STATE OF INDIANA	)	
	)	SS: IN RE: IVY J. COVINGTON, DECEDENT
COUNTY OF LAKE	)	

## AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- 1. That the above-named decedent also known as Ivy J. Covington, died intestate on December 27, 2014, while domiciled in Merrillville, Indiana.
  - 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 persons are the only heirs of the decedent:
  - 4. That the following named persons are the only heirs of the decedent:

    This Document is the property of

    HATTIE F. COVINGTON ACLEW: 87th Average Merrillyille, IN 46410, wife of decedent

    KATHRYN COVINGTON-FLAGG, 1743 Carolina St., Gary, IN 46407, daughter of decedent

    IVY JAMES COVINGTON III, son of decedent
- 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 sosts of expenses of actionistration and reasonable funeral expenses.
- 6. That among the decedent's probate assets are two parcels of real estate which were owned by the decedent located in Lake County, Indiana, more particularly described as follows:

McKey's Addition Lot 16, Block 9 North 8 ½ feet of Lot 15 Block 9 South 7 Feet of Lot 17 Block 9

Key No: 45-08-10-337-008.000-004

FILED

Commonly known as: 1743 Carolina Street, Gary, Indiana 46407

AUG 19 2016

7. That the following list of persons, firms, or corporations are the ARE COUNTY AUDITOR of the estate and the amount set opposite each name is the sum due said creditor, so far as the

004696

3131 am

same is known to the affiant: NONE

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

HATTIE F. COVINGTON, 101 w. 87<sup>th</sup> Avenue, Merrillville, IN 46410, wife of decedent KATHRYN COVINGTON-FLAGG, 1743 Carolina St., Gary, IN 46407, daughter of decedent

IVY JAMES COVINGTON III, son of decedent

9. That by reason of the above-stated matters, the affiant requests that the above-Listed real estate of IVY I. COVINGTON, be transferred to them pursuant to the laws of testate distribution, in accordance with the provisions of IC \$20.18PIÇ \$29-108-2, and \$29-1-8-3.

the Lake County Recorder!

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

ATHRYNCOVINGTON-FLAGG, Affiant

STATE OF INDIANA

COUNTY OF LAKE

Before me, the undersigned, a Notary if and for said County and State, this day of 2016 personally appeared KATBRYN COVINGTON-FLAGG and acknowledged the execution of the foregoing Affidavit for Transfer of Real Property. In witness whereof, I have hereto subscribed my name and affixed my officials seal.

My commission expires: 12-28-2016

Signature January Meaver

Resident of hake County

Printed Sallet M. Weaver, Notary Public

Robert L. Lewis, 10070-45 ROBERT L. LEWIS & ASSOCIATES

2148 West 11<sup>th</sup> Avenue

Gary, Indiana 46404 affirm under penalties for perjury, that I have (219) 944-2755-phone unity number in this document, unless required by law.

JANET M. WEAVER NOTARY PUBLIC SEAL STATE OF INDIANA My Comm. Expires December 28, 2016

