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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2017 007568

AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 FEB -2 PM 3: 02

MICHAEL B. BROWN
RECORDER

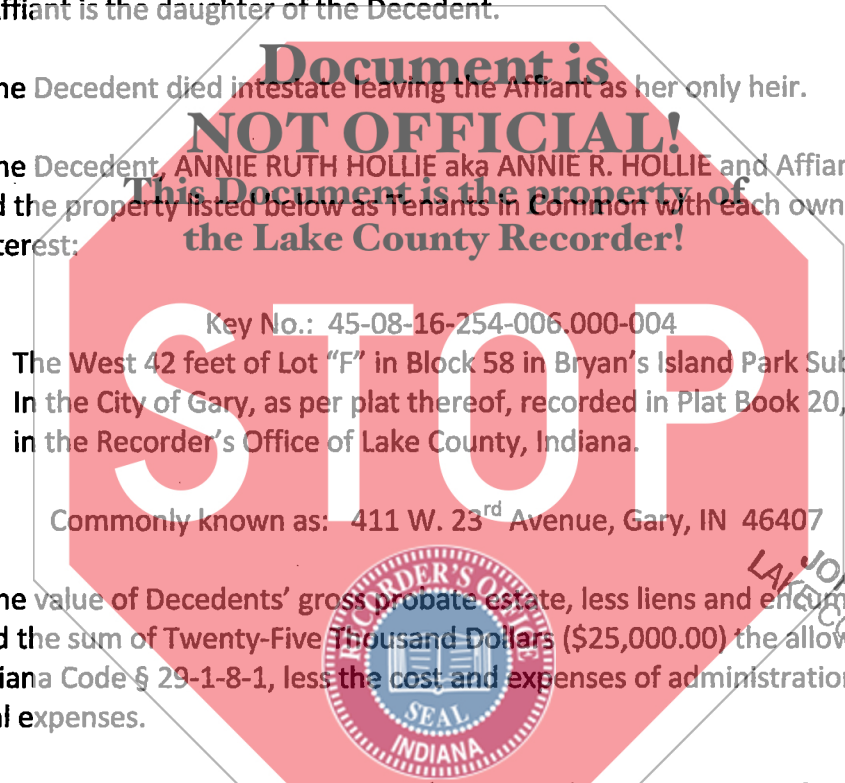
Kimberly D. Hollie, first being duly sworn upon her oath deposes and says:

1. That BETTY JEAN HOLLIE, aka BETTY J. HOLLIE, the Decedent, died on the 26th day of August, 1998 and attached is a copy of Decedent's Death Certificate. Reasonable care has been taken to redact the social security number from the document.

2. That Affiant is the daughter of the Decedent.

3. That the Decedent died intestate leaving the Affiant as her only heir.

4. That the Decedent, ANNIE RUTH HOLLIE aka ANNIE R. HOLLIE and Affiant together owned the property listed below as tenants in common with each owning an undivided 1/3 interest:



Key No.: 45-08-16-254-006.000-004
The West 42 feet of Lot "F" in Block 58 in Bryan's Island Park Subdivision
In the City of Gary, as per plat thereof, recorded in Plat Book 20, Page 36,
in the Recorder's Office of Lake County, Indiana.

Commonly known as: 411 W. 23rd Avenue, Gary, IN 46407

5. That the value of Decedents' gross probate estate, less liens and encumbrances, did not exceed the sum of Twenty-Five Thousand Dollars (\$25,000.00) the allowance provided by Indiana Code § 29-1-8-1, less the cost and expenses of administration and reasonable funeral expenses.

6. That no petition for the appointment of a personal representative of said Decedent is pending in any Court in this State and that forty-five (45) days have elapsed since the death of the decedent;

7. That all the assets of the Decedent which would be includable for Federal Estate Tax Purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

8. That the Decedent's estate was not subject to Indiana Inheritance Tax.

9. That by virtue of the Decedent's death, Affiant and Annie Ruth Hollie aka Annie R. Hollie, continue as tenants in common.

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LAKE COUNTY RECORDER'S OFFICE
AUDITOR

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10. The affiant, Kimberly D. Hollie, now has an undivided 2/3 interest in the above stated real property listed in Paragraph 4 above and Annie Ruth Hollie aka Annie R. Hollie continues to have an undivided 1/3 interest in the above described property.

