

4

STATE OF INDIANA)

COUNTY OF LAKE)

IN RE: The Estate of Jacqueline Martin,)
deceased)
)

2017^{SS} 058162

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 AUG 28 AM 11:50

MICHAEL B. BROWN
RECORDER

SMALL ESTATE
REAL ESTATE AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

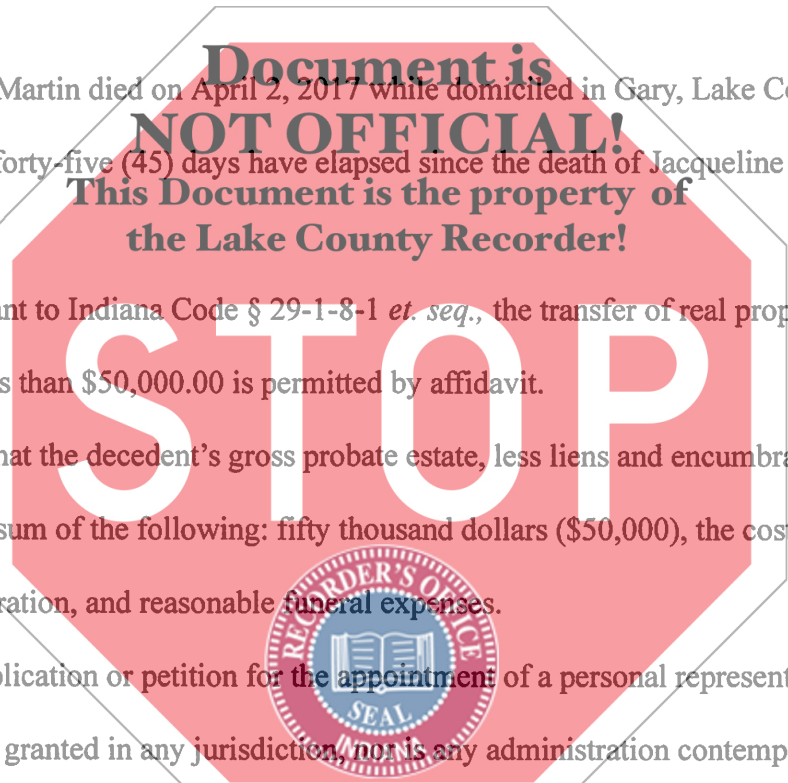
The undersigned affiant, being first duly sworn on August 9, 2017 on her oath says that:

1. Jacqueline Martin died on April 2, 2017 while domiciled in Gary, Lake County, Indiana.
2. More than forty-five (45) days have elapsed since the death of Jacqueline Martin, the decedent.
3. That pursuant to Indiana Code § 29-1-8-1 *et. seq.*, the transfer of real property, with a net value of less than \$50,000.00 is permitted by affidavit.
4. It appears that 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.
5. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, nor is any administration contemplated.
6. At the time of death, the decedent owned the real property located in Gary, Lake County,

Indiana, described as follows:

(a) **Legal Description:** #25-47-204-32 Washington Park Sub. L. 33 Bl. 3
Commonly Known As: 2461 Grant Street, Gary, Indiana
Parcel Number: 45-08-16-155-012.000-004

(b) **Legal Description:** #25-47-204-33 Washington Park Sub. All L. 34 Bl.3
Commonly Known As: 2457 Grant Street, Gary, Indiana
Parcel Number: 45-08-16-155-011.000-004



#2472

FILED

AUG 28 2017

\$25.00

041526

JOHN E. PETALAS
LAKE COUNTY AUDITOR

JAS

(c) **Legal Description:** #25-43-43-21 Garfield Park L. 20 Bl. 1
Commonly Known As: 2624 Polk Street, Gary, Indiana
Parcel Number: 45-08-16-333-018.000-004

(d) **Legal Description:** #25-43-43-22 Garfield Park L. 21, Bl. 1
Commonly Known As: 2628 Polk Street, Gary, Indiana
Parcel Number: 45-08-16-333-019.000-004

(e) **Legal Description:** #25-43-43-23 Garfield Park L. 22 Bl. 1
Commonly Known As: 2632 Polk Street, Gary, Indiana
Parcel Number: 45-08-16-333-020.000-004

7. The following persons are entitled to an interest in the above-described real property as a result of the decedent's death:

Name of Person	Address	Share	Divided or Undivided	How Share Determined
Terri Martin	2461 Grant Street Gary, Indiana	100.00%	Undivided	Sole Heir/Daughter of deceased

8. That upon the death of Jacqueline Martin, pursuant to Indiana law, ownership of the aforementioned property vested as an undivided 100% interest to her daughter and sole heir, Terri Martin, and that the parties are requesting to take ownership of the aforementioned property. The Decedent was not married at the time of her death.

9. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return.

10. That no inheritance taxes from other states or countries, or other death taxes are outstanding or will be owed by reason of the death of the Decedent.

11. All of the Decedent's funeral expenses have been paid and no known claims have been made against the Decedent's estate by reason of her death.

12. The Affiant is entitled to, and is requesting, delivery of the properties identified in the

Affidavit and hereby request that transfer agent of the Lake County Auditor's Office transfer the above parcels to TERRI MARTIN as an undivided 100% interest.

13. That Terri Martin will hold the Assessor of Lake County harmless for its reliance on this affidavit and for transferring real property pursuant to Indiana Code § 29-1-8-3(b).

Dated this 9th day of August 2017.

Terri Martin
TERRI MARTIN

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

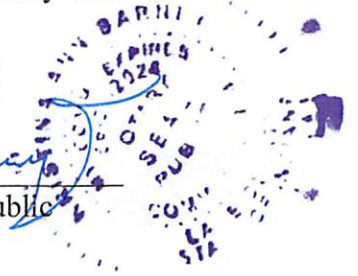
Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Before me, a Notary Public in and for said County and State, personally appeared Terri Martin acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 9th day of August, 2017.

My Commission Expires: June 21, 2024
County of Residence: Lake

Kristina Ann Barney
Kristina Ann Barney, Notary Public



Please Return Recorded Affidavit To:
Zamudio Law Professionals, PC
233 South Colfax Street
Griffith, Indiana 46319



Please Send Tax Bills To: Terri Martin, 2481 ~~Clark~~ Street, Gary, Indiana 46404

Pursuant to IC §36-2-11-15, 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.

By: *Christie R. DeHaan*
Christie R. DeHaan, Attorney at Law

Date Signed: August 9th, 2017



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000195

EDR No 000000570408

State No 020002

1. Decedent's Legal Name (First, Middle, Last) JACQUELINE MARTIN				1a. Maiden Name (If female) DOGAN		2. Sex FEMALE	3. Time Of Death 01:44 AM	4. Date Of Death (Month/Day/Year) 04/02/2017				
5. Social Security Number [REDACTED]		6a. Age - Yrs 88	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) 12/17/1928		8. Birthplace (City and State or Foreign Country) GARY, IN			
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 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) METHODIST HOSPITAL NORTHLAKE				12. City Or Town, State, And Zip Code GARY, IN, 46402		
13. County Of Death LAKE				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 GARY, IN, 46402		15a. Last Name Before First Marriage	16. Decedent's Usual Occupation CLERICAL	17. Kind Of Business/Industry ANDERSON COMPANY
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		22. Parent's Name (First, Middle, Last) EDDIE DOGAN		23a. Parent's Last Name Before First Marriage CANTY				
24. Informant's Name TERRI MARTIN		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street and Number, City, State, Zip Code) 2461 GRANT STREET, GARY, IN 46404		25. Place Of Disposition OAK HILL CEMETERY		25c. Location - City, Town, And State GARY, IN		27a. Funeral Home License Number: FH10500021		
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)		25c. Location - City, Town, And State		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408		27c. License Number (Of Licensee): FD21600033		
27b. Signature Of Indiana Funeral Service Licensee: JUNE R. WILLIAMS, BY ELECTRONIC SIGNATURE		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. CARDIOPULMONARY ARREST 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. LUNG CANCER C. EMPHYSEMA D. HYPERTENSIVE CARDIOVASCULAR DISEASE		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		Approximate Interval: Onset To Death IMMEDIATE PROXIMATE PROXIMATE PROXIMATE				
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. OSTEOARTHRITIS		31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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: CHIEDU JOSEPH NCHEKWUBE, BY ELECTRONIC SIGNATURE		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: CHIEDU JOSEPH NCHEKWUBE, 5495 BROADWAY, MERRILLVILLE, IN 46410		44. License Number 01031281A	45. Date Certified 04/14/2017	
46. Additional Funeral Service Provider:		47. *Akas:		48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): APR 20 2017						

