

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: IN RE: JOHN W. KING, DECEDENT

2015 066590

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on October 4, 2010, while domiciled in Hammond, 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 person is the only heir of the decedent:
Ophelia King, wife, 1016 Morris Street, Hammond, Indiana 46320.

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:

HAMMOND REDEVELOPMENT COMMISSION'S RESUBDIVISION
OF MAYWOOD ADD BLK FIVE LOT 3
Commonly known as: 1016 Morris Street, Hammond, Indiana
Key No: 45-07-06-180-003.000-023

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.

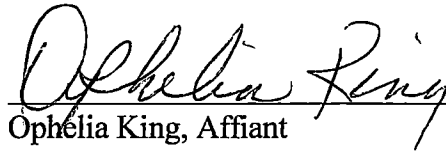
8. That the individual entitled to the real estate as a result of the decedent's death



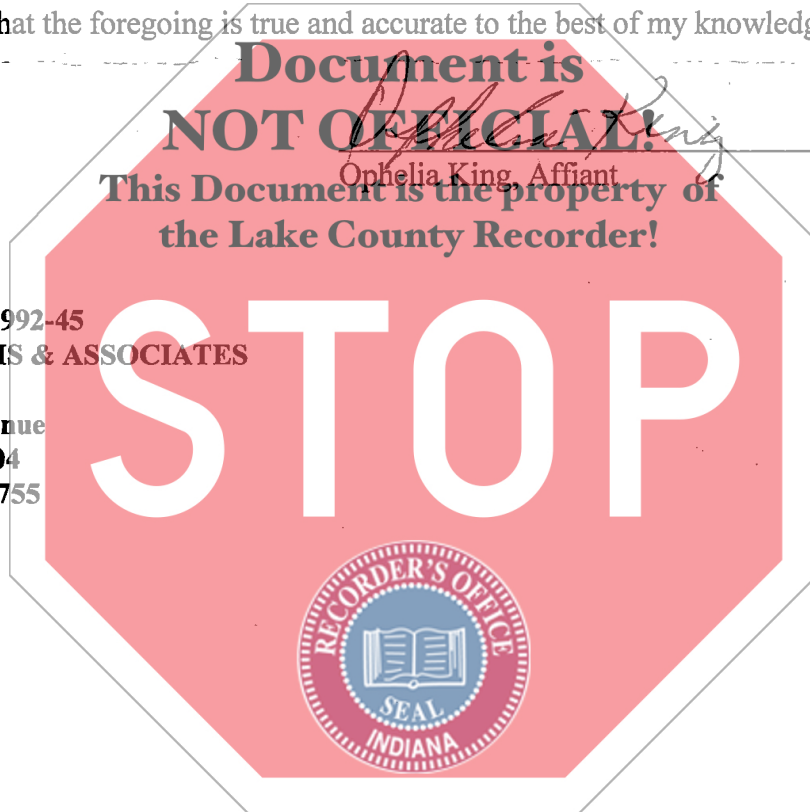
015741 non-con
M-E
\$16.00
CASH

is Ophelia King, wife, 1016 Morris Street, Hammond, Indiana.

9. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of John W. King and Ophelia King, be transferred to Ophelia King 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.


Ophelia King, Affiant

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



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. 3622-10

State No.

1. Decedent's Legal Name (First, Middle, Last) John W. King Sr.			1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 7:42 am	4. Date Of Death (Month/Day/Year) October 4, 2010	
5. Social Security Number [Redacted]	6a. Age - Yrs 71	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) September 18, 1939		8. Birthplace (City And State Or Foreign Country) Cleveland, Mississippi
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 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) Community Hospital								
12. City Or Town, State, And Zip Code Munster, Indiana				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 Ophelia King		15a. (If Wife) Give Maiden Last Name Smith		16. Decedent's Usual Occupation Inspector		17. Kind Of Business/Industry Inland Steel		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Hammond				
18c. Street And Number 1016 Morris Street				18d. Apt. No.	18e. Zip Code 46320		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 6th Grade		20. Decedent Of Hispanic Origin No		21. Decedent's Race Black		22. Father's Name (First, Middle, Last) Michael King		
22. Father's Name (First, Middle, Last) Michael King		23. Mother's Name (First, Middle, Last) Mary Anna Waldorp		23a. Mother's Maiden Last Name Waldorp				
24. Informant's Name Ophelia King		24a. Relationship To Decedent Wife		24b. Informant's Address (Street, City, State, Zip Code) 1016 Morris Street Hammond, Indiana 46320				
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) Concordia Cemetery October 9, 2010			25c. Location - City, Town, And State Hammond, 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 W 11th Avenue Gary, Indiana 46404			27a. Funeral Home License Number: 83007704			
27b. Signature Of Indiana Funeral Service Licensee: <i>Valerie J. Proal</i>		27c. License Number (Of Licensee): #08700646			27d. License Number (Of Licensee):			
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. M. A. Waldorp Colon Cancer								
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I								
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) Lake County Health Department			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) OCT 15 2010				
41. Signature, Of Person Certifying Cause Of Death: <i>R. Patel</i>				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: Ratish Patel 9108 Columbia Ave Ste B Munster, IN 46321				44. License Number 01042343		45. Date Certified 10/11/10		
46. Additional Funeral Service Provider:				47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W But. D.O.</i>				49. For Registrar Only - Date Filed (Month/Day/Year): October 15, 2010				

