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STATE OF INDIANA)
)
) SS: IN RE: MARVA C. JOHNSON, DECEDENT
COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on February 8, 1992, while domiciled in Gary, Indiana. (Exhibit A)
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 persons are the only heirs of the decedent:
 - a. Valerie Crumedy , 1936 West 15th Avenue, Gary, Indiana 46404.
 - b. Eldred Johnson, 3005 Elmhurst Street, Indianapolis, IN 46226
 - c. Elden Johnson, 1518 East Lancaster, Ste.A, Fort Worth, TX 76102
 - d. LaJuona Johnson, 1309 Riverview Place, Apt. 147, Jonesboro, GA 30238
 - e. Triphena Johnson, 4001 Buchanan Street, Gary, IN 46408

STATE OF INDIANA
LAKE COUNTY
FILED FOR REC'D
2015 SEP 11 PM 1:18
MICHAEL B. BROWN
RECORDER

FILED
SEP 11 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Twenty-Five Thousand Dollars (\$25,000), 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:

THE NORTH 40 FEET OF LOT 50, BLOCK 4, 1ST SUBDIVISION TO OAKINGTON PARK, CITY OF GARY, AS SHOWN IN PLAT BOOK 11, PAGE 12, LAKE COUNTY, INDIANA
Commonly known as: 4001 BUCHANAN STREET, GARY INDIANA
Key No: 45-08-28-159-001.000.004
Old Key No.: 46-123-20

2015 062633

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5915-
5909
015319
noncm RM

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 individuals entitled to the real estate as a result of the decedent's death are:

- f. Valerie Crumedy , 1936 West 15th Avenue, Gary, Indiana 46404, undivided, one-fifth share.
- g. Eldred Johnson, 3005 Elmhurst Street, Indianapolis, IN 46226, undivided, one fifth share
- h. Elden Johnson, 1518 East Lancaster, Ste.A, Fort Worth, TX 76102, undivided, one fifth share
- i. LaJuona Johnson, 1309 Riverview Place, Apt. 147, Jonesboro, GA 30238, undivided, one fifth share
- j. Triphena Johnson, 4001 Buchanan Street, Gary, IN 46408, undivided, one fifth share

9. Each individual's share was divided equally among the heirs.

10. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of ROYAL JOHNSON be transferred to

- k. Valerie Crumedy , 1936 West 15th Avenue, Gary, Indiana 46404.
- l. Eldred Johnson, 3005 Elmhurst Street, Indianapolis, IN 46226
- m. Elden Johnson, 1518 East Lancaster, Ste. A, Fort Worth, TX 76102
- n. LaJuona Johnson, 1309 Riverview Place, Apt. 147, Jonesboro, GA 30238
- o. Triphena Johnson, 4001 Buchanan Street, Gary, IN 46408

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.



Triphena Johnson

Triphena Johnson, Affiant

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

Triphena Johnson

Triphena Johnson, Affiant

IN RE: MARVA C. JOHNSON, DECEDENT

STATE OF Indiana)
)
COUNTY OF Lake) SS:

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Triphena Johnson, who acknowledged the execution of this Affidavit.

