

U

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 SEP -2 AM 10:13

MICHAEL B. BROWN
RECORDER

2015 059610

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Cleveland Dowdell, Deceased
Lucille Dowdell, Deceased

**SMALL ESTATE AFFIDAVIT AND
AFFIDAVIT FOR TRANSFER OF REAL ESTATE**

Come now Avis Price and Janice Cole, before the undersigned Authority, duly authorized to take oaths, and being duly sworn, state as follows:

1. The Affiants are the adult daughters of Cleveland Dowdell, deceased, and Lucille Dowdell a/k/a Lucille Johnson, deceased, and make this Affidavit based upon personal knowledge.

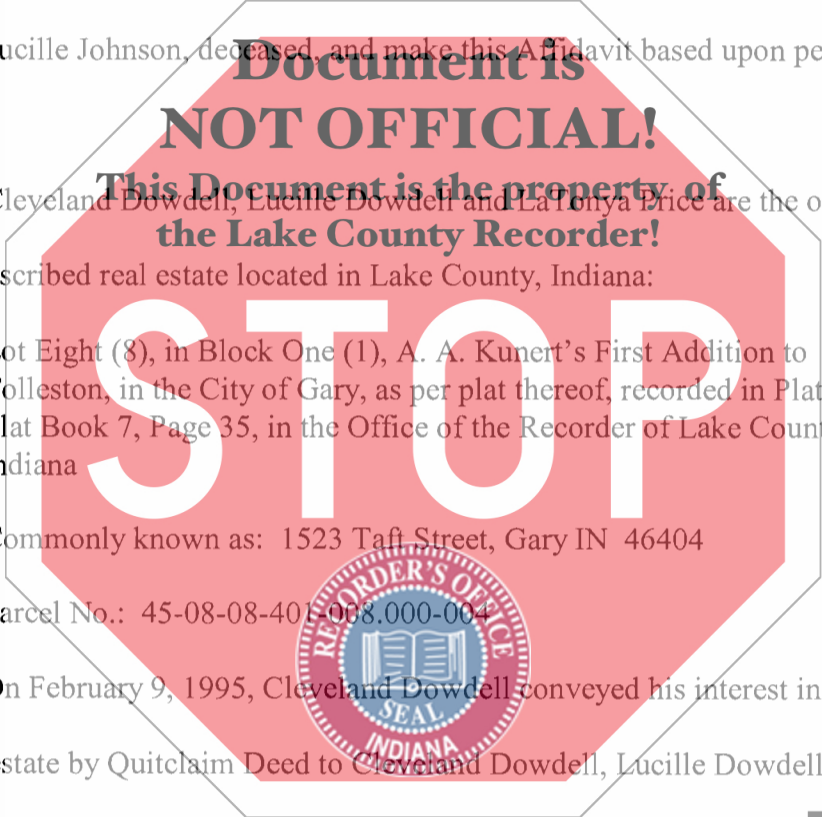
2. Cleveland Dowdell, Lucille Dowdell and LaTonya Price are the owners of record the following described real estate located in Lake County, Indiana:

Lot Eight (8), in Block One (1), A. A. Kunert's First Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Plat Book 7, Page 35, in the Office of the Recorder of Lake County Indiana

Commonly known as: 1523 Taft Street, Gary IN 46404

Parcel No.: 45-08-08-401-008.000-004

3. On February 9, 1995, Cleveland Dowdell conveyed his interest in the above-referenced real estate by Quitclaim Deed to Cleveland Dowdell, Lucille Dowdell and LaTonya Price, as tenants in common, each as to an undivided one-third (1/3) interest.



FILED

SEP 02 2015

M-E 21419
\$21.00
CASH

JOHN E. PETALAS
LAKE COUNTY AUDITOR

4. Cleveland Dowdell died intestate on the 14th day of May, 2008, while domiciled in Lake County, Indiana. (A true and accurate copy of the death certificate of Cleveland Dowdell, with social security number redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")

5. Upon the death of Cleveland Dowdell, his one-third (1/3) interest in the property, as tenant in common, became vested in the following heirs of Cleveland Dowdell, equally, as tenants in common: Avis Price (adult daughter) and Janice Cole (adult daughter).

6. Cleveland Dowdell was not married at the time of his death, and he left no surviving children or descendants of deceased children other than those identified in the immediately preceding paragraph.

7. The value of Cleveland Dowdell's gross probate estate, wherever located, less liens and encumbrances, did not exceed \$50,000.00.

