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STATE OF INDIANA
COUNTY OF LAKE

)
2019 SS: 018647

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS
2019 MAR 28 PM 4:29
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF HEIRSHIP

PORTER MYRON HUDSON, being first duly sworn upon his oath, deposes and says:

1. That he, PORTER MYRON HUDSON, a/k/a Porter M. Hudson, Jr., along with his sister, LINDER EDWARD DAVIS, are sole co-owners, each having an undivided interest of 1/2, in fee simple of the following described real estate, to-wit: Legal description:

LOT 3, BLOCK 2, GOLFMOOR, IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 18, PAGE 352, LAKE COUNTY, INDIANA, BEING THE SAME PROPERTY CONVEYED TO PORTER M. HUDSON BY DEED FROM MABLE L. MINOR AND ADDIE C. MINOR RECORDED 09/17/79 IN DEED BOOK 549948 PAGE 19179, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

State Parcel No.: 45-08-21-303-005.000-004; Commonly known as: 3455 Johnson Street Gary, IN 46408

2. That he PORTER MYRON HUDSON, along with his sister, LINDER EDWARD DAVIS, are the only bodily heirs and descendants of PORTER M. HUDSON, a/k/a Porter M. Hudson, Sr., who became sole owner of said real estate on 4/10/05, upon the death of his wife, FORRESTINE LOIS HUDSON, a/k/a Forrestine L. Hudson, after a Quit Claim Deed issued from PORTER M. HUDSON to PORTER M. HUDSON and FORRESTINE L. HUDSON, husband and wife, as joint tenants with full rights of survivorship, dated 6/18/04, and recorded on 6/30/04 in the Office of the Recorder of Lake County, IN, leaving Porter M. Hudson the sole owner.

3. That the status and character of the ownership of said real estate continued unbroken from the time PORTER M. HUDSON so acquired title to said real estate until the death, intestate, of PORTER M. HUDSON, SR. on 11/5/18, and, more than 2 years having elapsed, and no probate estate was ever opened, such that at this time, your Affiant, PORTER MYRON HUDSON, a/k/a Porter M. Hudson, Jr., along with his sister, LINDER EDWARD DAVIS, have acquired title to said real estate in fee simple, each having an undivided interest of 1/2, as the sole heirs of PORTER M. HUDSON, a/k/a Porter M. Hudson, Sr.

NO SALES DISCLOSURE NEEDED

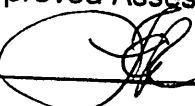
FILED

HUDSONPORTERJR7A.RTF

Approved Assessor's Office

MAR 28 2019

050744

By: 

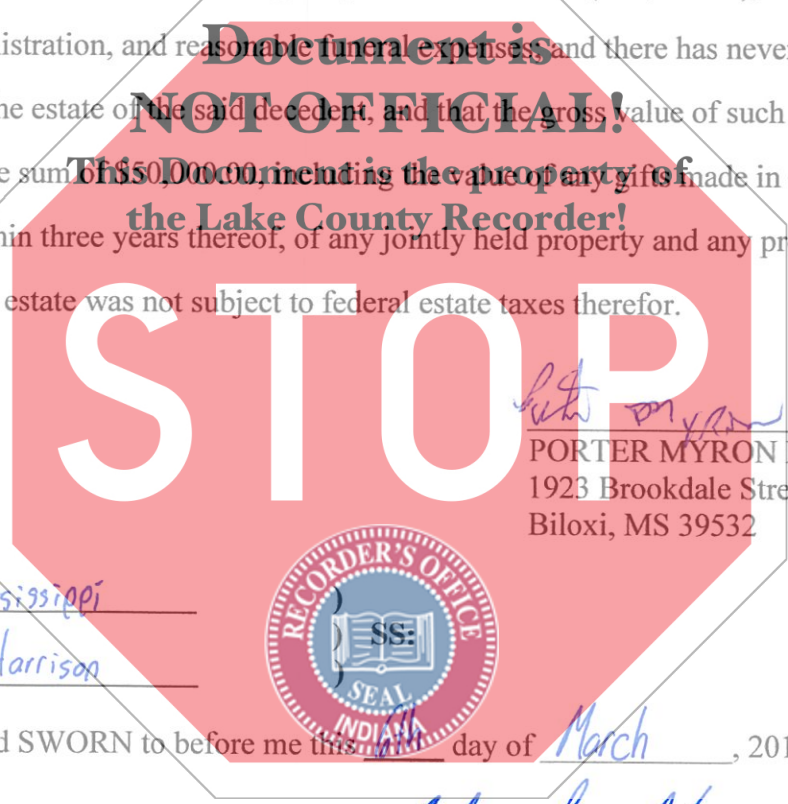
JOHN E. PETALAS
LAKE COUNTY AUDITOR

#2500


A certified copy of the death certificate of Porter M. Hudson, Sr, a/k/a Porter M. Hudson, and of Forrestine Lois Hudson, a/k/a Forrestine L. Hudson, are attached hereto.

4. That the purpose of this Affidavit is to induce the Lake County Auditor to transfer the title to the above-described real estate to PORTER MYRON HUDSON and LINDER EDWARD DAVIS, as tenants in common.

5. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses; and there has never been any advantages upon the estate of the said decedent, and that the gross value of such estate did not equal or exceed the sum of \$50,000.00, including the value of any gifts made in contemplation of death or made within three years thereof, of any jointly held property and any proceeds from insurance; that the estate was not subject to federal estate taxes therefor.



