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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:

HATTIE F. COVINGTON, 141 W. 87th 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

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 costs of expenses of administration and reasonable funeral expenses.

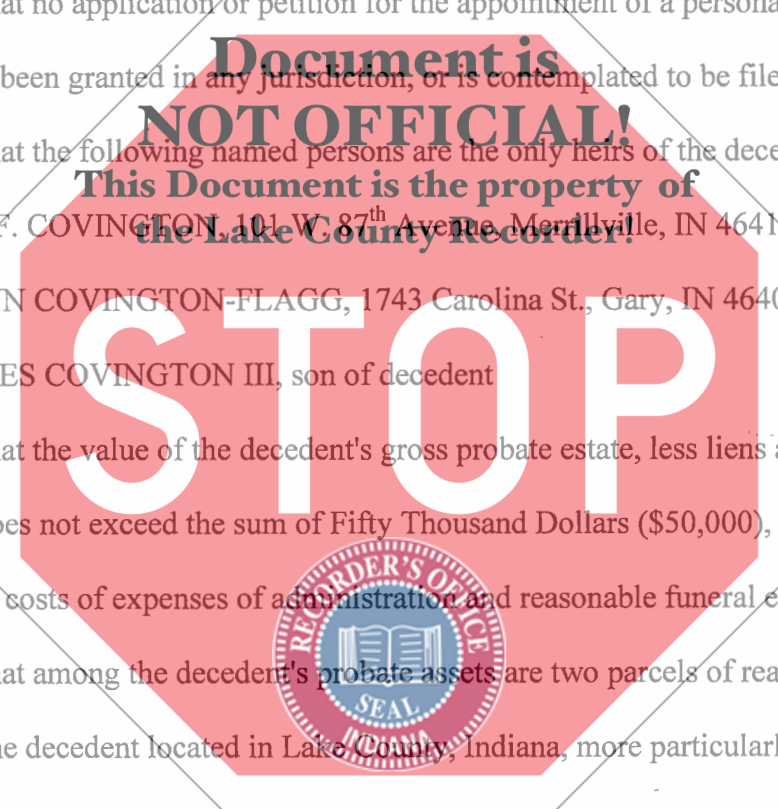
6. That among the decedent's probate assets are two parcels of real estate which were owned by the decedent located in Lake County, Indiana, more particularly described as follows:

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

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

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



2016 057022

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 AUG 23 AM 8:36
MICHAEL B. BROWN
RECORDER

FILED

AUG 19, 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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3:31 am
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No.

42309

Local No 004296

EDR No 00000422588

State No 060985

Main form containing decedent information (IVY J COVINGTON), date of death (12/27/2014), cause of death (CHRONIC OBSTRUCTIVE PULMONARY DISEASE), and certifier information (FADI ISSA ALZEIDAN).



Official stamp: LAKE COUNTY HEALTH DEPARTMENT, dated JAN 23 2015, signed by Susan W. Best, MD.

RAISED SEAL AFFIXED