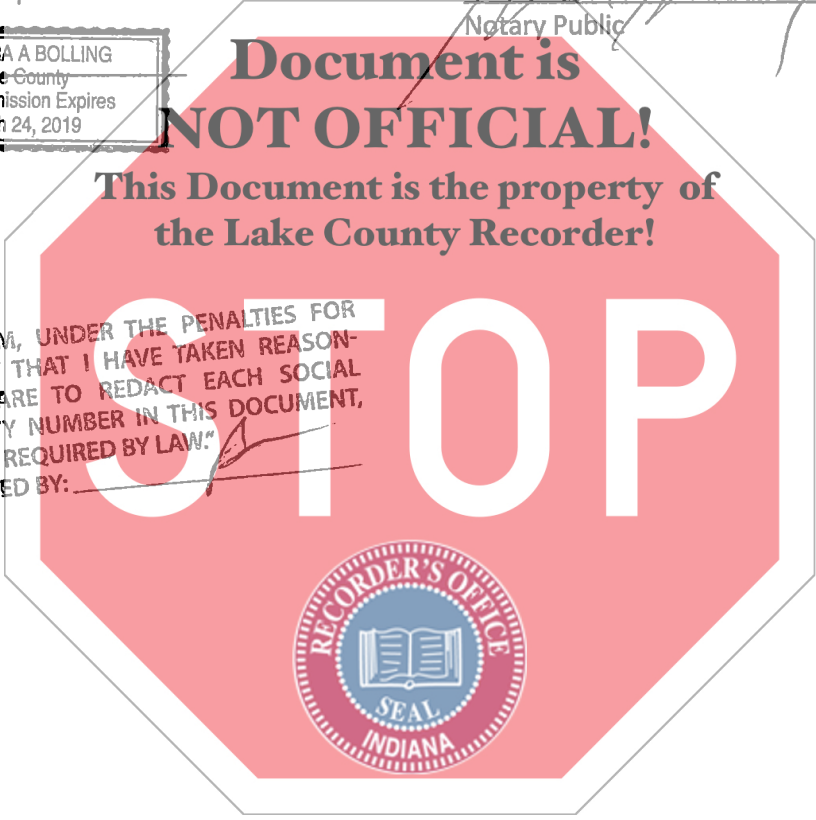
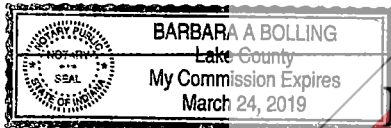
Further Affiant sayeth not.

Kimberly D. Hollie
KIMBERLY D. HOLLIE, Affiant

Subscribed to and sworn before me a Notary Public for the above State and County, personally appeared KIMBERLY D. HOLLIE this 21st day of January, 2017.

My Commission Expires:

[Signature]
Notary Public



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: *[Signature]*

5cc

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2114-98

CERTIFICATE OF DEATH

State No. 41-230-3

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

1. DECEASED-NAME (First, Middle, Last) Betty Jean Hollie		2. SEX Female	3a. TIME OF DEATH 7:35 P M	3b. DATE OF DEATH (Month, Day, Yr.) August 26, 1998	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 55	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	8. DATE OF BIRTH (Mo, Day, Yr.) October 12, 1942	
6a. WAS DECEDENT A U.S. VETERAN? No	6b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Never Married	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Data Entry Clerk	12b. KIND OF BUSINESS/INDUSTRY Calumet Township Trustee		
13a. RESIDENCE-STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 411 West 23rd Avenue		
13e. ZIP CODE 46407	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE-American Indian, Black, White, etc. (Specify) African American	
17a. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12	17b. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)				
18. FATHER'S NAME (First, Middle, Last) Rufus Hollie		19. MOTHER'S NAME (First, Middle, Maiden Surname) Ive Jordan			
20a. INFORMANT'S NAME (Type/Print) Kimberly Hollie		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 411 West 23rd Avenue, Gary, Indiana 46407		20c. Relationship Daughter	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 02, 1998 Oak Hill Cemetery		21c. LOCATION-City or Town, State Gary, Indiana	
22a. EMBALMER'S NAME Amos Retic		22b. EMBALMER'S LICENSE NO. FDO 1015177		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Stephan Beber</i>		24b. LICENSE NUMBER (of Licensee) FDO 1016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408	
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Septic Staph. Infection</i> b. <i>Infectious mononucleosis</i> c. <i>Chronic Staph. Infection</i> d. <i>Chronic Staph. Infection</i> CONDITIONS, INJURY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, stating the underlying cause last e. <i>Chronic Staph. Infection</i>					
PART II. Other significant conditions - (2000) - conditions contributing to death but not previously stated in Part I. SEP 19 2003 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR					
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as 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 as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Stephan Beber</i>		29c. MEDICAL LICENSE NO. 22274	29d. DATE SIGNED (Month, Day, Year) 9/2/98		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type/Print) DR Weiss 202 EAST 86th Place Merrillville, IN. 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Stiglich MD</i>			32. DATE FILED (Month, Day, Year) September 4, 1998		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH OF [REDACTED] OF LAKE COUNTY HEALTH DEPT. SEP 19 2003
34e. PLACE OF INJURY-At home, farm, street, factory, office building, etc (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.			



Kim Hollie
2050 Dogwood
Merrillville, IN. 46410
HEALTH OFFICER
Apt. 3-B
46940