

3-3

2015 082641

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 DEC 11 AM 8:57

Mail tax bills to: 2259 W. 10th Place, Gary, IN 46404

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF HEIRSHIP

SABRINA BENARD JACKSON, being first duly sworn upon her oath, deposes and says:

1. Affiant, **SABRINA BENARD JACKSON**, resides at 1604 E. Barton Avenue, West Memphis, Arkansas 72301. Affiant has knowledge of the within facts as she is a surviving sister of **KAREN BLAYLOCK**.
2. **An undivided one-half (1/2) interest** in the following premises was formerly owned by **KAREN BLAYLOCK**:

The West 37 1/2 feet of Lot 9, Block 26, in Tolleston addition to the City of Gary, as per plat thereof recorded in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2259 W. 10th Place, Gary, IN 46404
Key No.: 45-08-08-211-002.000-004

3. That **KAREN BLAYLOCK**, died intestate on August 1, 2014. A certified copy of the death certificate of **KAREN BLAYLOCK** is attached hereto as "Exhibit A".
4. That 45 days have passed since the death of **KAREN BLAYLOCK**, and no estate has been opened for her.
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of **KAREN BLAYLOCK**, and all funeral expenses and expenses of last illness have been paid in full.
6. That **KAREN BLAYLOCK** was survived by her husband, **KENNETH BLAYLOCK**, and one (1) daughter, **KAYLYN BLAYLOCK**.
7. That at the time of death of **KAREN BLAYLOCK** an undivided one-half (1/2) interest in the above described real estate was passed to each of the following:

KENNETH BLAYLOCK
2259 W. 10th Place
Gary, IN 46404

SABRINA BENARD JACKSON, as Court-appointed Guardian of Kaylyn Blaylock, born April 3, 1998
1604 E. Barton Avenue
West Memphis, Arkansas 72301

FILED

DEC 09 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

23536

15 -
31313
am



- 8. That the value of the decedent's gross estate, less liens and encumbrances, does not exceed the sum of \$50,000.00 as provided by I.C. 29-1-8-1, after deducting funeral expenses.
- 9. That the decedent, KAREN BLAYLOCK, had no other living children or living descendants of a deceased child other than those listed in Paragraph 6.


SABRINA BENARD JACKSON

STATE OF INDIANA, COUNTY OF LAKE, SS:

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **SABRINA BENARD JACKSON** personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 1 day of October, 2015.

My Commission Expires:

11-9-2019

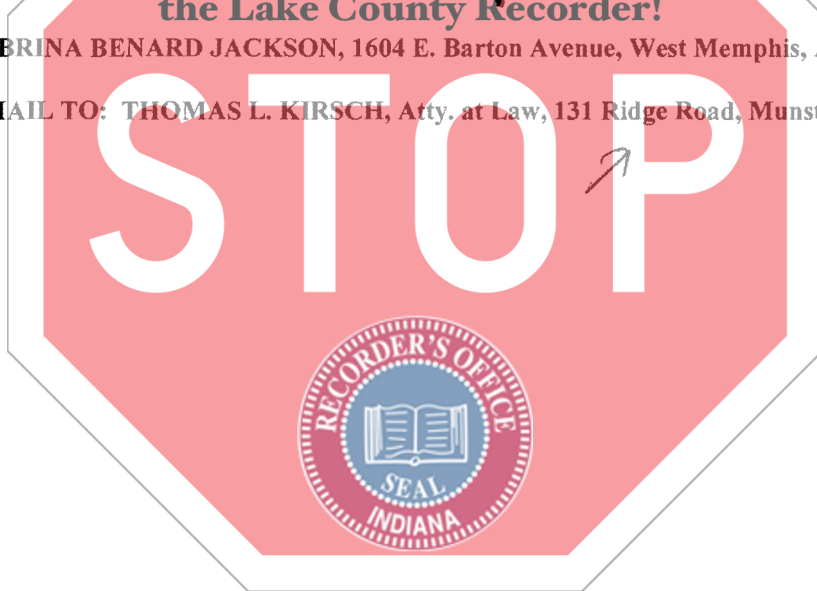

 Notary Public, State of Indiana
 My Commission Expires Nov 9, 2019

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. **Thomas L. Kirsch**

NOT OFFICIAL!
 This Document is the property of
 the Lake County Recorder!

