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STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

2016 005794

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

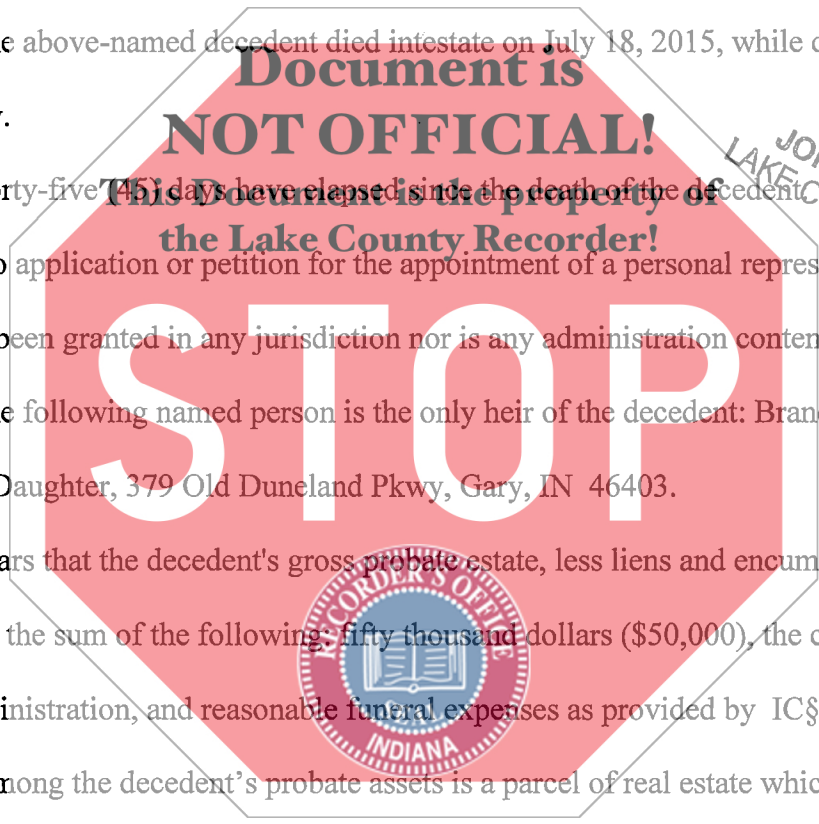
2016 JAN 26 PM 1:08

MICHAEL B. BROWN  
RECORDER

IN THE MATTER OF THE ESTATE OF )  
TIMOTHY E. DARLING, DECEASED )  
DOD: 07/18/2015 )

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

1. That the above-named decedent died intestate on July 18, 2015, while domiciled in Lake County.
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 nor is any administration contemplated.
4. That the following named person is the only heir of the decedent: Brandy Elise Darling, Adult Daughter, 379 Old Duneland Pkwy, Gary, IN 46403.
5. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses as provided by IC§ 29-1-8-3.
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:  
  
CORRECTED PLAT OF MARSHALLTOWN ALL Lot.13 Block 6, commonly known as: 2225 CENTRAL DRIVE, GARY IN 46407.
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.



**FILED**  
JAN 26 2016  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR


15-  
RS  
RMA

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8. That the name of the person entitled to an interest in the real estate as a result of the decedent's death is the decedent's heir at law as provided under the laws of intestate succession who is Brandy Elise Darling, Adult Daughter, 379 Old Duneland Pkwy, Gary, IN 46403. The share to which she is entitled is an undivided one hundred percent (100%) interest said real property.

9. The share of the real property to which Brandy Elise Darling was determined pursuant to intestate succession as the decedent died unmarried and she was the sole child born to decedent, Timothy Darling.

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

  
\_\_\_\_\_  
Brandy Elise Darling  
Sole Heir of Decedent

**STOP**

SUBSCRIBED AND SWORN TO, before me, a Notary Public, this 23 day of November, 2015.

  
Jacqueline Peden  
Notary Public

Commission Expiration: 11/28/2019  
County of Residence: Lake

 JACQUELINE GAE PEDEN  
Lake County  
My Commission Expires  
November 28, 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."  
PREPARED BY: PSK



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 60016

Local No 002446

EDR No 00000459718

State No 034798

1. Decedent's Legal Name (First, Middle, Last) TIMOTHY ELLIS DARLING
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 18:17
4. Date Of Death (Month/Day/Year) 07/18/2015
5. Social Security Number
6a. Age - Yrs 59
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 07/15/1956
8. Birthplace (City and State or Foreign Country) GARY, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) PINNACLE HOSPITAL
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation CHEMIST
17. Kind Of Business/Industry MANUFACTURING
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town GARY
18c. Street And Number 2225 CENTRAL DRIVE
18d. Apt. No.
18e. Zip Code 46407
18f. Inside City Limits?
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race Black or African American
22. Father's Name (First, Middle, Last) WILLIAM DARLING SR
23. Mother's Name (First, Middle, Last) IDA DARLING
23a. Mother's Maiden Last Name WOOTEN
24. Informant's Name BRANDY DARLING
24a. Relationship To Decedent DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code) 8795 OLD DUNELAND PARKWAY, GARY, IN 46403
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATION SERVICES GARY, IN
25c. Location - City, Town, And State
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342
27a. Funeral Home License Number: FH83003069
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01006463
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. CARDIOMYOPATHY Due to (Or As A Consequence Of): 1 MONTH
B. CORONARY ARTERY DISEASE Due to (Or As A Consequence Of): YEARS
C. BRAIN ANOXIA Due to (Or As A Consequence Of): WEEK
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause.
29. Was An Autopsy Performed?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: WILLIAM J PIERCE, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WILLIAM J PIERCE, 210 E 90TH DRIVE, MERRILLVILLE, IN 46410
44. License Number
45. Date Certified:
46. Additional Funeral Service Provider:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JUL 24 2015



Signature of Health Officer: Susan J. Best, M.D.
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED