

STATE OF INDIANA)
) SS: IN RE: JAMES W. RUCKER, DECEDENT
COUNTY OF LAKE)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent James W. Rucker, died intestate on August 1, 2015, 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 is pending or 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 §29-8-3, 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 is **005035**

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M - 2 non-conf.
#3099

2016 053291

2016 AUG 4 AM 9:40

FILED FOR RECORD

FILED

AUG 31 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Re-Recording Because Recorder Error

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 AUG 31 PM 3:36
MICHAEL G. BROWN
RECORDER

2016 059668



Handwritten: N/C

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 James W. 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)

SS: **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 redact each Social Security number in this document, unless required by law.

Janet Weaver
Affiant

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

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) James W. Rucker		2. SEX Male	3a. DATE OF DEATH (Mo/Day/Yr) Aug 1, 2015	3b. TIME OF DEATH 8:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
4. SOCIAL SECURITY NO. [REDACTED]	5a. AGE - Last Birthday (Years) 91	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo/Day/Yr) Mar 25, 1924	7. BIRTHPLACE (City and State or Foreign Country) Halls, Tennessee
8. COUNTY Howard		8c. CITY OR TOWN Nashville		8d. ZIP CODE 71852-	8e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. NUMBER AND STREET 810 N 8th		8b. APT. NO.		8f. COUNTY OF DEATH Howard	
9. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input checked="" 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)	
12a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" 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 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) Howard Memorial Hospital		12e. CITY OR TOWN Nashville		12f. ZIP CODE 71852-	
13. FATHER'S NAME (First, Middle, Last) Charley Rucker		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Cordia Currin			
15a. INFORMANT'S NAME Sandra Rucker		15b. RELATIONSHIP TO DECEDENT Daughter		15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) 221 Bush St Nashville Arkansas 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			16c. LOCATION - CITY, TOWN, AND STATE Nashville, Arkansas		
17a. EMBALMER'S NAME 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 1208 West Sunset St. Nashville, AR 71852-					
17e. LICENSE # 354					
18a. DATE PRONOUNCED DEAD (Mo/Day/Yr) 8/1/2015		18b. TIME PRONOUNCED DEAD 8:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT/TYPE) Brian Caldwell, M.D.	
18d. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" 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) a. Pneumonia Due to (or as a consequence of)		b. Renal Failure Due to (or as a consequence of)		APPROXIMATE INTERVAL: Onset to Death days years	
SEPARATELY list conditions, if any, leading to the cause listed in 20a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
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					
21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <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					
23. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <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 the past year					
24. DATE OF INJURY (Mo/Day/Yr)		25a. 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 type="checkbox"/> No					
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)					
25f. DESCRIBE HOW INJURY OCCURRED:		25g. 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 checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input 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 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"/> Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.					
SIGNATURE <i>[Signature]</i>		TITLE MD		DATE 8/10/2015 (Mo/Day/Yr)	
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. Dr. Brian Oge, M.D. 119 Medical Plaza, Ste 3 Nashville, AR 71852					
26c. LICENSE # E3925					
27a. SIGNATURE OF REGISTRAR <i>[Signature]</i>		27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Day/Yr) 08/19/15			

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



Melinda Allen
Melinda Allen
State Registrar

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AUG 19 2015

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