Grantee's address: **SABRINA BENARD JACKSON, 1604 E. Barton Avenue, West Memphis, Arkansas 72301**

PREPARED BY and MAIL TO: **THOMAS L. KIRSCH, Atty. at Law, 131 Ridge Road, Munster, IN 46321**



CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000408

EDR No 00000398089

State No 044342

1. Decedent's Legal Name (First, Middle, Last) KAREN S BLAYLOCK				1a. Maiden Name (if female) BERNARD		2. Sex FEMALE	3. Time Of Death 02:44 AM	4. Date Of Death (Month/Day/Year) 08/01/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 54	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) 03/18/1960	8. Birthplace (City and State of Foreign Country) GARY, IN		
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) 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 checked="" 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 KENNETH L BLAYLOCK			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 2259 WEST 10TH PLACE	18d. Apt. No.	18e. Zip Code 46404	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		
22. Father's Name (First, Middle, Last) ROBERT BERNARD			23. Mother's Name (First, Middle, Last) CARNELLA BERNARD			23a. Mother's Maiden Last Name BLACK			
24. Informant's Name KAYLYN BLAYLOCK		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2259 WEST 10TH PLACE, GARY, IN 46404					
25. Place Of Disposition									
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 HOBART, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input 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: 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. MYELODYSPLASTIC SYNDROME			Due to (Or As A Consequence Of):			
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			B. SEVERE PANCYTOPENIA DUE TO TREATMENT OF DISEASE			Due to (Or As A Consequence Of):			
			C. HYPOTENSIVE, SINUS TACHYCARDIA WITH PVCs			Due to (Or As A Consequence Of):			
			D. HEMORRHAGING			Due to (Or As A Consequence Of):			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I HEMORRHAGING, HYPOTENSIVE, SEVERELY PANCYTOPENIC, ASYSTOLE						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 checked="" 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)			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):			
41. Signature, Of Person Certifying Cause Of Death: NYAMBI EBIE, 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: NYAMBI EBIE, 6111 HARRISON # 200, MERRILLVILLE, IN 46410						44. License Number 01046157A		45. Date Certified 10/03/2014	
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): OCT-06 2014			

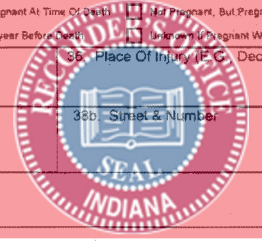
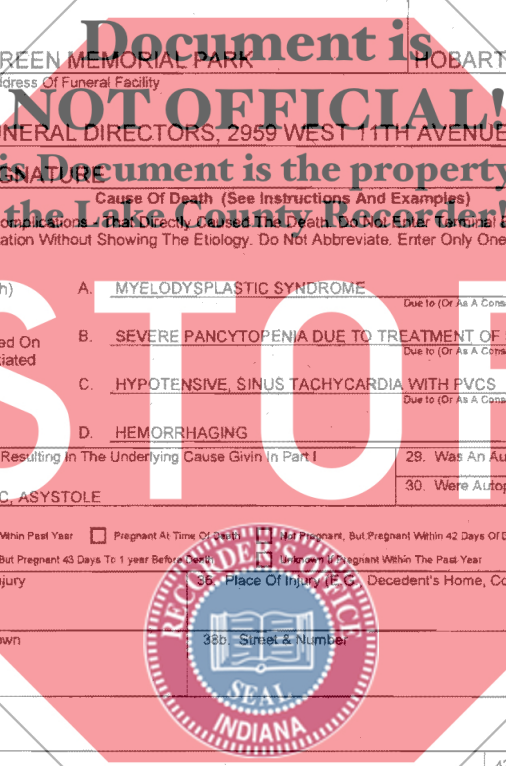


EXHIBIT A

State Form 53395 ATTENTION: ESTATE - The Social Security # is being requested by this state agency in order to pursue a responsibility claim. ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER.

WARNING: TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON REVERSE.

STATE OF INDIANA

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED