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2017 JAN 26 PM 12:01

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF DEATH

Seth R. Buitendorp, attorney for Centier Bank, being duly sworn upon his oath, states that Shirley Ruth Williams died on June 26, 2014, and at the time of her death was a resident of Lake County, Indiana and owned the real estate:

LOTS 6, 7 AND THE NORTH 20 FEET OF LOT 8, IN BLOCK 1, AND THE SOUTH HALF OF THAT PART OF VACATED ALLEY ADJOINING SAID LOT 6 ON THE NORTH, IN GARY HEIGHTS, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20, PAGE 13, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

MORE COMMONLY KNOWN AS 1329 CLARK ROAD, GARY, INDIANA.

PARCEL NUMBER: 45-08-07-154-005.000-004

At the time of her death, Shirley Ruth Williams was the owner of the above mentioned real estate. A copy of Shirley Ruth Williams's Certificate of Death is attached hereto as Exhibit "A".

Seth R. Buitendorp further states that Centier Bank received a Small Estates Affidavit indicating that Bruce Williams and Shirletta Williams are entitled to a share of the property. A copy of the Small Estates Affidavit is attached hereto as Exhibit "B".

Date: January 16, 2017



SETH BUITENDORP / 23304-64
Seth R. Buitendorp
Attorney for Centier Bank

GENETOS LANE & BUITENDORP LLP
1000 E. 80th Place
Suite 555 North Tower
Merrillville, IN 46410
(219) 755-0400

FILED

JAN 26 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

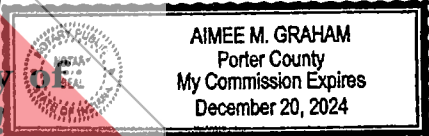
BEFORE ME, the undersigned, a Notary Public, personally appeared Seth R. Buitendorp and being first duly sworn by me upon his oath, acknowledged that he has read and understands the foregoing Affidavit of Death and that he has affixed his name as his own free and voluntary act as of the date given above.

Aimee M. Graham

Aimee M. Graham, Notary Public

My Commission Expires:
December 20, 2024
Resident of Porter County, Indiana

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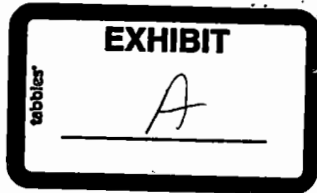
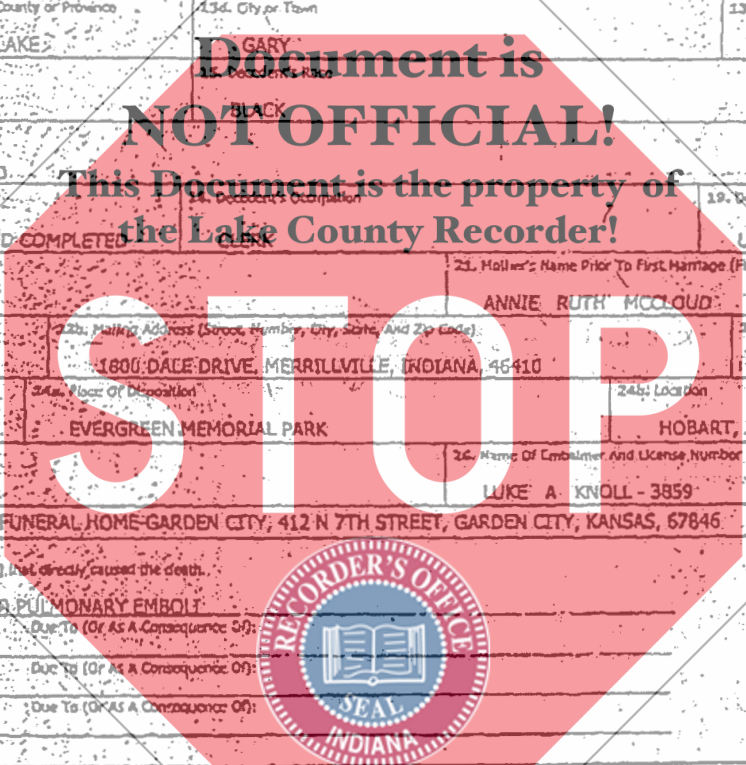
I affirm, under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Seth R. Buitendorp



Kansas Department of Health and Environment
Office of Vital Statistics
CERTIFICATE OF DEATH