Porter Myron Hudson
PORTER MYRON HUDSON
1923 Brookdale Street
Biloxi, MS 39532

STATE OF Mississippi
COUNTY OF Harrison



SUBSCRIBED and SWORN to before me this 14th day of March, 2019.

My Commission Expires: 29 Mar 2023

Andres L. Varas
NOTARY PUBLIC: ANDRES L. VARAS, AK, USAF
Paralegal
NOTARY BY FEDERAL STATUS
10 U.S.C. 1044a
IAW AFI 51-504

Document prepared by: Atty. M. Drake; 487 Broadway, Ste. 204, Gary, IN 46402: (219) 882-6004

HUDSONPORTERJR7A.RTF



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS



13289442

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI
FILING DATE: 11/13/2018
STATE FILE NUMBER: L23-2018-019583
DECEASED: PORTER M HUDSON SR
GENDER: MALE
DATE OF DEATH: 11/05/2018
PLACE OF DEATH: MISSISSIPPI
FACILITY NAME: 615 BARRON ST
MONTGOMERY COUNTY
CAUSE OF DEATH: CARDIO RESPIRATORY FAILURE
REGISTERED BY: ALLAN PRATT CORONER

Document is NOT OFFICIAL! This Document is the property of the Leflore County Records

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

12/27/2018

Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to raise its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. **05 0208**

CERTIFICATE OF DEATH

State No.

REPRINT IN PERMANENT INK.

DECEDENT

IDENTS

PERMANENT

POSITION

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THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1. DECEASED—NAME (First Middle Last) FORRESTINE LOIS HUDSON		2. SEX FEMALE	3a. TIME OF DEATH 5:50PM	3b. DATE OF DEATH (Month, Day, Year) APRIL 10, 2005
4. SOCIAL SECURITY NUMBER 2005-52-5106	5a. AGE—Last Birthday (Years) 69	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	6. DATE OF BIRTH (Month, Day, Year) NOV 7, 1935	7. BIRTHPLACE (City, State or Foreign Country) JACKSON, TN
8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9. PLACE OF DEATH (Check only one, See Instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
10. FACILITY NAME (if not institution, give street and number) METHODIST HOSPITAL NORTHLAKE		11. CITY, TOWN, OR LOCATION OF DEATH GARY	12. COUNTY OF DEATH LAKE	
13. MARRITAL STATUS MARRIED	14. SURVIVING SPOUSE (Specify any maiden name) PORTER M. HUDSON	15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") DAYCARE PROVIDER	16. KIND OF BUSINESS/INDUSTRY DAYCARE	
17a. RESIDENCE—STATE INDIANA	17b. COUNTY LAKE	17c. CITY, TOWN, OR LOCATION GARY	17d. STREET AND NUMBER 3455 JOHNSON STREET	
18a. ZIP CODE 46408	18b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	18c. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	19. CITIZEN OF WHAT COUNTRY? U.S.A.A.	20. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
21. RACE—American Indian, Black, White, etc. (Specify) BLACK		22. DECEDENT'S EDUCATION (Specify any highest grade completed) Elementary/Secondary 10-12 <input type="checkbox"/> College 11-4 or 5+ <input type="checkbox"/> 12		
23. FATHER'S NAME (First Middle Last) HUBERT ANDERSON		24. MOTHER'S NAME (First Middle Last) SALLIE PIRTLE		
25. INFORMANT'S NAME (If you, First Middle Last) PORTER M. HUDSON		26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3455 JOHNSON ST GARY, IN 46408	27. Relationship HUSBAND	
28. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. DATE AND PLACE OF BURIAL (If other than place of death, specify other place) EVERGREEN MEMORIAL PK APRIL 15, 2005 HOBART, INDIANA		
30. EMBALMER'S NAME PAUL ANTHONY ROBINSON		31. EMBALMER'S LICENSE NO. 1017284	32. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
33. SIGNATURE OF BUREAU DIRECTOR <i>Paul Anthony Robinson</i>		34. LICENSE NUMBER (of Embalmer) 1017284	35. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME HOUSE OF ROBINSON #FH19500007 1900 W. 15th Ave. Gary, IN 4640	
36. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as "suicide" or "respiratory arrest; shock; or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Sudden Congestive Cardiac Failure</i> DUE TO (OR AS A CONSEQUENCE OF) <i>Coronary Artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF) <i>Coronary Artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF) <i>Diabetes Mellitus</i> PART II: Other significant conditions/Complications contributing to death but not previously listed in Part I. <i>Diabetes Mellitus</i> <i>Coronary Artery Disease</i>				
37. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		38. SIGNATURE AND TITLE OF CERTIFIER <i>Porter M. Hudson</i> DR. KRISHNAN POTTI 8300 BROADWAY SUITE B-1 MERRILLVILLE, IN		
39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (If you, First Middle Last) DR. KRISHNAN POTTI 8300 BROADWAY SUITE B-1 MERRILLVILLE, IN		40. MEDICAL LICENSE NO. IN 25043	41. DATE SIGNED (Month, Day, Year) 4/15/05	
42. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		43. DATE SIGNED (Month, Day, Year) APR 14 2005		
44. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Other (Specify)		45. DATE OF INJURY (Month, Day, Year)	46. TIME OF INJURY	47. INJURY AT WORK? (Yes or no)
48. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
50. DATE PROCLAIMED DEAD (Month, Day, Year)		51. MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc.		