

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 010695

2017 FEB 21 AM 10:39

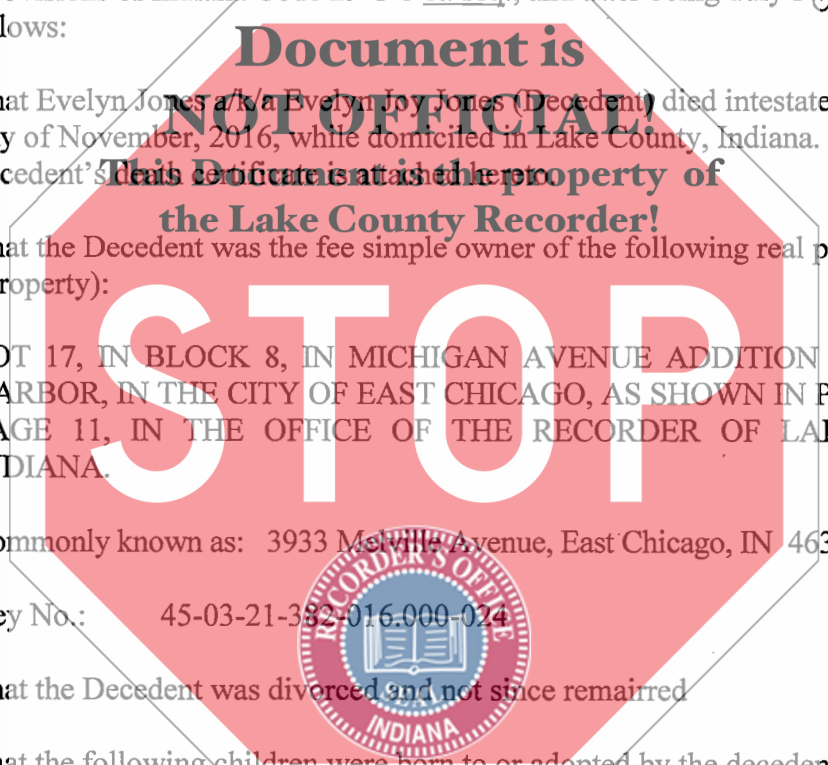
MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                                  )  
COUNTY OF LAKE )

SS: IN RE: EVELYN JONES a/k/a  
EVELYN JOY JONES, DECEDENT

**SMALL ESTATE AFFIDAVIT**

Comes now Yvette Michelle Harvey, this 9 day of February, 2017,  
pursuant to the provisions of Indiana Code 29-1-8 et. seq., and after being duly sworn upon her  
oath, states as follows:



1. That Evelyn Jones a/k/a Evelyn Joy Jones (Decedent) died intestate on the 18th day of November, 2016, while domiciled in Lake County, Indiana. A copy of the decedent's death certificate is attached hereto.

2. That the Decedent was the fee simple owner of the following real property (Property):

LOT 17, IN BLOCK 8, IN MICHIGAN AVENUE ADDITION TO INDIANA HARBOR, IN THE CITY OF EAST CHICAGO, AS SHOWN IN PLAT BOOK 8, PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 3933 Melville Avenue, East Chicago, IN 46312

Key No.: 45-03-21-382-016.000-024

3. That the Decedent was divorced and not since remarried

4. That the following children were born to or adopted by the decedent:

- Valerie Jean Dasilva, Adult Daughter, 3901 Melville, Ave, East Chicago, IN 46312
- Jimmy Harvey, Jr., Adult Son, 16401 Betty Lane, South Holland, IL 60473
- Yvette Michelle Harvey, Adult Daughter, 3933 Melville Ave., East Chicago, IN 46312

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JOHN E. PETALAS  
LAKE COUNTY AUDITOR

17.  
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OK

5. That, pursuant to IC 29-1-2 et. seq., the foregoing constitute the decedent's heirs at law and, as a result of the decedent's death, each are entitled to an equal undivided share of the decedent's Property;
6. It appears that the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: Fifty Thousand Dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses.
7. That forty-five (45) days have elapsed since the death of the decedent.
8. That no application for the appointment of a personal representative is pending or has been granted in this jurisdiction.
9. That the affiant has notified each person identified in the affidavit of the affiant's intention to present an affidavit under this section;
10. That by reason of the above-stated matters, the affiant requests that the above-enumerated real property of the Decedent be transferred in accordance with provisions of IC §§ 29-1-8-3 et. seq.
11. THAT ALL FUNERAL EXPENSES IN CONNECTION WITH THE DEATH OF EVELYN TOY JONES HAVE BEEN PAID R.J.

WHEREFORE, Yvette Michelle Harvey, hereby charges herself with the responsibility of proper disbursement of the real property according to the provisions of the Indiana Code.

I affirm under the penalties for perjury the foregoing representations are true to the best of my knowledge.

  
 Yvette M. Harvey  
 Yvette Michelle Harvey

STATE OF INDIANA, COUNTY OF LAKE ) SS:

Before me, a Notary Public in and for said County and State, personally appeared Yvette Michelle Harvey, who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained therein to be true. WITNESS my hand and Notary Seal this 7 day of February, 2017.

