

2017 083072

2017 DEC -7 PM 1:55

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                                  )  
                                  )  
COUNTY OF LAKE )

SS: IN RE: CLYDE JONES, SR., DECEDENT

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

1. That the above-named decedent, Clyde Jones, Sr. died intestate on February 14, 2017 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 persons is the only heir of the decedent:

a. Johnny M. Jones, wife, 4319 W. 10<sup>th</sup> Avenue, Gary, Indiana 46404

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 in 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 parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Legal description: THE EAST ½ OF LOT 3, AND ALL OF LOT 4, IN BLOCK 21, IN GARY HEIGHTS SUB., IN THE CITY OF GARY, AS SHOWN IN THE PLAT BOOK 20, PAGE 13, IN LAKE CO., IND.

Commonly known as: 4319 W. 10<sup>th</sup> Avenue, GARY, INDIANA

Key No: 45-08-07-107-003.000-004

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

2017 034457

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2017 JUN -5 PM 2:47  
MICHAEL B. BROWN  
RECORDER



**FILED**

DEC 7 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

Re-recording due to incorrect spelling of grantee and grantee's name.

3

003325

**FILED**  
JUN 05 2017  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

43480

Handwritten signatures and initials: J. Cash, D., Cl. Bl... 69, New...

is known to the affiant: NONE.

- 8. That the individual entitled to the real estate as a result of the decedent's death is:
- b. Johnnie M. Jones, wife, 4319 W. 10<sup>th</sup> Avenue, Gary, Indiana 46404
- 9. The individual heir receives the property one hundred (100) percent in fee simple.
- 10. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of Clyde Jones, Sr. be transferred to:

a. Johnnie M. Jones, wife, 4319 W. 10<sup>th</sup> Avenue, Gary, Indiana 46404

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.

This Document is the property of Johnnie M. Jones, Affiant

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

Johnnie M. Jones  
Johnnie M. Jones, Affiant

IN RE: CLYDE JONES, SR., DECEDENT

STATE OF Indiana  
COUNTY OF Porter

SS:



Before me the undersigned, a Notary Public in and for said County and State, personally appeared Johnnie M. Jones and on May 16, 2017, who acknowledged the execution of this Affidavit.

Robert L. Lewis  
Notary Public  
Residing in \_\_\_\_\_ County,

My Commission Expires: \_\_\_\_\_

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



Robert L. Lewis  
Notary Public  
Seal  
Porter County, State of Indiana  
Commission # 658939  
Commission expires 10/5/22

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



Local No 000040

EDR No 000000560928

State No

1. Decedent's Legal Name (First, Middle, Last) <b>CLYDE JONES SR</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>04:00 PM</b>	4. Date Of Death (Month/Day/Year) <b>02/14/2017</b>			
5. Social Security Number	6a. Age - Yrs <b>85</b>	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) <b>04/10/1931</b>		8. Birthplace (City and State or Foreign Country) <b>SHILOH, GA</b>			
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) <b>ST CATHERINE HOSPITAL INC</b>						12. City Or Town, State, And Zip Code <b>EAST CHICAGO, IN, 46312</b>		13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>JOHNNIE MAE JONES</b>			15a. Last Name Before First Marriage <b>MORRIS</b>		16. Decedent's Usual Occupation <b>FOREMAN</b>		17. Kind Of Business/Industry <b>INLAND STEEL CORP</b>				
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18d. Apt. No.	18e. Zip Code <b>46404</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number <b>4319 WEST 10TH AVENUE</b>		19. Decedent's Education <b>8TH GRADE OR LESS</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>HORACE JONES</b>		23a. Parent's Last Name Before First Marriage <b>MELSON</b>	
23. Parent's Name (First, Middle, Last) <b>OZELLA JONES</b>		23b. Parent's Address (Street and Number, City, State, Zip Code) <b>WIFE OF JOHNIE MAE JONES, 4319 WEST 10TH AVENUE, GARY, IN 46404</b>		24. Informant's Name <b>JOHNNIE MAE JONES</b>		25. Place Of Disposition <b>EVERGREEN MEMORIAL PARK HOBART, IN</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)	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>		27a. Funeral Home License Number <b>FH83007704</b>		27b. Signature Of Indiana Funeral Service Licensee: <b>TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD20500009</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>RESPIRATORY FAILURE</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>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> Due to (Or As A Consequence Of): C. <b>HYPERTENSION</b> Due to (Or As A Consequence Of): D. <b>MECHANICAL VENTILATION</b>								Approximate Interval: Onset To Death <b>HOURS</b> <b>YEARS</b> <b>YEARS</b> <b>HOURS</b>			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Entry In Part I) <b>CARDIAC DISEASE; ANEMIA</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 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 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: <b>ADOLPHUS A ANEKWE, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number: <b>01036654A</b>		45. Date Certified <b>02/22/2017</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409</b>						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>FEB 24 2017</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</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.