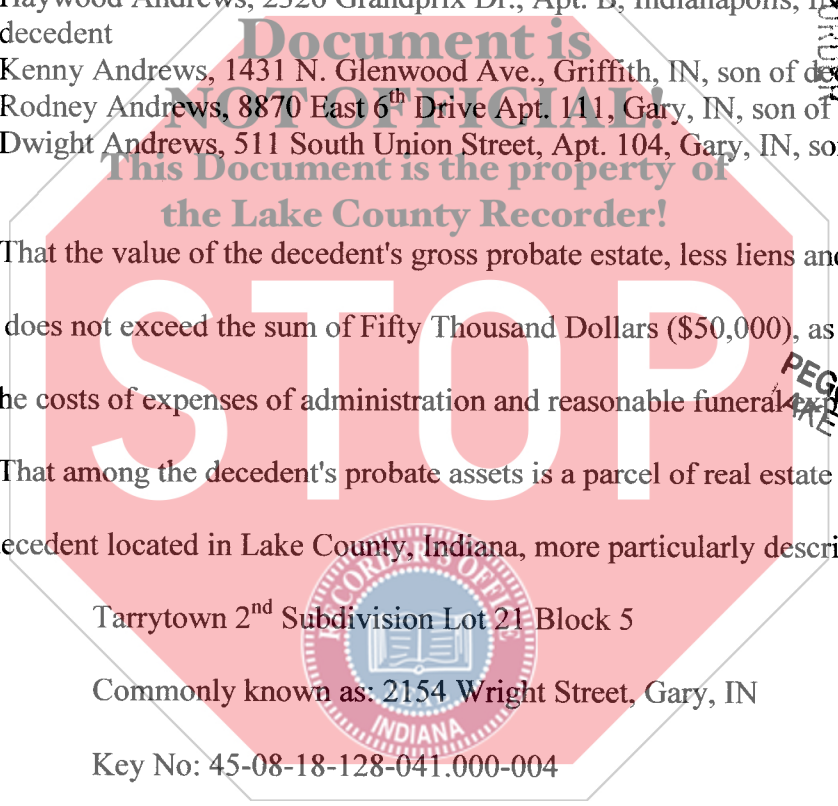
1. That the above-named decedent died intestate on July 25, 2005, while domiciled in Lake County, Indiana.
2. That forty-five (45) days have elapsed since the death of the decedent.
3. That no application or petition for the appointment of a personal representative is pending or has been granted in any 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 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 6th Drive Apt. 111, Gary, IN, son of decedent
 Dwight Andrews, 511 South Union Street, Apt. 104, Gary, IN, son of decedent

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2014 DEC 30 PM 5:05

REC'D
LAKE COUNTY
RECORDER



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 is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

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

FILED
 DEC 30 2014
 PEGGY HOLLINGA KATONA
 LAKE COUNTY CLERK

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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

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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 6th 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 Willie 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.

Valerie Cole
Valerie Cole, Affiant

Document
NOT OFFICIAL!
I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.
the Lake County Recorder!

Valerie Cole
Valerie Cole, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary in and for said County and State, this 22nd 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
2148 West 11th Avenue
Gary, Indiana 46404
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
NOTARY PUBLIC
SEAL
STATE OF INDIANA
My Comm. Expires December 28, 2016

↑
Janet M. Weaver
Affiant

NOTATION: The Social Security # is requested by this state agency in order to determine its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 05 0412

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Willie Andrews				2. SEX Male		3a. TIME OF DEATH 12:39A		3b. DATE OF DEATH (Month, Day, Yr.) July 25, 2005							
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 78		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo, Day, Yr) July 8, 1927		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake						9c. CITY, TOWN, OR LOCATION OF DEATH Gary			9d. COUNTY OF DEATH Lake						
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Josephine Peterman			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer			12b. KIND OF BUSINESS/INDUSTRY American Steel							
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 2154 Wright Street								
13e. ZIP CODE 46404		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+) _____					
18. FATHER'S NAME (First, Middle, Last) Julius Andrews						19. MOTHER'S NAME (First, Middle, Maiden Surname) Inez Wilkins									
20a. INFORMANT'S NAME (Type/Print) Josephine Andrews				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2154 Wright Street Gary, Indiana 46404				20c. Relationship Wife							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 29, 2005 Fern Oaks Cemetery				21c. LOCATION—City or Town, State Griffith, Indiana							
22a. EMBALMER'S NAME Sherman G. Banks III				22b. EMBALMER'S LICENSE NO. FD01016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of Licensee) FD01016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell Warner Funeral Home 4209 Grant Street Gary, Indiana 46408 FH19600034									
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. HYPOTENSION SEPTICEMIA MYCOPROLIFERATIVE DISORDER										Approximate Interval Between Onset and Death					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I										27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.															
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>								29c. MEDICAL LICENSE NO. 01032692		29d. DATE SIGNED (Month, Day, Year) 7/28/05					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. D. Vlas 3229 Broadway Gary, Indiana 46408															
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32. DATE FILED (Month, Day, Year) AUG 17 2005					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED							
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.											