



ownership purposes, from deceased to sole surviving spouse and the five (5) adult natural surviving children aforementioned herein, and which property is subject to outstanding mortgage and costs of administration that result in a net valuation of approximately \$25,000.00 Dollars at its highest value. .

10. The gross value of the estate of the decedent's estate, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a result, the decedent's estate is not subject to Federal Estate Tax.

11. The decedent's estate is also not subject to Indiana Inheritance Tax due to its repeal prior to time of death herein.

12. To the best of the affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above to surviving spouse Mrs. SENITA HENDERSON 50%, and to the five (5) adult surviving children 10% Christal P. Watson, 10% Alicia Henderson, 10% Felicia Henderson, 10% Lee Shay Henderson and 10% Lamar Henderson, each and all as tenants in common and not as joint tenants with rights of survivorship therein.

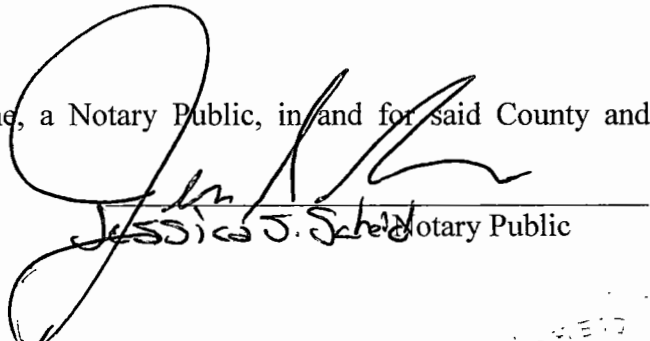
Further Affiant sayeth not.

Dated 10/19/16, 2016.

  
LEESHAY HENDERSON

State of MI )  
County of Kent ) ss:

10/19 Subscribed and sworn to before me, a Notary Public, in and for said County and State on 2016.

  
Jessica S. Scheel Notary Public

My Commission expires 12/24/21  
Resident of Kent, MI



This Instrument prepared by Atty. J. J. Stankiewicz 7870 Broadway Merrillville, IN 46410

EXHIBIT A

PARCEL NO. 45-08-33-476-011.000-004

**LEGAL DESCRIPTION**

**Lot 19 in Broadway Home Acres, Subdivision of Block Four, as per plat thereof, recorded in Plat Book 22 page 17, in the Office of the Recorder of Lake County, Indiana.**

**(Key No. 41-175-19)**

**(Commonly known as: 5128 Jefferson, Gary, Indiana 46408)**



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

EXHIBIT  
"B"

Local No 000233

EDR No 000000511341

State No

1. Decedent's Legal Name (First, Middle, Last) CHRISTAL P HENDERSON  
11a. Maiden Name (If female)  
2. Sex MALE  
3. Time Of Death 09:15 AM  
4. Date Of Death (Month/Day/Year) 05/10/2016

5. Social Security Number  
6a. Age - Yrs 53  
6b. Under 1 Year  
6c. Under 1 Month  
6d. Under 1 Day  
6e. Under 1 Hour  
7. Date of Birth (Month/Day/Year) 06/27/1962  
8. Birthplace (City and State or Foreign Country) PORT GIBSON, MS

9. Ever In U.S. Armed Forces?  
10. If Death Occurred In A Hospital  
10a. If Death Occurred Somewhere Other Than A Hospital  
 Hospice Facility  
 Decedent's Home  
 Nursing Home/Long-term Care Facility  
 Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) 5128 JEFFERSON STREET  
12. City Or Town, State, And Zip Code GARY, IN, 46408  
13. County Of Death LAKE  
14. Marital Status At Time Of Death  
 Married  
 Married, But Separated  
 Divorced  
 Widowed  
 Never Married  
 Unknown

15. Surviving Spouse's Name SENITA HENDERSON  
15a. (If Wife) Give Maiden Last Name CURTIS  
16. Decedent's Usual Occupation LABORER  
17. Kind Of Business/Industry UNION

18. Residence - State INDIANA  
18a. County LAKE  
18b. City Or Town GARY

18c. Street And Number 5128 JEFFERSON STREET  
18d. Apt. No.  
18e. Zip Code 46408  
18f. Inside City Limits?  Yes  No

19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE  
20. Decedent Of Hispanic Origin NOT HISPANIC  
21. Decedent's Race Black or African American

22. Father's Name (First, Middle, Last) JOSEPH HENDERSON  
23. Mother's Name (First, Middle, Last) WILLIE MAE HENDERSON  
23a. Mother's Maiden Last Name HEDRICK

24. Informant's Name SENITA HENDERSON  
24a. Relationship To Decedent WIFE  
24b. Mailing Address (Street And Number, City, State, Zip Code) 5128 JEFFERSON STREET, GARY, IN 46408

25. Place Of Disposition  
25a. Method Of Disposition  
 Burial  
 Cremation  
 Donation  
 Entombment  
 Removal From State  
 Other (Specify) FOREST GROVE  
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) FOREST GROVE  
25c. Location - City, Town, And State PATTISON, MS

26. Was Coroner Contacted?  Yes  No  
27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408  
27a. Funeral Home License Number FH10500021

27b. Signature Of Indiana Funeral Service Licensee MARCEL BLUNT, BY ELECTRONIC SIGNATURE  
27c. License Number (Of Licensee) FD21400025

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. PANCREATIC CANCER  
Due to (Or As A Consequence Of)  
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  
B.  
Due to (Or As A Consequence Of)  
C.  
Due to (Or As A Consequence Of)  
D.

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?  Yes  No  
30. Were Autopsy Finding Available To Complete The Cause Of Death?  Yes  No

31. Did Tobacco Use Contribute To Death?  
 Yes  Probably  No  Unknown  
32. If Female:  
 Not Pregnant Within Past Year  
 Pregnant At Time Of Death  
 Not Pregnant, But Pregnant Within 42 Days Of Death  
 Not Pregnant, But Pregnant 43 Days To 1 year Before Death  
 Unknown If Pregnant Within The Past Year  
33. Manner Of Death:  
 Natural  
 Homicide  
 Accident  
 Pending Investigation  
 Suicide  
 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?  
 Yes  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:  
 Driver/Operator  
 Passenger  
 Pedestrian  
 Other (Specify)

41. Signature Of Person Certifying Cause Of Death: RUPESH J. SHAH, BY ELECTRONIC SIGNATURE  
42. Certifier (Check Only One)  
 Certifying Physician  
 Coroner  
 Health Officer  
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RUPESH J. SHAH, 202 E 86TH PLACE, MERRILLVILLE, IN 46411  
44. License Number 02002106A  
45. Date Certified 05/16/2016

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) MAY 18 2016

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

WARNING - ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT DISAPPEARS FROM FRONT WHEN PHOTO-COPIED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO-COPIED.

