

3

STATE OF INDIANA )  
 ) SS: IN RE: RUBY HOLLINGSWROTH, DECEDENT  
COUNTY OF LAKE )

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

1. That the above-named decedent, died intestate on December 9, 2016, while domiciled in Gary, Indiana.

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 persons are the only heirs of the decedent:

LEON HOLLINGSWORTH, 1355 Johnson Street, Gary, IN 46407, son of decedent,  
Undivided one-half

GLEN HOLLINGSWORTH, 2476 Santa Rosa Drive, Atlanta, GA, son of decedent,  
Undivided one-half

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:

Grant Park Addition Lot 13 Block 1 All Lot 14 Block 1

Key No: 45-08-09-158-009.000-004

Commonly known as: 1355 Johnson 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

2017 006933



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2017 FEB 1 AM 8:59  
MICHAEL B. B...  
RECORDED

**FILED**

JAN 30 2017 000475

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

16 02  
non em  
LOU  
3429  
E RM

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 as follows:

LEON HOLLINGSWORTH, 1355 Johnson Street, Gary, IN 46407, son of decedent, Undivided one-half  
GLEN HOLLINGSWORTH, 2476 Santa Rosa Drive, Atlanta, GA, son of decedent, Undivided one-half

9. That by reason of the above-stated matters, the affiant requests that the above-Listed real estate of RUBY HOLLINGSWORTH, be transferred to them 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.



*Leon Hollingsworth*  
LEON HOLLINGSWORTH, Affiant  
*Glen Hollingsworth*  
GLEN HOLLINGSWORTH, Affiant

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary in and for said County and State, this 28 day of Dec, 2016 personally appeared **LEON HOLLINGSWORTH** 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 11<sup>th</sup> Avenue  
Gary, Indiana 46404  
(219) 944-2755-phone

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



**CERTIFICATE OF DEATH**

**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**



Local No **000577**

EDR No **000000547524**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>RUBY HOLLINGSWORTH</b>		1a. Maiden Name (If female) <b>CLIFTON</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>01:06 PM</b>	4. Date Of Death (Month/Day/Year) <b>12/09/2016</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>93</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>03/09/1923</b>	8. Birthplace (City and State or Foreign Country) <b>INDIANOLA, MS</b>
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) <b>METHODIST HOSPITAL NORTHLAKE</b>				12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</b>		13. County Of Death <b>LAKE</b>	
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name		16. Decedent's Usual Occupation <b>MACHINE OPERATOR</b>		17. Kind Of Business/Industry <b>GIVENS MANUFACTURING</b>	
18a. Residence - State <b>INDIANA</b>		18b. County <b>LAKE</b>		18c. City Or Town <b>GARY</b>		18d. Apt. No.	18e. Zip Code <b>46407</b>
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18g. Street And Number <b>1355 JOHNSON STREET</b>		19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>			
20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>		22. Parent's Name (First, Middle, Last) <b>ISIAH CLIFTON</b>		23. Parent's Last Name Before First Marriage <b>UNKNOWN</b>	
24. Informant's Name <b>LEON HOLLINGSWORTH JR</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street and Number, City, State, Zip Code) <b>1355 JOHNSON STREET, GARY, IN 46407</b>			
25a. 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)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>OAK HILL CEMETERY</b>		25c. Location - City, Town, And State <b>GARY, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>		27a. Funeral Home License Number <b>FH83007704</b>		27c. License Number (Of Licensee) <b>FD20500009</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE</b>		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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIAC ARREST Due to (Or As A Consequence Of) 4 MINUTES</b> <b>Sequentially List Conditions, If Any, Leading To This Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Event's Resulting In Death) Last B. METABOLIC ACIDOSIS Due to (Or As A Consequence Of) 2 DAYS</b> <b>C. ACUTE RENAL FAILURE Due to (Or As A Consequence Of) 3 DAYS</b> <b>D.</b>				Approximate Interval. Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. <b>PNEUMONIA, SEPSIS, ANEMIA</b>		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: <b>ZARUHI VARDANYAN, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01070546A</b>		45. Date Certified <b>12/11/2016</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ZARUHI VARDANYAN, 600 GRANT ST., GARY, IN 46402</b>		46. Additional Funeral Service Provider:		47. Akas:			
48. Signature Of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 14 2016</b>					