My commission expires:

JULIE SHAFER  
NOTARY PUBLIC

STATE OF INDIANA  
COUNTY OF LAKE

MY COMMISSION EXPIRES AUGUST 19, 2019

**Document is NOT OFFICIAL!**

This Document is the property of the Lake County Recorder!

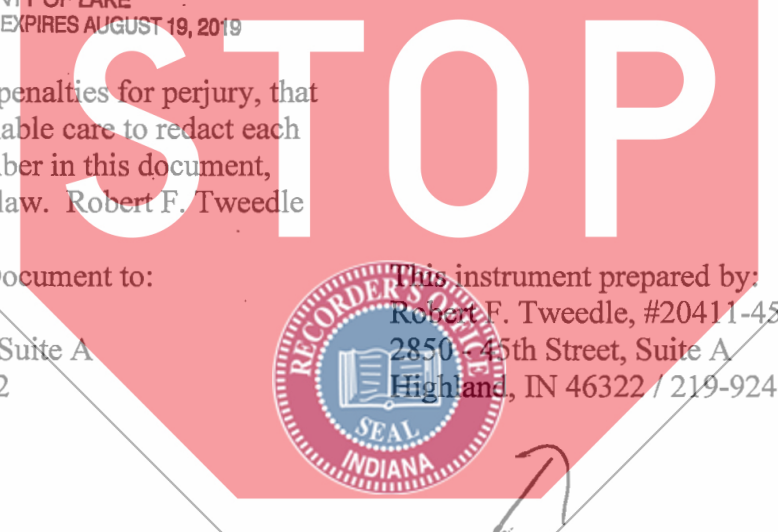
Notary Public  
Resident of

County, Indiana

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. Robert F. Tweedle

Return Recorded Document to:  
Robert F. Tweedle  
2850 - 45<sup>th</sup> Street, Suite A  
Highland, IN 46322

This instrument prepared by:  
Robert F. Tweedle, #20411-45  
2850 - 45<sup>th</sup> Street, Suite A  
Highland, IN 46322 / 219-924-0770







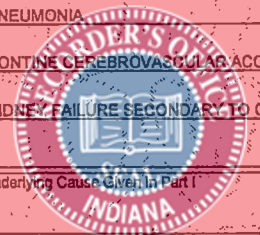
INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000242

EDR No 000000543716

State No

1. Decedent's Legal Name (First, Middle, Last) <b>EVELYN JOY JONES</b>		1a. Maiden Name (If female) <b>ROBINSON</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>12:24 PM</b>	4. Date Of Death (Month/Day/Year) <b>11/18/2016</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>78</b>	6b. Under 1 Year Months: Days:	6c. Under 1 Month Days:	6d. Under 1 Day Hours: Minutes:	6e. Under 1 Hour Minutes:	7. Date of Birth (Month/Day/Year) <b>03/28/1938</b>	
8. Birthplace (City and State of Foreign County) <b>EAST CHICAGO, IN</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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)	
11. Facility Name (If Not Institution, Give Street and Number) <b>REGENCY HOSPITAL OF NORTHWEST INDIANA, LLC</b>				12. City Or Town, State, And Zip Code <b>EAST CHICAGO, IN, 46312</b>		13. County Of Death <b>LAKE</b>	
14. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>HALL DIRECTOR</b>		17. Kind Of Business/Industry <b>CITY OF EAST CHICAGO</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>EAST CHICAGO</b>		18c. Street And Number <b>3933 MELVILLE AVENUE</b>	
18d. Apt. No.		18e. Zip Code <b>46312</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>ALBERT ERVIN ROBINSON</b>		23. Parent's Name (First, Middle, Last) <b>MARY JANE ROBINSON</b>	
24. Informant's Name <b>VALERIE HARVEY DASILVA</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3901 MELVILLE AVENUE, EAST CHICAGO, IN 46312</b>		23a. Parent's Last Name Before First Marriage <b>HAMER</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>HINTON &amp; WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312</b>		27a. Funeral Home License Number <b>FH83001520</b>		27b. Signature Of Indiana Funeral Service Licensee: <b>TRACY CHERI WILLIAMS BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD08600238</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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>PNEUMONIA</b> 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. <b>PONTINE CEREBROVASCULAR ACCIDENT</b> Due to (Or As A Consequence Of): C. <b>KIDNEY FAILURE SECONDARY TO CHF</b> Due to (Or As A Consequence Of): D.							Approximate Interval: Onset To Death <b>1 MONTH</b>
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>SEVERE CARDIOMYOPATHY</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. 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
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. Date Of Injury (Month/Day/Year)		34. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)	
36. Location Of Injury - State		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. City Or Town		38a. Street & Number	
38b. City Or Town		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>LISA K RICHARDSON BY ELECTRONIC SIGNATURE</b>
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>LISA K RICHARDSON 4321 FIR STREET SUITE 211, EAST CHICAGO, IN 46312</b>
44. License Number <b>01068767A</b>							45. Date Certified <b>11/21/2016</b>
46. Additional Funeral Service Provider							47. Akas:
48. Signature of Local Health Officer: <b>GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE</b>							49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 22 2016</b>



State Form 53395 ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.