Janet M. Weaver
Notary Public
Residing in Lake County,

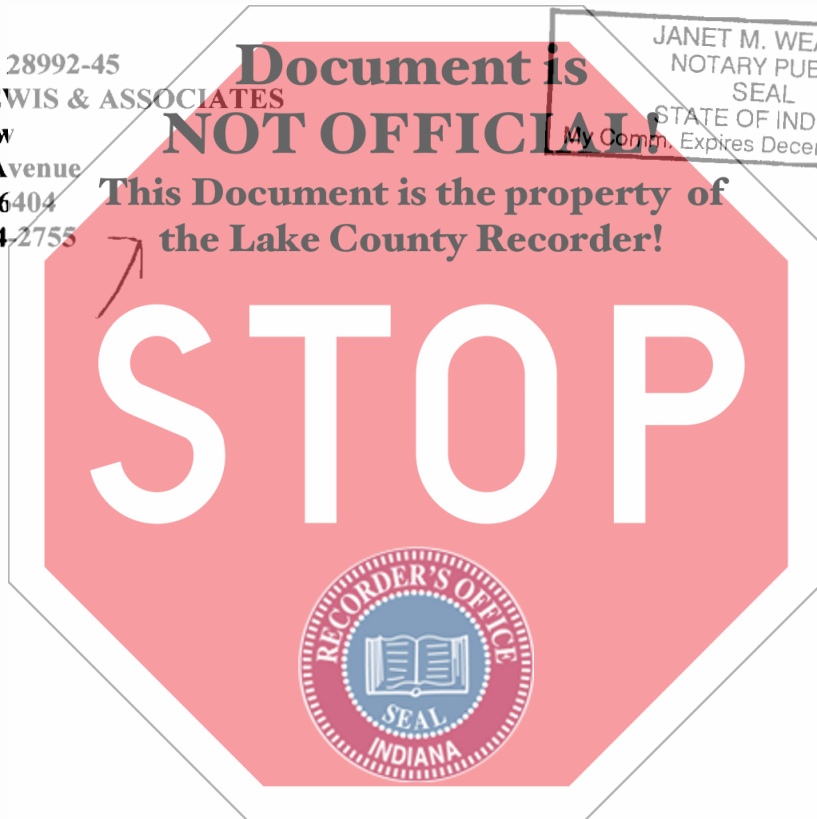
My Commission Expires: 12-28-2016

Kenya A. Jones, 28992-45
ROBERT L. LEWIS & ASSOCIATES
Attorneys at Law
2148 West 11th Avenue
Gary, Indiana 46404
Phone: (219) 944-2755

Document is
NOT OFFICIAL

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

This Document is the property of
the Lake County Recorder!



INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 92-0090

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) Marva C. Johnson				2. SEX Female	3a. TIME OF DEATH 6:30 P.M.	3b. DATE OF DEATH (Month, Day, Year) February 8, 1992	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 55	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr.) June 14, 1936	7. BIRTHPLACE (City and State or Foreign Country) Tiller, AR		
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"/> Residence <input checked="" type="checkbox"/> Other (Specify) Railroad Crossing					
9b. FACILITY NAME (If not institution, give street and number) 39th and Pierce Street			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) Roy L. Johnson		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Own Home		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 4001 Buchanan Street			
13e. ZIP CODE 46408	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEASED OF HISpanic OR 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 1 Year		
18. FATHER'S NAME (First, Middle, Last) Jerry L. Hillman				19. MOTHER'S NAME (First, Middle, Maiden Surname) Minda Hollaway			
20a. INFORMANT'S NAME (Type/Print) Roy L. Johnson			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4001 Buchanan Street Gary, IN. 46408		20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) February 15, 1992 Oak Hill Cemetery		21c. LOCATION—City or Town, State Gary, Indiana			
22a. EMBALMER'S NAME Patrician Owens		22b. EMBALMER'S LICENSE NO. 08700298		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Brooks</i>		24b. LICENSE NUMBER (of Licensee) 08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc. 2959 W 11th Ave., Gary, IN 46404			
23. PART I. Enter the disease, 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.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Laceration of heart with hemothorax				Approximate Interval Between Onset and Death Unknown	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. Multiple fractures of ribs, bilateral					
		c. _____					
		d. _____					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.			27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
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 checked="" 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>Glenn E. Thomas</i>				29c. MEDICAL LICENSE NO. 16120		29d. DATE SIGNED (Month, Day, Year) February 13, 1992	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 24) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307							
31. HEALTH OFFICER'S SIGNATURE <i>Belva G. Justice M.D. M.P.H.C.</i>					32. DATE FILED (Month, Day, Year) FEB. 14 1992		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) Feb 8 1992	34b. TIME OF INJURY Unknown	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Automobile/Train Accident		
		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Railroad Crossing		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 39th and Pierce Street Gary, Indiana			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) February 8, 1992 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) Yes (If yes, specify driver, passenger, pedestrian, etc.) Driver							





CERTIFIED BY:

Alma E Foster

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE FEB. 14 1992