

7. That Parris Lee Johnson, Jr. is not married and is decedents only son.
8. That, by virtue of heirs at law, the said real estate was not subject to the Federal Estate Tax, and passed to Parris Lee Johnson, Jr. by operation of law free from the lien thereof.
9. That pursuant to Indiana Code § 6-4.1-4-0.5 the said decedent's estate was not subject to taxation or filing requirements of the Indiana Inheritance Tax insofar as the total fair market value of the property interests transferred or to be transferred do not exceed the exemption provided to any transferee under Indiana Code § 6-4.1-3-9.1 through Indiana Code § 6-4.1-3-12.
10. That the statements made in this Affidavit are true and complete and are made for the purpose of establishing the heirship of Parris Lee Johnson.

And further affiant sayeth not.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Lemorse Smith who executed the above and foregoing document, and swore or affirmed that the representations of fact contained therein are true, this 18th day of August, 2016.

Lynette G. Garling
Lynette G. Garling, Notary Public

My Commission Expires: September 28, 2022
Resident of Lake County,
State of Indiana



Pursuant to IC 36-2-11-15, 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.

Signature: *Peggy Jo Stamper*
Printed: Peggy Jo Stamper

Date signed: 8-18-16

This document prepared by Peggy Jo Stamper, Attorney at Law
209 South Main Street, Crown Point, Indiana 46307



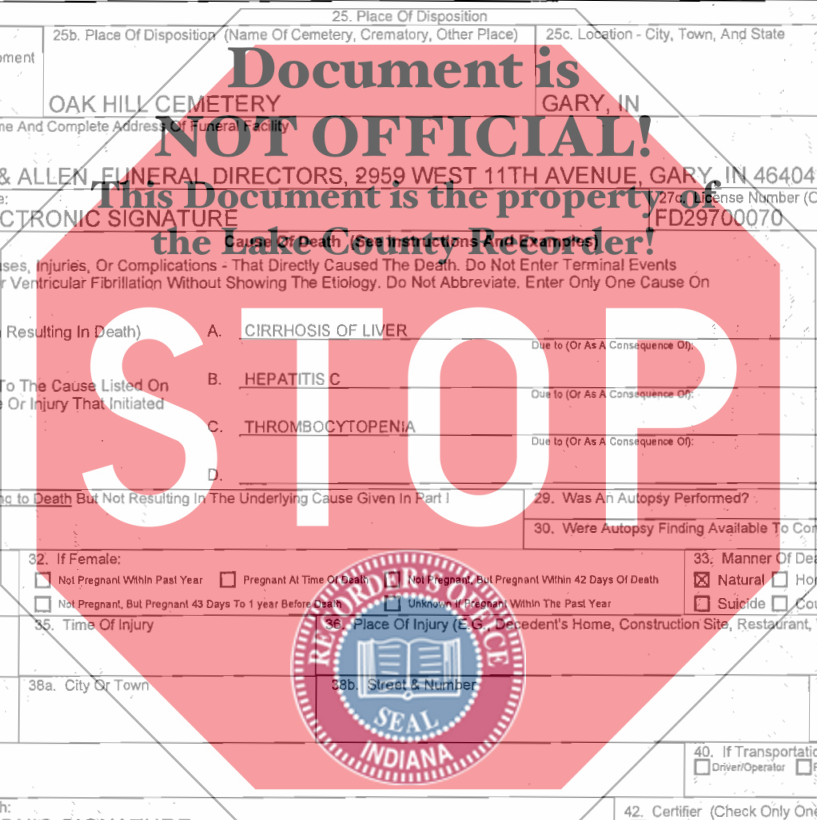
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000552

EDR No 00000355937

State No 055079

1. Decedent's Legal Name (First, Middle, Last) PARRIS LEE JOHNSON				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 12:42 PM		4. Date Of Death (Month/Day/Year) 11/29/2013			
5. Social Security Number		6a. Age - Yrs 63		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) 08/30/1950		8. Birthplace (City and State or Foreign Country) MEMPHIS, TN											
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 checked="" 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) 3954 TENNESSEE STREET													
12. City Or Town, State, And Zip Code GARY, IN, 46409						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 FINISH OPERATOR		17. Kind Of Business/Industry U S STEEL CORP			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY			18d. Apt. No.		18e. Zip Code 46409		
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) LEE MORSE SMITH				23. Mother's Name (First, Middle, Last) ERNESTINE SMITH				23a. Mother's Maiden Last Name JOHNSON					
24. Informant's Name BRYAN SMITH				24a. Relationship To Decedent BROTHER				24b. Mailing Address (Street And Number, City, State, Zip Code) 7530 SOUTH PEORIA STREET, CHICAGO, IL 60620					
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					
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: CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD29700070				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. <u>CIRRHOSIS OF LIVER</u> Due to (Or As A Consequence Of) B. <u>HEPATITIS C</u> Due to (Or As A Consequence Of) C. <u>THROMBOCYTOPENIA</u> Due to (Or As A Consequence Of) D. _____ 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					
28. 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 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 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: BHARAT H. BARAI, 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: BHARAT H. BARAI, 200 E. 89TH AVE., SUITE 2A, MERRILLVILLE, IN 46410						44. License Number 01030107A		45. Date Certified 12/03/2013					
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): DEC 04 2013						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							



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