

3

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:
)

2016 053724

AFFIDAVIT OF HEIRSHIP

SHIRLENE OSBORN, being first duly sworn upon his oath, deposes and says:

1. That she, SHIRLENE OSBORN, is the sole owner in fee simple of the following described real estate, to-wit: Legal description:

Lot 23, except the South 22 1/2 feet thereof, and the South 27 1/2 feet of Lot 24, Block 13, Resubdivision of Gary Land Company's Third Subdivision, in the City of Gary, as shown in Plat Book 19, page 10, Lake County, Indiana.

State Parcel No.: 45-08-03-328-008.000-004;
Commonly known as: 539 Virginia Street
Gary, IN 46402

2. That she, SHIRLENE OSBORN, is the natural mother and only heir of DEWAYNE YOUNG, who acquired title as sole owner to said real estate on 3/4/10 via a Corporate Deed of conveyance to CIMARRON MORTGAGE COMPANY, a Mississippi corporation, to DWAYNE YOUNG, dated March 4, 2010 and recorded 3/12/10 in the Office of the Recorder of Lake County, IN, and the subsequent death of DWAYNE YOUNG.

3. That the status and character of the ownership of said real estate continued unbroken from the time DWAYNE YOUNG so acquired title to said real estate until the death, intestate, of DWAYNE YOUNG on 9/17/13, and no probate estate was ever opened, such that at this time your affiant, SHIRLENE OSBORN, has acquired title to said real estate in fee simple, as the sole heir of DWAYNE YOUNG.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
AUG -5 PM 1:17

FILED

014462

AUG 05 2016

OSBORHIRLENE2.RTF

JOHN E. PETALAS
LAKE COUNTY AUDITOR

non
con
cash
\$16,100

A copy of the certified copy of the death certificate of DWAYNE YOUNG is attached hereto.

4. That the purpose of this Affidavit is to induce the Lake County Auditor to transfer the title to the above-described real estate to SHIRLENE OSBORN in fee simple.

5. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses; and there has never been any advantages upon the estate of the said decedent, and that the gross value of such estate did not equal or exceed the sum of \$50,000.00, including the value of any gifts made in contemplation of death or made within three years thereof, of any jointly held property and any proceeds from insurance; that her estate was not subject to federal estate taxes therefor.

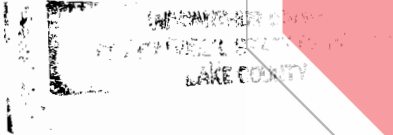


SHIRLENE OSBORN
SHIRLENE OSBORN
339 Virginia Street
Gary, IN 46402

SUBSCRIBED and SWORN to before me this 13th day of July, 2016.

My Commission Expires:
3/29/20

Macarthur Drake
NOTARY PUBLIC: Macarthur Drake
A Lake County Resident



Document prepared by: Atty. M. Drake; 487 Broadway, Ste. 204, Gary, IN 46402; (219) 882-6004

OSBORNSHIRLENE2.RTF

"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: *Atty. Macarthur Drake*

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No 000457

EDR No 00000344176

State No 044480

1. Decedent's Legal Name (First, Middle, Last) DEWAYNE YOUNG				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 10:30 AM		4. Date Of Death (Month/Day/Year) 09/17/2013		
5. Social Security Number		6a. Age - Yrs 39		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) 09/08/1974		8. Birthplace (City and State or Foreign Country) FORT KNOX, KY		
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 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 checked="" type="checkbox"/> Other (Specify) 16TH						
11. Facility Name (If Not Institution, Give Street and Number) DELAWARE STREET												
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 checked="" type="checkbox"/> Divorced <input 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 STUDENT		17. Kind Of Business/Industry IVY TECH		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY			18c. Street And Number 539 VIRGINIA STREET		18d. Apt. No.	
								18e. Zip Code 46402		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) KERRY SMITH				23. Mother's Name (First, Middle, Last) SHIRLENE OSBORN				23a. Mother's Maiden Last Name YOUNG				
24. Informant's Name SHIRLENE OSBORN				24a. Relationship To Decedent MOTHER				24b. Mailing Address (Street And Number, City, State, Zip Code) 539 VIRGINIA STREET, GARY, IN 46402				
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) FERN OAK CEMETERY			25c. Location - City, Town, And State GRIFFITH, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408						27a. Funeral Home License Number: FH10500021				
27b. Signature Of Indiana Funeral Service Licensee: YOLANDA SMITH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20000361						
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. HEAD AND THORACIC INJURIES 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. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D.												
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" 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 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 (Pregnant Within The Past Year)				33. Manner Of Death: <input type="checkbox"/> Natural <input checked="" 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) 09/17/2013		35. Time Of Injury 10:30 AM		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) IN FRONT OF RESIDENCE				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. Location Of Injury - State INDIANA		38a. City Or Town GARY		38b. Street & Number 1546 DELAWARE		38c. Apt. No.		38d. Zip Code 46406				
39. Describe How Injury Occurred GUNSHOT WOUND						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: GEORGE DELIOPOULOS, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GEORGE DELIOPOULOS, 2900 W. 93RD AVENUE, CROWN POINT, IN 46307						44. License Number		45. Date Certified 09/23/2013				
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): SEP 30 2013						

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 - ATTENTION: ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

STATE OF INDIANA

VOID IF ALTERED OR ERASED

