

I.C. 29-1-8-1, et. seq.

STATE OF INDIANA)
) SS: IN RE: RICHARD A. WARNER
COUNTY OF LAKE)

2017 058308

3

AFFIDAVIT FOR TRANSFER OF PERSONAL PROPERTY

The undersigned, upon personal knowledge and belief, makes these statements:

1. Richard A. Warner died intestate March 6, 2017, while domiciled in Lake County, Indiana.

2. The value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed \$50,000, the costs and expenses of administration and reasonable funeral expenses.

3. More than 45 days have elapsed since the death of the decedent.

4. No petition for the appointment of a personal representative has been granted and none is contemplated. Decedent died intestate.

5. The name and address of each person that is entitled to a share of the property is as follows:

Cynthia Warner-Lowe, sister, 3110 Deal St., East Chicago, IN 46312.
1/2 individual share

Annie Holland, sister, 1330 Burr St., Gary, IN 46406.
1/2 individual share

6. Each person entitled to a share of the property has been notified of the affiant's intent to present an affidavit under Indiana Code 29-1-8-1 and has consented to, and directed the payment thereof to Cynthia Warner-Lowe, A consent to such is attached hereto.

7. Claimant is entitled to payment or delivery of the following property on behalf on behalf of each person identified in this affidavit:

Bank Account of Richard A. Warner through BMO Harris Bank.

AUG 29 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

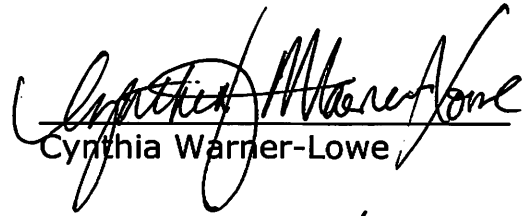
026704



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
2017 AUG 29 AM 9:30
MICHAEL J. RORER
RECORDER

25.
CASE
D

And further affiant sayeth not.


Cynthia Warner-Lowe

Subscribed and Sworn to before me, A Notary Public, this 20th day of
April, 2017.

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

My Commission expires:
June 18, 2023

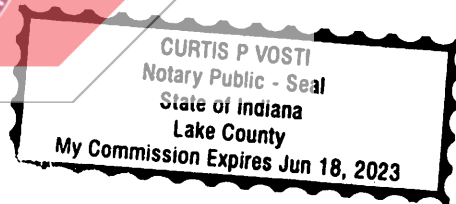
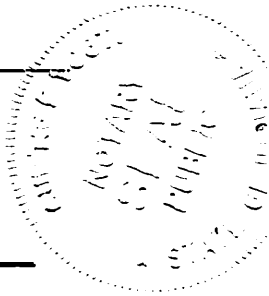
Resident of Lake County,
Indiana


Cynthia Warner-Lowe


NOTARY PUBLIC

Curtis P. Vosti

Notary's printed signature



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No 000054

EDR No 000000565033

State No

1. Decedent's Legal Name (First, Middle, Last) RICHARD ANTHONY WARNER		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 11:09 AM	4. Date Of Death (Month/Day/Year) 03/06/2017	
---	--	-----------------------------	--	-----------------------	-------------------------------------	--	--

5. Social Security Number [REDACTED]	6a. Age - Yrs 57	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) 03/24/1959	8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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 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 checked="" 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) 2808 EAST 141ST STREET							
---	--	--	--	--	--	--	--

12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312			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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
---	--	--	------------------------------------	--	--	--	--

15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation SPECIAL EDUCATION AIDE		17. Kind Of Business/Industry SCHOOL CITY OF HAMMOND	
-----------------------------	--	--------------------------------------	--	--	--	--	--

18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO			
---	--	----------------------------	--	--	--	--	--

18c. Street And Number 2808 EAST 141ST STREET			18d. Apt. No.	18e. Zip Code 46312	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) JAMES WARNER SR			23. Parent's Last Name Before First Marriage FREEMAN		
---	--	--	--	--	--

24. Informant's Name ANNIE HOLLAND		24a. Relationship To Decedent SISTER		24b. Mailing Address (Street and Number, City, State, Zip Code) 1330 BURN STREET GARY, IN 46406	
--	--	--	--	---	--

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) OAK HILL CEMETERY		25c. Location - City, Town, And State GARY, IN			
---	--	--	--	--	--	--	--

26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312			27a. Funeral Home License Number FH83001520		
---	--	---	--	--	---	--	--

27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD08600238					
---	--	---	--	--	--	--	--

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) HEART							Approximate Interval: Onset To Death
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							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I							

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 checked="" type="checkbox"/> No					
--	--	---	--	--	--	--	--

31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 checked="" 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: ALFONSO A. BLUM, 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: ALFONSO A. BLUM, 4035 ELM ST, EAST CHICAGO, IN 46312				44. License Number 01062815A		45. Date Certified 03/08/2017	
--	--	--	--	--	--	---	--

46. Additional Funeral Service Provider:				47. *Akas:			
49. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed: (Month/Day/Year) MAR 09 2017			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.