115-2014-13350

1. Decedent's Legal Name (First, Middle, Last) SHIRLEY RUTH WILLIAMS		2. Sex FEMALE	3. Date of Death (Month, Day, Year) 06/26/2014	4. Social Security Number 307-52-3233	5. Case Filed By/State Registrar 07/29/2014
6. If Female, Name Prior to First Marriage MORRIS	7a. Date of Birth 03/14/1947	7b. Age 67 YEAR(S)	8. Place of Birth (City and State or Foreign Country) COLUMBUS, MISSISSIPPI		9. Decedent Ever in U.S. Armed Forces NO
10a. Place of Death ER/OUTPATIENT		10b. Facility Name (If Not Institution, Street and Number) ST CATHERINE HOSPITAL		10c. County of Death FINNEY	10d. Zip Code 67846
11a. City or Town of Death GARDEN CITY	11. Marital Status WIDOWED	12. Surviving Spouse (If Wife, Name Before First Marriage)		13a. Residence - Street Address 1329 CLARK ROAD	
13b. State or Foreign Country INDIANA	13c. County or Province LAKE	13d. City or Town GARY	13e. Zip Code 46404	13f. Inside City Limits YES	
14. Decedent's Ancestry AMERICAN	15. Decedent's Race BLACK				
16. Decedent's Hispanic Origin NOT SPANISH HISPANIC LATINO	17. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			18. Decedent's Occupation CLERK	
19. Decedent's Industry U.S. POSTAL SERVICE					
20. Father's Name (First, Middle, Last) BARXTON MORRIS SR		21. Mother's Name Prior to First Marriage (First, Middle, Last) ANNIE RUTH MCCLLOUD			
22a. Informant's Name (First, Middle, Last) SHIRLETTA MONTGOMERY		22b. Mailing Address (Street, Number, City, State, and Zip Code) 1800 DALE DRIVE, MERRILLVILLE, INDIANA, 46410		22c. Relationship to Decedent DAUGHTER	
23. Method of Disposition REMOVAL FROM STATE	23a. Place of Disposition EVERGREEN MEMORIAL PARK	23b. Location HOBART, INDIANA			
24. Funeral Service, Ufficer, and License Number /S/ CRAIG BOOMHOWER - 1952		25. Name of Embalmer and License Number LUKE A. KNOLL - 3859			
26. Name and Address of Firm GARNAND FUNERAL HOME-GARDEN CITY, 412 N 7TH STREET, GARDEN CITY, KANSAS, 67846					
27. Cause of Death Part I: Events (disease, injuries, or complications) that directly caused the death. IMMEDIATE CAUSE (Final Disease or Condition Resulting in Death) PULMONARY EMBOLISM Due To (Or As A Consequence Of): a. _____ b. _____ c. _____ d. _____ Conditions, if any, leading to cause listed on line 3: UNDERLYING CAUSE (Disease or Injury that Initiated the events resulting in death) LISTED LAST				Approximate Interval Days to Death	
Part II: Other Significant Conditions Contributing to Death but Not Resulting in The Underlying Cause Given in Part I.				29a. Autopsy YES	29b. Autopsy Findings Available To Complete The Cause of Death YES
30. Did Tobacco Use Contribute To Death? UNKNOWN		31. If Female: NOT-PREGNANT WITHIN THE PAST YEAR		32. Manner of Death NATURAL	
33a. Date of Injury (Month, Day, Year)	33b. Time of Injury	33c. Injury At Work	33d. How Injury Occurred		
33e. Place of Injury		33f. Location (Street and Number or Rural Route, City or Town, State, and Zip Code)			
34a. Date Pronounced Dead (Month, Day, Year) 06/26/2014	34b. Time Pronounced Dead 10:31 AM	34c. Actual or Presumed Time of Death 10:31 AM		34d. Name of Person Pronouncing Death	34e. License No.
35a. Pronouncing and Certifying Physician /S/ JEREMY RODERICK DO		35b. License No. 0532948	35c. Date Certified 07/21/2014	35d. Address and Zip Code of Person Completing Cause of Death 911 N MAIN ST, GARDEN CITY, KANSAS, 67846	



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GSmith

AUG - 6 2014

SSN: 307-52-3233

STATE OF INDIANA)
COUNTY OF Lake)

SMALL ESTATES AFFIDAVIT

SHIRLETTA S WILLIAMS, of the City of MERRILVILLE
[NAME OF AFFIANT] (CITY)

and LAKE County, Indiana, being first duly sworn upon

[HIS/HER] oath, deposes and says:

1. [NAME OF DECEDENT] SHIRLEY R WILLIAMS died:
(Circle one)

a.) TESTATE or
b. INTESTATE of 6/26/2014 [DATE OF DEATH]

while domiciled in LAKE County, Indiana.

