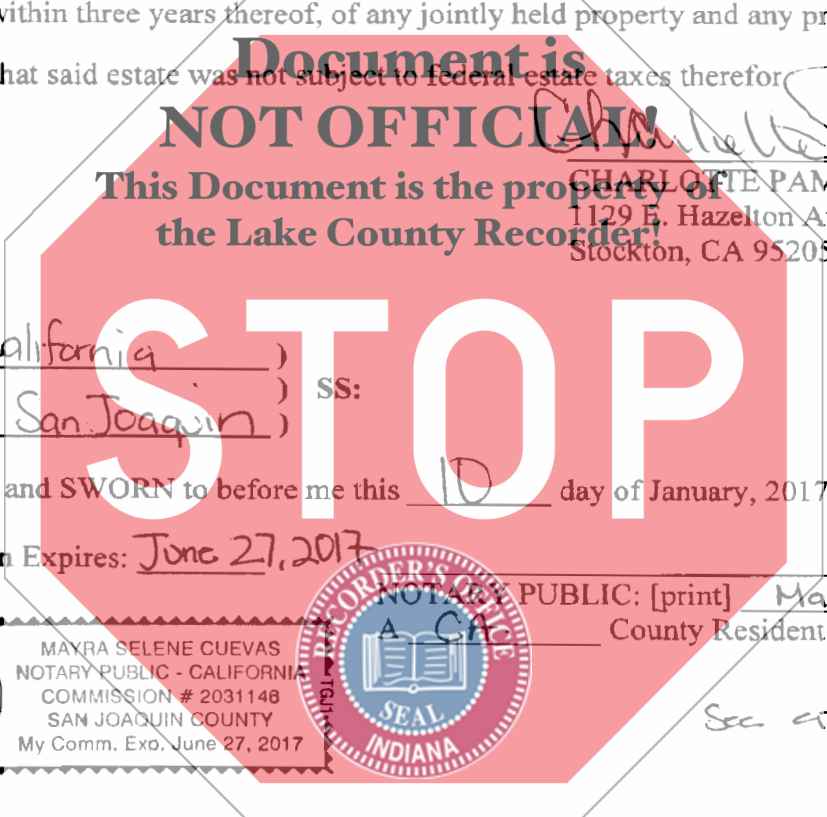


A copy of the certified death certificate of JESSE GIRLEY, JR., a/k/a Jesse Girley, is attached hereto.

4. That the purpose of this Affidavit is to induce the Lake County Auditor to transfer the title to the above-described real estate to CHARLOTTE PAM and PATRICIA L. WALLS, as tenants in common, in fee simple.

5. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses; and there has never been any advantages upon the estate of the said decedent, and that the gross value of such estate did not equal or exceed the sum of \$50,000.00, including the value of any gifts made in contemplation of death or made within three years thereof, of any jointly held property and any proceeds from insurance; and that said estate was not subject to federal estate taxes therefor



Charlotte Pam

CHARLOTTE PAM

1129 E. Hazelton Avenue
Stockton, CA 95205

STATE OF California)
COUNTY OF San Joaquin)

SS:

SUBSCRIBED and SWORN to before me this 10 day of January, 2017.

My Commission Expires: June 27, 2017



NOTARY PUBLIC: [print] Mayra Selene Cuevas
County Resident

See attached

Document prepared by: Atty. M. Drake; 487 Broadway, Ste. 204, Gary, IN 46402; (219) 882-6004

Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Joaquin

On this 10th day of January, 2017, before me, MAYRA SELENE CUEVAS, Notary Public personally

appeared, CHARLOTTE PAM, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Signature



STOP

This Document is the property of
the Lake County Recorder!

Document is NOT OFFICIAL!

Mayra Selene Cuevas, Notary Public
My comm. expires on June 27, 2017

Document: AFFIDAVIT OF HEIRSHIP

MAYRA SELENE CUEVAS
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 2031148
SAN JOAQUIN COUNTY
My Comm. Exp. June 27, 2017

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Case No. 000299

FBI No. 000000512755

State No. 024450

1. Decedent's Last Name (First Middle Last) **JESSE GIRLEY JR** 2. Sex **MALE** 3. Time of Death **02:00 PM** 4. Date of Death (Month/Day/Year) **05/17/2016**

5. Social Security Number (If Not Institution, Give Street and Number) **[REDACTED]** 6a. Under 1 Year **85** 6b. Under 1 Month **04** 6c. Under 1 Day **02** 6d. Under 1 Hour **00** 6e. Under 1 Minute **00** 7. Date of Birth (Month/Day/Year) **04/02/1931** 8. Birthplace (City and State or Foreign Country) **PINE BLUFF AR**

9. Ever in U.S. Armed Forces? Yes No Unknown 10. Death Occurred In A Hospital? Inpatient Emergency Department Outpatient Dead on Arrival 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) **1206 WEST 41ST AVENUE** 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 **GARY W. 46408** 16. Decedent's Usual Occupation **STEEL WORKER** 17. Kind of Business/Industry **STEEL MILL**

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

18c. Street and Number **1206 WEST 41ST AVENUE** 18d. Apt. No. **6408** 18e. Zip Code **46408** 18f. Inside City Limits? Yes No

19. Decedent's Education **BACHELOR'S DEGREE (BA, AB, BS)** 20. Decedent Of Hispanic Origin? YES NO **NOT HISPANIC** 21. Decedent's Race **Black or African American**

22. Father's Name (First, Middle, Last) **JESSE GIRLEY SR** 23. Mother's Name (First, Middle, Last) **ELLA MAE HARRIS THOMPSON**

24. Informant's Name **CHARLOTTE RAM** 24a. Relationship to Decedent **DAUGHTER** 24b. Mailing Address (Street and Number, City, State, Zip Code) **1129 EAST HAZELTON AVENUE, STOCKTON, CA 95205**

25a. Method of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify) **FERN OAK CEMETERY GRIFFITH IN** 25b. Place of Disposition (Name of Cemetery, Crematory, Other Place) **FERN OAK CEMETERY** 25c. Location - City, Town, and State **GRIFFITH IN**

26. Was Coroner Contacted? Yes No 27. Name and Complete Address of Funeral Facility **RIDGELAWN FUNERAL HOME, INC, 429 W. RIDGE ROAD, GARY IN 46408** 27a. Funeral Home License Number **FH10200007**

27b. Signature of Indiana Funeral Service Licensee **RONALD DUANE COOPER** BY ELECTRONIC SIGNATURE 27c. License Number (Of Licensee) **FD310951**

28. (Part I) Enter The Chain of Events - Diseases, Injuries, Or Complications That Caused or Contributed to the Death. Do Not Enter "Natural Cause" or "Accident" or "Suicide" or "Homicide" or "Undetermined" or "Pending Investigation" or "Be Determined" or "Cause of Death Pending". Enter Only One Cause of Death. Approximate Interval, Onset to Death

Immediate Cause (Final Disease Or Condition Resulting In Death) **CAUSE OF DEATH PENDING**

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)

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 Findings 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 Pregnant Within 42 Days to 1 Year Before Death Pregnant Within The Past Year Not Pregnant, But Pregnant 43 Days to 1 Year Before Death Pregnant Within The Past Year Could Not Be Determined

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 and Number 38c. Apt. No. 38d. Zip Code

39. Describe How Injury Occurred 40. Is Transportation Injury? Specify: Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature of Person Certifying Cause of Death **MERRILEE D. FREY, BY ELECTRONIC SIGNATURE** 42. Certifier (Check Only One): Certifying Physician Coroner Health Officer 43. License Number 44. Date Certified **05/24/2016**

45. Name, Address and Zip Code of Person Certifying Cause of Death **MERRILEE D. FREY, 2900 W. 93RD AVE, CROWN POINT, IN 46307** 46. Additional Public Service Provider 47. Alaska 48. Signature of Local Health Officer **IGLAND H. WALKER, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only - Date Filed (Month/Day/Year) **MAY 26 2016**

50. Date of Death **05/17/2016** 51. Time of Death **02:00 PM**

52. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 53. Date of Registration **MAY 26 2016**

54. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 55. Date of Registration **MAY 26 2016**

56. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 57. Date of Registration **MAY 26 2016**

58. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 59. Date of Registration **MAY 26 2016**

60. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 61. Date of Registration **MAY 26 2016**

62. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 63. Date of Registration **MAY 26 2016**

64. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 65. Date of Registration **MAY 26 2016**

66. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 67. Date of Registration **MAY 26 2016**

68. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 69. Date of Registration **MAY 26 2016**

70. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 71. Date of Registration **MAY 26 2016**

72. Signature of Registrar **ANNE M. HARRIS, VIA ELECTRONIC SIGNATURE** 73. Date of Registration **MAY 26 2016**





OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHAEL B. BROWN
Recorder

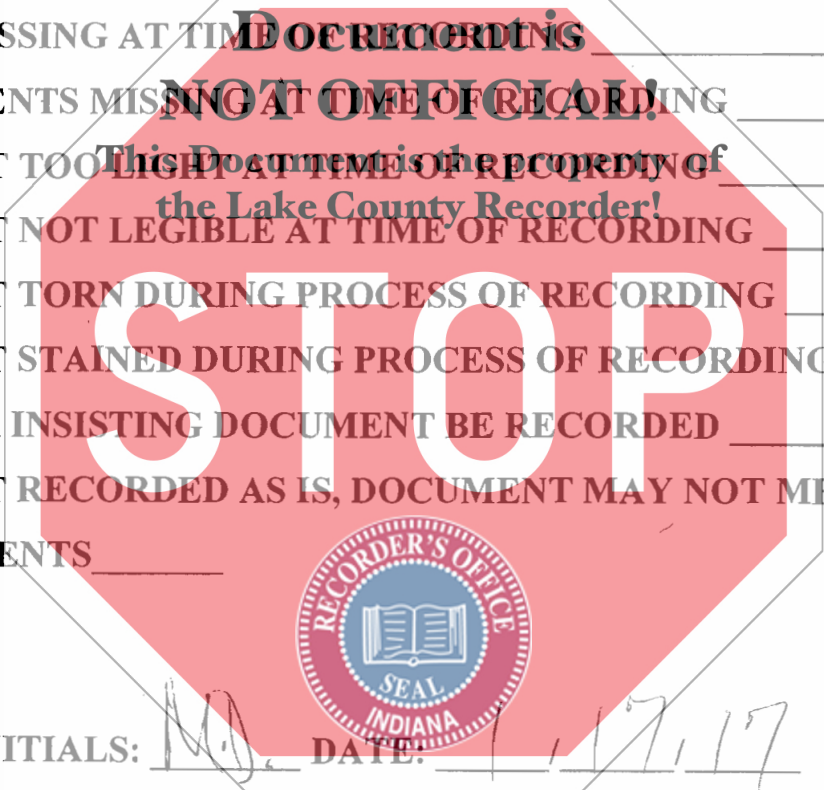


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CUSTOMER INITIALS: MA DATE: 1/17/17

EMPLOYEE INITIALS: MB DATE: 1/17/17