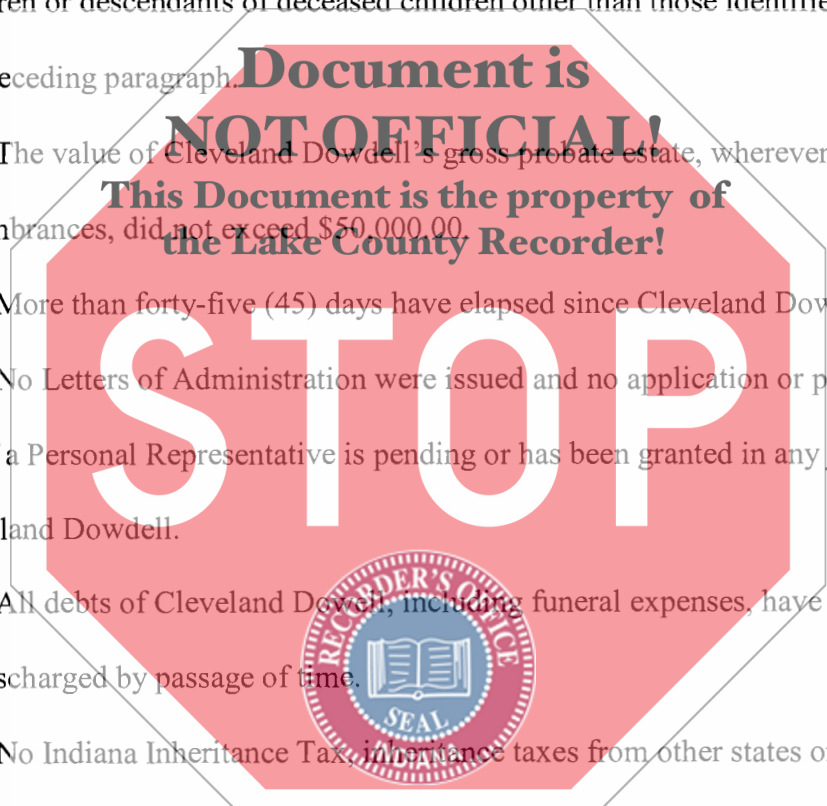
8. More than forty-five (45) days have elapsed since Cleveland Dowdell's death.

9. No Letters of Administration were issued and no application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction with regard to Cleveland Dowdell.

10. All debts of Cleveland Dowdell, including funeral expenses, have been paid in full or otherwise discharged by passage of time.

11. No Indiana Inheritance Tax, inheritance taxes from other states or countries, federal estate taxes, or other death taxes are outstanding by reason of the death of Cleveland Dowdell.

12. Lucille Dowdell a/k/a Lucille Johnson ("Decedent") died intestate on the 27th day



of May, 2014, while domiciled in Lake County, Indiana. (A true and accurate copy of the death certificate of Lucille Dowdell a/k/a Lucille Johnson, with social security number redacted, is attached hereto and incorporated herein by reference as Exhibit "B.")

13. Upon the death of Lucille Dowdell, her one-third (1/3) interest in the property, as tenant in common, became vested in the following heirs of Lucille Dowdell, equally, as tenants in common: Avis Price (adult daughter) and Janice Cole (adult daughter).

14. Lucille Dowdell was not married at the time of her death, and she left no surviving children or descendants of deceased children other than those identified in the immediately preceding paragraph.

15. The value of Lucille Dowdell's gross probate estate, wherever located, less liens and encumbrances, does not exceed \$50,000.00.

16. More than forty-five (45) days have elapsed since the death of Lucille Dowdell.

17. No Letters of Administration were issued and no application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction with regard to Lucille Dowdell.

18. No Indiana Inheritance Tax, inheritance taxes from other states or countries, federal estate taxes, or other death taxes are outstanding by reason of the death of Lucille Dowdell.

19. Based upon the foregoing, this Affidavit is made by the undersigned to confirm that the described real estate is now vested solely in Avis Price, Janice Cole and LaTonya Price, each as to an undivided one-third (1/3) interest, as tenants in common.

20. The Affiants request that the transfer agent of the Lake County Auditor's Office



remove the names of Cleveland Dowdell and Lucille Dowdell from title to the above-described real and transfer their respective interests to Avis A. Price and Janice D. Cole, equally, as tenants in common.

FURTHER YOUR AFFIANTS SAYETH NAUGHT.

Avis A Price
AVIS A. PRICE
Janice D. Cole
JANICE D. COLE

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared AVIS A. PRICE and JANICE D. COLE, and they being first duly sworn by me upon their oath, state that the facts alleged in the foregoing Affidavit are true and acknowledge the execution of the foregoing Affidavit as their free and voluntary act.

Signed and sealed this 8th day of August, 2014.



Laura L. Rybicki
Resident Of
Lake County
My Commission Expires:
8/27/2016

Laura L. Rybicki
LAURA L. RYBICKI, Notary Public

This instrument was prepared by and after recording should be returned to:
Laura L. Rybicki (Atty. No. 21389-45) of Dugan, Repay & Rybicki, P.C.
7880 Wicker Avenue, Suite 101, St. John, Indiana 46373
Telephone: (219) 365-7755; Facsimile (219) 365-4499



**Transferees' Address and
Mail Tax Statements To:**
Avis A. Price
2415 Arthur Street, Apt. 103
Gary, IN 46404

Co-Transferees' Address
Janice D. Cole
20 E. 57th Terrace
Kansas City, MO 64113

Co-Tenant's Address
LaTonya Price
2112 W. Oakridge, Apt. F3
Orlando, FL 32809

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

Laura L. Rybicki

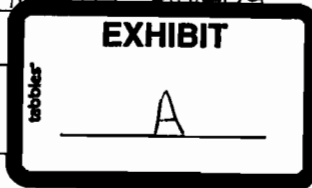
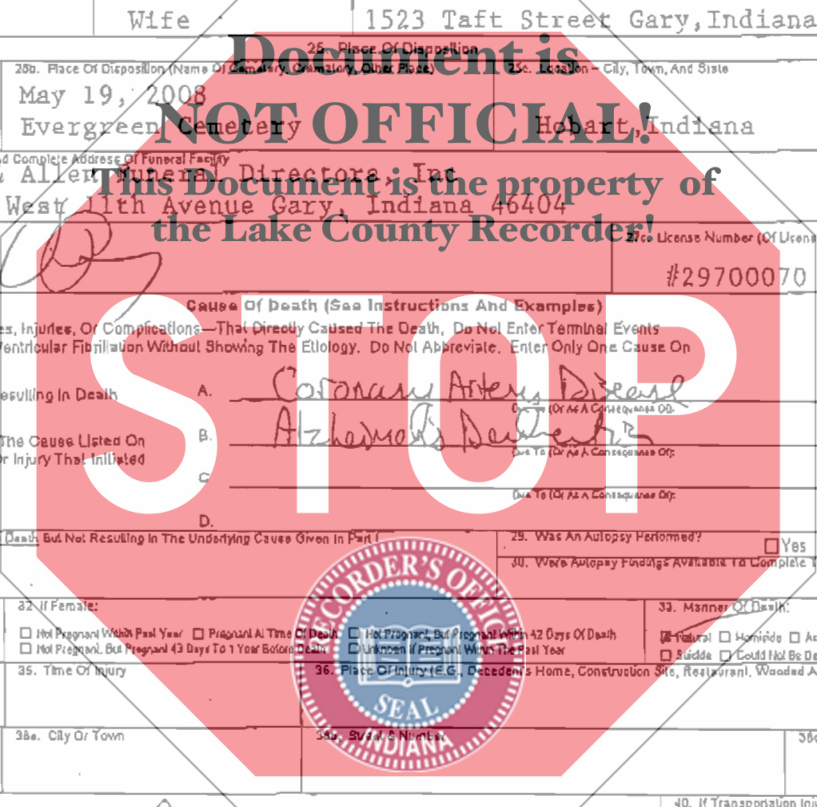
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. #08-259

State No.

1. Decedent's Legal Name (First, Middle, Last) Cleveland Dowdell		19. Maiden Last Name (If Female) N/A		2. Sex Male		3. Time Of Death 11:15AM		4. Date Of Death (Month/Day/Year) May 14, 2008			
5. Social Security Number [REDACTED]		6. Age - Yrs 88		7. Date Of Birth (Month/Day/Year) December 1, 1919		8. Birthplace (City And State Or Foreign Country) Opelika, Alabama					
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) Simmons Loving Care											
12. City Or Town, State, And Zip Code Gary, Indiana 46407				13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
15. Surviving Spouse's Name Lucille Dowdell			15a. (If Wife) Or Maiden Last Name Johnson		16. Decedent's Usual Occupation Janitor		17. Kind Of Business/Industry J C Penney's				
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary							
16c. Street And Number 1523 Taft Street				16d. Apt. No.		16e. Zip Code 46404		16f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 1 Year College			20. Decedent Of Hispanic Origin No		21. Decedent's Race Black						
22. Father's Name (First, Middle, Last) Jim Dowdell			23. Mother's Name (First, Middle, Last) Mamie Dowdell			23a. Mother's Maiden Last Name Harper					
24. Informant's Name Lucille Dowdell		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 1523 Taft Street Gary, Indiana 46404							
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 Facility) May 19, 2008 Evergreen Cemetery		25c. Location - City, Town, And State Hobart, Indiana							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, Inc. 2959 West 11th Avenue Gary, Indiana 46404				27a. Funeral Home License Number: 83007704					
28. Signature Of Indiana Funeral Service Licensee Carmelita [Signature]		28a. License Number (Of Licensee) #29700070		29. Cause Of Death (See Instructions And Examples) A. Coronary Artery Disease B. Alzheimer's Disease C. _____ D. _____							
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) 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		Approximate Interval: Onset To Death 70 days 75 yrs		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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. Location Of Injury - State			
38. Location Of Injury - State		38a. City Or Town		38b. Street Number		38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred Natural Causes						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 [Signature]						42. Certify (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 Rachael Ross MD 1619 W. 5th Ave Gary IN 46404						44. License Number 010573404		45. Date Certified 5-21-08			
46. Additional Funeral Service Provider:						47. *AKAs:					
48. Signature Of Local Health Officer: [Signature]						49. Registrar Only - Date Filed (Month/Day/Year): MAY 22 2008					