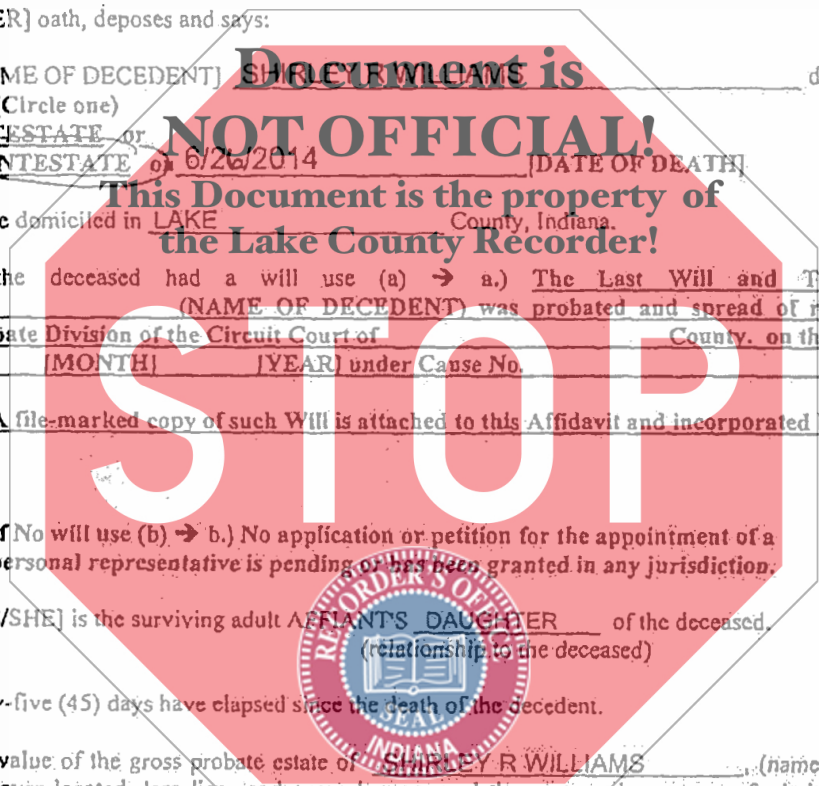
If the deceased had a will use (a) → a.) The Last Will and Testament of
(NAME OF DECEDENT) was probated and spread of record in the
Probate Division of the Circuit Court of County, on the day
of [MONTH] [YEAR] under Cause No. _____

A file-marked copy of such Will is attached to this Affidavit and incorporated by reference.

OR

If No will use (b) → b.) No application or petition for the appointment of a
personal representative is pending or has been granted in any jurisdiction.

- 2. [HE/SHE] is the surviving adult AFFIANT'S DAUGHTER of the deceased.
(relationship to the deceased)
- 3. Forty-five (45) days have elapsed since the death of the decedent.
- 4. The value of the gross probate estate of SHIRLEY R WILLIAMS (name of decedant)
wherever located, less liens and encumbrances and the costs and expenses of administration and
reasonable funeral expenses does not exceed Fifty Thousand Dollars (\$50,000.00).



67-678

EXHIBIT
B

SM
AUG 08 2014

5. Among the probate assets owned by the decedent at the time of [HIS/HER] death was the following accounts at Centier Bank:

Please list the dda, sav or CD bank account numbers and the date of death balances here::

(Dda) (Sav) (CD) # 100755232	date of death balance \$ 477.22
(Dda) (Sav) (CD) #	date of death balance \$
(Dda) (Sav) (CD) #	date of death balance \$
(Dda) (Sav) (CD) #	date of death balance \$

6. The name and address of each other person that is entitled to a share of the property described above and the share to which each person is entitled are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>SHARE</u>
Bruce Williams	9 Palmyra St Springfield MA 01118	50%
Shirley Williams	1800 Dale Dr Nashville TN 37410	50%

7. [HE/SHE] has notified each person identified above of [HIS/HER] intention to present this Small Estate Affidavit to claim the property described above on behalf of the persons identified above.

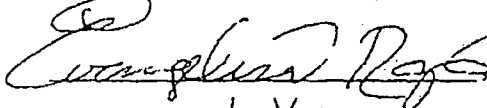
8. Pursuant to Indiana Code 29-1-8-1 and 29-1-4-1 and 29-1-14-9 (claims/funeral bill), the undersigned as DAUGHTER (AFFIANT'S RELATIONSHIP TO DECEDENT) widow/widower/heir-at-law of the decedent is entitled to the property described above on behalf of the persons described above without administration.

WHEREFORE, this affiant requests that Centier Bank, presently in possession of the personal property described above, transfer the same to this affiant pursuant to Indiana Code and that distribution of the personal property described above to this affiant shall release Centier Bank from any liability with regard to the proper application and disbursement of such personal property; and this affiant charges [HIMSELF/HERSELF] with the responsibility of proper disbursement of the funds according to the provisions of [the decedent's Last Will and Testament] OR [the Indiana Code] to the persons described above, and agrees to hold harmless Centier Bank from any liability with regard to the transfer of such personal property.


 [NAME OF AFFIANT]



Subscribed and sworn to before me, a Notary Public, in and for said County and State this 5th day of August MONTH 2014 YEAR.
My Commission Expires: 11/9/18


Notary Public
Resident of Lake County, Indiana.

