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STATE OF INDIANA)
) SS: IN RE: DORA L. RUCKER, DECEDENT
COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

Re-Recording because Recorder Error

1. That the above-named decedent Dora L. Rucker, died intestate on September 11,

2012, while domiciled in Nashville, Arkansas.

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 pending has been granted in any jurisdiction, or is contemplated to be filed.

4. That the following named person is the only heir of the decedent:

SANDRA RUCKER, 2547 Buchanan Street, Gary, IN 46407, daughter 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:

Lincoln Park Addition, Lot 18, Block 4, South 1/3, Lot 17, Block 4
Key No: 45-08-16-304-011.000-004
Commonly known as: 2547 Buchanan Street, Gary, Indiana 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

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

FILED

AUG 31 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Handwritten: \$16,000.00
M. #3099
you cert

005034

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG 31 PM 3:36

MICHAEL B. BROWN
RECORDER

2016 053290

2016059667



MICHAEL B. BROWN
RECORDER

2016 AUG -4 PM 9:40

FILED FOR RECORD

Handwritten: N/C

Handwritten signature: CA

is as follows:

SANDRA RUCKER, 2547 Buchanan Street, Gary, IN 46407, daughter of decedent

9. That by reason of the above-stated matters, the affiant requests that the above-Listed real estate of Dora L. Rucker, be transferred to her pursuant to the laws of testate distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.

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

Sandra Rucker
SANDRA RUCKER, Affiant

STATE OF INDIANA)

COUNTY OF LAKE)

Document is NOT OFFICIAL!

Before me, the undersigned, a Notary in and for said County and State, this 22 day of July, 2016 personally appeared SANDRA RUCKER 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 official seal.

My commission expires:

Signature

Robert L. Lewis

Resident of _____ County

Printed

_____, Notary Public

Robert L. Lewis, 10070-45
ROBERT L. LEWIS & ASSOCIATES
2148 West 11th Avenue
Gary, Indiana 46404
(219) 944-2755-phone



I affirm under penalties for perjury, that I have taken reasonable care to reflect each Social Security number in this document, unless required by law.

Robert L. Lewis
Notary Public
Seal
Porter County, State of Indiana
Commission # 658939
Commission expires 10/5/22

Janet Weaver
Affiant

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF DEATH

TYPE / PRINT IN
PERMANENT
BLACK INK
SEE
INSTRUCTIONS

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Dora L. Rucker			2. SEX Female	3a. DATE OF DEATH (Mo/Da/Yr) 02/11/2012	3b. TIME OF DEATH Unknown <input type="checkbox"/> AM <input type="checkbox"/> PM
4. SOCIAL SECURITY NO. [REDACTED]	5a. AGE - Last Birthday (Years) 77	5b. UNDER 1 YEAR Months 0 Days 0	5c. UNDER 1 DAY Hours 0 Minutes 0	6. DATE OF BIRTH (Mo/Da/Yr) 09/19/1934	7. BIRTHPLACE (City and State or Foreign Country) Stephens, AR
8a. RESIDENCE STATE OR FOREIGN COUNTRY AR		8b. COUNTY Howard	8c. CITY OR TOWN Nashville		
8d. NUMBER AND STREET 1407 N. Main		8e. APT. NO.	8f. ZIP CODE 71852	8g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) James Rucker		
12a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room / Outpatient <input type="checkbox"/> Dead on Arrival		12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Other (Specify)		12c. COUNTY OF DEATH Howard	
12d. FACILITY NAME (If not institution, give number & street) Mine Creek Health Care		12e. CITY OR TOWN Nashville		12f. ZIP CODE 71852	
13. FATHER'S NAME (First, Middle, Last) Ronnie Williams			14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Cora Walker		
15a. INFORMANT'S NAME James Rucker		15b. RELATIONSHIP TO DECEDENT Husband	15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) 221 Bush St Nashville, AR 71852		
16a. 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)					
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) St. Paul Cemetery			16c. LOCATION - CITY, TOWN, AND STATE Nashville, AR		
17a. EMBALMER'S NAME <input type="checkbox"/> Not Embalmed Charles R. Miller		17b. EMBALMER'S LICENSE # 1871	17c. SIGNATURE (FURNERAL SERVICE LICENSEE OR OTHER AGENT) <i>Charles R. Miller</i>		
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Nashville Funeral Home				17e. LICENSE # 354	
18a. DATE PRONOUNCED DEAD (Mo/Da/Yr) 2/11/2012		18b. TIME PRONOUNCED DEAD 05:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) John Gray Colwell		18d. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. 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. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) Cerebral heart failure Due to (as a consequence of) MI Underlying Cause (Disease or injury that initiated the events resulting in death) LAST MI					APPROXIMATE INTERVAL: Onset to Death 4.5 4.5
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					21a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death					
25a. DATE OF INJURY (Mo/Da/Yr)		25b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		25d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)				25f. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
26a. CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Hospital Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.					
SIGNATURE: <i>John Gray Colwell</i> DATE: <i>2/11/12</i> (Mo/Da/Yr)					
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Print Name) John Gray Colwell				26c. LICENSE #	
27a. SIGNATURE OF REGISTRAR <i>Michelle Priebe</i>				27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Da/Yr) 03/01/12	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

MAR 01 2012

Michelle Priebe
Michelle Priebe
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

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