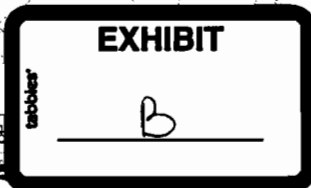
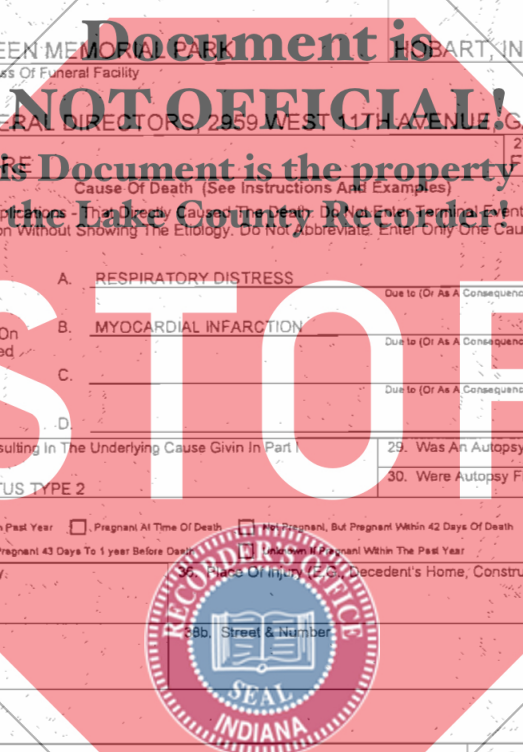
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000240

EDR No 00000387655

State No

1. Decedent's Legal Name (First, Middle, Last) LUCILLE JOHNSON				1a. Maiden Name (If female) SCOTT		2. Sex FEMALE		3. Time Of Death 08:36 PM		4. Date Of Death (Month/Day/Year) 05/27/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 78		6b. Under 1 Year Months: Days: Hours: Minutes:		7. Date of Birth (Month/Day/Year) 09/03/1935		8. Birthplace (City and State or Foreign Country) BILOXI, MS			
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> No		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input 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) 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 <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input 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 HOMEMAKER		17. Kind Of Business/Industry HOME			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 1523 TAFT STREET		18d. Apt. No.		18e. Zip Code 46404	
18f. Inside-City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) SYLVESTER SCOTT			23. Mother's Name (First, Middle, Last) EULA B SCOTT			23a. Mother's Maiden Last Name THOMAS					
24. Informant's Name AVIS PRICE		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2415 ARTHUR STREET APT 103, GARY, IN, 46404							
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) EVERGREEN MEMORIAL PARK		25c. Location - City, Town, And State SPARTAN, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 FH83007704					
27b. Signature Of Indiana Funeral Service Licensee TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD30600009				27d. Cause Of Death (See Instructions And Examples)					
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. RESPIRATORY DISTRESS Due to (Or As A Consequence Of): B. MYOCARDIAL INFARCTION Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Approximate Interval: Onset To Death 1HR 30MIN		Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I HYPERTENSION, CHRONIC KIDNEY DISEASE, DIABETES MELLITUS TYPE 2				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 type="checkbox"/> No <input checked="" 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But 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 checked="" 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 OKECHI N. NWABARA, BY ELECTRONIC SIGNATURE				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 OKECHI N. NWABARA, 3535 BROADWAY, GARY, IN 46409				44. License Number 01033511A		45. Date Certified 06/09/2014					
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) JUN 11 2014							



State Form 53395 - ATTENTION ESTATE: If Social Security # is being requested by this state an ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND & TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL

Signature is voluntary and there will be no penalty for refusal. THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT APPEARS WHEN PHOTO COPIED.