

STATE OF INDIANA)
) SS: IN RE: ROY L. JOHNSON, DECEDENT
COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on January 27, 2015, 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

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 §29-1-8 of 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 10, 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: 45-08-28-159-001000.004
Old Key No.: 46-123-20

7. That the following list of persons, firms, or corporations are the only creditors

STATE OF INDIANA
LAKE COUNTY
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2015 SEP 11 PM 1:19
MICHAEL D. BROWN
RECORDER

2015 062634



FILED
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JOHNE. PETALAS
LAKE COUNTY AUDITOR

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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 ROY L. JOHNSON, be transferred to:

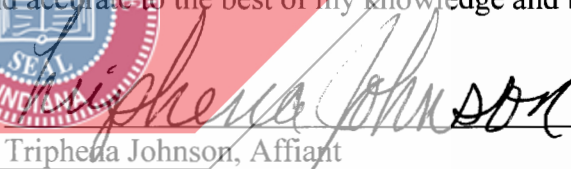
- k. Valerie Crumedy , 1936 West 15th Avenue, Gary, Indiana 46404.
- l. Eldred Johnson, 3005 Elmhurst Street, Indianapolis, IN 46226
- m. Elden Johnson, 1518 East Lancaster, Ste. A, Fort Worth, TX 76102
- n. LaJuona Johnson, 1309 Riverview Place, Apt. 147, Jonesboro, GA 30238
- o. Triphena Johnson, 4001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

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



Triphena Johnson, Affiant

IN RE: ROY L. 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~~

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the Lake County Recorder!**

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





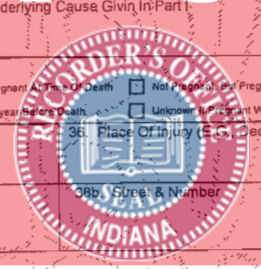
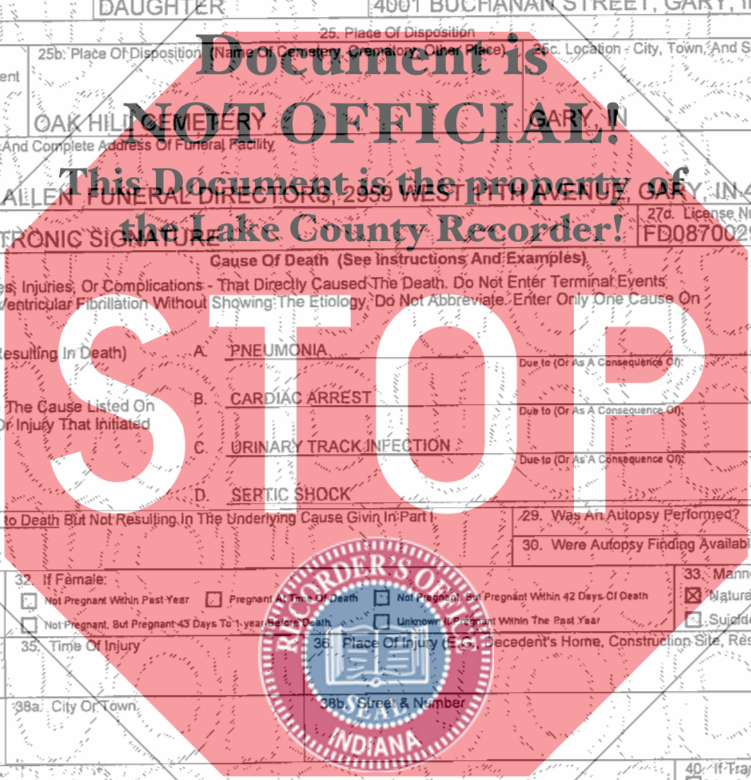
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000045

EDR No 000000429740

State No

1. Decedent's Legal Name (First, Middle, Last) ROY LEE JOHNSON		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 12:08 AM	4. Date Of Death (Month/Day/Year) 01/27/2015	
5. Social Security Number	6a. Age - Yrs. 83	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/13/1931	8. Birthplace (City and State or Foreign Country) PINE BLUFF, AR
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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 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 FIRE INSPECTOR	
17. Kind Of Business/Industry LTV STEEL CORP.		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY	
19c. Street And Number 4001 BUCHANAN STREET		18d. Apt. No.		18e. Zip Code 46408		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) BENNIE JOHNSON		23. Mother's Name (First, Middle, Last) OPHELIA ELGIN		23a. Mother's Maiden Last Name ELGIN			
24. Informant's Name TRIPHENA JOHNSON		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 4001 BUCHANAN STREET, GARY, IN 46408			
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) OAK HILL CEMETERY		25c. Location - City, Town, And State GARY, IN		27a. Funeral Home License Number FH83007704	
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, 2999 WEST 7TH AVENUE, GARY, IN 46404				27b. Signature Of Indiana Funeral Service Licensee PATRICIAN L OWENS, BY ELECTRONIC SIGNATURE	
27c. License Number (Of Licensee) FD08700298		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. PNEUMONIA Due to (Or As A Consequence Of) B. CARDIAC ARREST Due to (Or As A Consequence Of) C. URINARY TRACT INFECTION Due to (Or As A Consequence Of) D. SEPTIC SHOCK				Approximate Interval Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.		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 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"/> 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	
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 HARISH AMBALAL SHAH, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01035471A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death HARISH AMBALAL SHAH, 200 EAST 86TH PLACE, MERRILLVILLE, IN 46410				45. Date Certified 02/11/2015		47. *Akas:	
46. Additional Funeral Service Provider:				48. Signature of Local Health Officer ROLAND H WALKER, VIA ELECTRONIC SIGNATURE			
49. For Registrar Only - Date Filed (Month/Day/Year) FEB 11 2015				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			



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STOP



CERTIFIED BY

[Signature]
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE **FEB 11 2015**



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