Garliet M. adoquer

	INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT									42309		
Local No 004296			DR No 000000422588				State No 060985					
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Nan	ne (If female)	٠.	2. Se>#		ne Of Death		eath (Month/Day/Year)		
IVY J COVINGTON  5. Social Security Number   6a, Age - Yrs   6b,	Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7 Date of	MALE Birth (Month/D		4:03 AM 8. Birthplace (Ci		2/27/2014		
88 Mon		Days	Hours	Minutes		•				oreign Country)		
9. Ever in U.S. Armed Forces? 10. If Death Occ		, .	Hours	10a. If Death Occu	rred Somewi		n A Hospital	CLARKSD		<del></del>		
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)  11. Facility Name (If Not Institution, Give Street and Number)												
METHODIST HOSPITAL SOUTHL  12. City Or Town, State, And Zip Code	AKE			13. County C	Of Dooth		_	14 Model St	atus At Time Of I	Di ath		
12. Oly Or Town, State, And Zip Code									☐ Married, But Separated ☐ Divorced			
MERRILLVILLE, IN, 46410 15. Surviving Spouse's Name		15a	a. (If Wife)Give Maide	LAKE en Last Name		6. Decedent's	Usual Occu	Mdowed pation		arried Unknown		
HATTIE COVINGTON		НС	OOD		В	LAST OP	ERATO	R	US STEE	L MILL		
18. Residence - State	18a.	County	-	18b. City Or Tov					1000122			
INDIANA 18c. Street And Number	LAK	E		GARY		18	d. Apt No.	18e. Zip	Code	18f. Inside City Limits?		
1743 CAROLINA STREET							-, <i>r.pc</i> 110.		407	⊠ Yes ☐ No		
19. Decedent's Education HIGH SCHOOL GRADUATE OR C	ED 20	D. Decedent Of Hispa	nic Prigio CU	ment	ecedent's Ra	308		40	407	·		
COMPLETED  22. Father's Name (First, Middle, Last)		OT HISPANIC		Black	or Africa	n America	an	23a.	Mother's Maiden	Last Name		
I V COVINGTON		NU	1 01	LOUISECOV	INICTOR							
24. Informant's Name				LOUISE COV	_				70014			
ANGELA GRIFFIN		DAUGHTER		1743 VIOVEY ce Of Disposition	STREE	GARY,	IN 4640	8				
25a. Method Of Disposition  ☑ Burial ☐ Cremation ☐ Donation ☐ Entombr ☐ Removal From State ☐ Other (Specify):	ent	ace Of Disposition (Na	ame Of Cemetery, Cr	ematory, Other Place)	HOBA	ation - City, Tov	vn, And State	9				
		e Address Of Funeral		CEIVIETERY	HODA	KI, IN			27a. Funeral	Home License Number:		
☐ Yes ☑ No SMITH	BIZZELL	. WARNER FL	JNERAL HOM	IE, 4209 GRAN	IT ST, G	ARY, IN	16408		FH10500	021		
27b. Signature Of Indiana Funeral Service Licensee: BENJAMIN L. RAWLS, BY ELECT	RONIC S	SIGNATURE					icense Num 1300082	ber (Of Licensee):				
28. Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additinal Lines If Necessary.	es, I <b>njuries, (</b> Vent <b>ricula</b> r Fi	Or Complications - Ti ibrillation Without Sh	hat Directly Caused nowing The Etiology	e Instructions And I The Death, Do Not I . Do Not Abbreviate.	Enter Termin Enter Only	nal Eventa HI One Cause 0 THE RE	S IS A TH	RUE COPY	OF H THE	Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition	Resulting In E	Death) A.	CHRONIC OBSTR	LOTIVE PULMONAR	Due to (O As A	Consequence On:	INIT HE	ALTH DEPA	AKIMENI 1	YEARS		
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease	The Cause		DIABETES MELLIT	rus	Due to (Qr As A	Consequence Q0:	JAN 2	3 2015		YEARS		
The Events Resulting In Death) Last	or injury with		HYPERTENSION		Due to (Qr As A	Conservence Ob	afrærs		<u>.                                    </u>	YEARS		
		D	CORONARY ARTE	RIES DISEASE		C/2	dim ve	But	مه	YEARS		
Part II. Enter Other Significant Conditions Contribution	to Death But	Not Resulting In The I	Underlying Cause GV	DIAMA	29. Was A	BILL		ALTHY OF				
31. Did Tobacoo Use Contribute To Death?	32, If Fema					3	3. Manner C	Of Death:		LI AGS TI NO		
Yes Probably No 🗵 Unknown		nant Within Past Year 🔲 nant, But Pregnant 43 Days To		Not Pregnant, But Pregn Unknown If Pregnant Wit		1 -		] Homicide ☐ ] Could Not Be ☐		ending Investigation		
34. Date Of Injury (Month/Day/Year)	35. Time	Of Injury	36. Plac	ce Of Injury (E.G., Dec	edent's Home	, Construction	Site, Restau	erant, Wooded Are		jury At Work? Yes 🔲 No		
38. Location Of Injury - State	38a. City C	)r Town	38b. S	treet & Number		•		38c. Apt. I	No. 38d. 7	Zip Code		
39. Describe How Injury Occurred						4	0. If Transp	ortation Injury, Sp	ecify:	サ☆LESS		
41. Signature, Of Person Certifying Cause Of Death	700110.0	NONATURE				42. Certifier	(Check On	ly One)				
FADI ISSA ALZEIDAN , BY ELECT 43. Name, Address And Zip Code Of Person Certifying	ig Cause Of D	eath:				⊠ Certifyir	ng Physician 44. Lick	ense Number 💄		ath Officer ate Certified		
FADI ISSA ALZEIDAN , 311 E. 89	TH AVE,	MERRILLVILL	E, IN 46410				0105	3003A		01/17/2015		
46. Additional Funeral Service Provider:						_	47. *A					
48. Signature of Local Health Officer. SUSAN W. BEST, VIA ELECTRON	IC SIGN		B. Mary					JAN 23				
24: ANGELA DRUMMOND 49: 01/22/2015 18c-Street: CARSINA		AMENDME	NT TO CERTIFICA	TE OF DEATH (ENT	RY OR OR	GINAL)	1 1 1 1			- `		

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.