

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: IN RE: JOHN OTWAY SMITH, DECEDENT

KAS

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

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1. That the above-named decedent died intestate on April 2, 1986 while domiciled in Gary, Indiana. (Exhibit A)

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 person is the only heir of the decedent:

a. Krista Smith Williams, 10126 Hutton Park Drive, Katy, TX 77494 (Exhibit B)

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 is a class action settlement from Pamela McKinney, Class Representative, United States Postal Service in 1:11-CV-00631.

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 same is known to the affiant: NONE.

8. That the individual entitled to the probate assets as a result of the decedent's death is:

a. Krista Smith Williams, 10126 Hutton Park Drive, Katy, TX 77494

9. That by reason of the above-stated matters, the affiant requests that the above-

2017 05 16 160



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL D. BURROUGHS
RECORDER
2017 AUG 28 AM 11:16

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GAC/H
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KAS

listed probate estate of JOHN OTWAY SMITH be transferred to:

a. Krista Smith Williams, 10126 Hutton Park Drive, Katy, TX 77494

pursuant to the laws of intestate distribution, in accordance with the provisions of IC '29-1-8-1, '29-1-8-2, and '29-1-8-3.

Krista Smith Williams

Krista Smith Williams, Affiant

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.

Document is NOT OFFICIAL!
Krista Smith Williams

Krista Smith Williams, Affiant

IN RE: JOHN OTWAY SMITH, DECEDENT

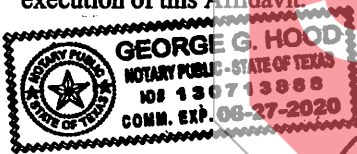
This Document is the property of the Lake County Recorder!

STATE OF TEXAS

COUNTY OF FAYETTE

SS:

Before me the undersigned, a Notary Public in and for said County and State, personally appeared KRISTA SMITH WILLIAMS and on AUGUST 12, 2017, who acknowledged the execution of this Affidavit.



[Signature]

Notary Public
Residing in FAYETTE County,

My Commission Expires: 6/27/2020



Document prepared by: Kenya A. Jones, 28992-45, 2148 West 11th Avenue, Gary, Indiana 46404, Phone: (219) 944-2755

[Handwritten initials]

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 607023

MEDICAL CERTIFICATE OF DEATH

April 4, 1986

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. JOHN OTWAY SMITH 2. MALE 3. APRIL 2, 1986

RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. BLACK
ORIGIN OR DESCENT 4b. AMERICA
AGE—LAST (MONTH, DAY, YEAR) 5a. 46
UNDER 1 YEAR UNDER 1 YEAR UNDER 1 YEAR 5b. 5c. 5d.
DATE OF BIRTH (MO., DAY, YEAR) 6. APRIL 15, 1939
COUNTY OF DEATH 7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago
HOSPITAL OR OTHER INSTITUTION—NAME (IF APPLICABLE) 7c. LAKESIDE MEDICAL CENTER
IF HOSP. OR INST. INDICATE ROOM OR INPATIENT 7d. INPATIENT

STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) 8. INDIANA
CITIZEN OF WHAT COUNTRY 9. UNITED STATES
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. DIVORCED
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11.

SOCIAL SECURITY NUMBER
USUAL OCCUPATION 12. ELECTRICIAN
KIND OF BUSINESS OR INDUSTRY 13. STEEL
WAS DECEASED EVER IN U.S. ARMED FORCES (YES OR NO) 13a. YES
WAR OR DATES OF SERVICE 13b. POST KOREAN

RESIDENCE STREET AND NUMBER 14a. 3360 PIERCE
CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. GARY
COUNTY 14c. LAKE
STATE 14d. INDIANA

FATHER—NAME FIRST MIDDLE LAST 15. Charles SMITH
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. ROSA LEE

INFORMANT NAME (TYPE OR PRINT) 17a. JAMES A CAMERON
RELATIONSHIP 17b. RECORDS
ADDRESS (STREET AND NO., P.O. BOX, OR TOWN, STATE, ZIP) 17c. 333 E HURON ST. CHICAGO, ILL. 60611

DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]
PART I. IMMEDIATE CAUSE
END STAGE HEART DISEASE WITH VENTRICULAR TACHYCARDIA YEARS

(a) COMPLICATED BY SEPSIS DUE TO OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(b) DUE TO OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
AUTOPSY (YES/NO) 19a. NO
IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

DATE OF OPERATION, IF ANY 20a.
MAJOR FINDINGS OF OPERATION 20b.

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)
21a. VA APRIL 2, 1986
WAS CORONER OR MEDICAL EXAMINER NOTIFIED (SPECIFY YES OR NO) 21b. YES
HOUR OF DEATH 21c. 3:15A

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE: Angelo Canonico MD
DATE SIGNED (MO., DAY, YR.) 22b. APRIL 2, 1986

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
ANGELO EDWARD CANONICO M.D.
333 EAST HURON STREET CHICAGO, ILLINOIS 60611
ILLINOIS LICENSE NUMBER 22c. 17549

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL
CEMETERY OR CREMATORY—NAME 24b. OAK HILL
LOCATION 24c. GARY, INDIANA
DATE (MONTH, DAY, YEAR) 24d. APRIL 5, 1986

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
25a. TAYLOR FUNERAL HOME 63 E. 79th ST CHICAGO, ILLINOIS 60619

FUNERAL DIRECTOR'S SIGNATURE 25b. Charles B. Taylor
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 6852

LOCAL REGISTRAR'S SIGNATURE 26a. Lonnie C. Edwards M.D., M.P.A.
DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 4 1986

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D., M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH CITY OF CHICAGO