

STATE OF INDIANA)
) SS:
)
COUNTY OF LAKE)

RE: JO ELLA HUNTER, DECEDENT
ISIAH HUNTER, DECEDENT

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent Jo Ella Hunter a/k/a Julia Hunter and Isiah Hunter Sr. a/k/a Isiah Hunter died intestate on January 20, 2018, while domiciled in Lake County, Indiana.

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 heir of the decedent:

Jacqueline Hunter: Daughter
607 W. 43rd Avenue
Gary, Indiana 46408
Interest 1/5% Undivided

Theresa R. Hunter-Daniels: Daughter
4950 NW 15th Street
Lauderhill, Florida 33313
Interest 1/5% Undivided

JoAnn Hoskin-Daughter
4044 Lincoln Street
Gary, Indiana 4640
1/5% Undivided

Isiah Hunter Jr.-Son
P.O. Box 1842
Gary, Indiana 46401
Interest 1/5% Undivided

Ronnie D. Hunter, Son
4261 Harrison Street
Gary, Indiana 46408
Interest 1/5% Undivided

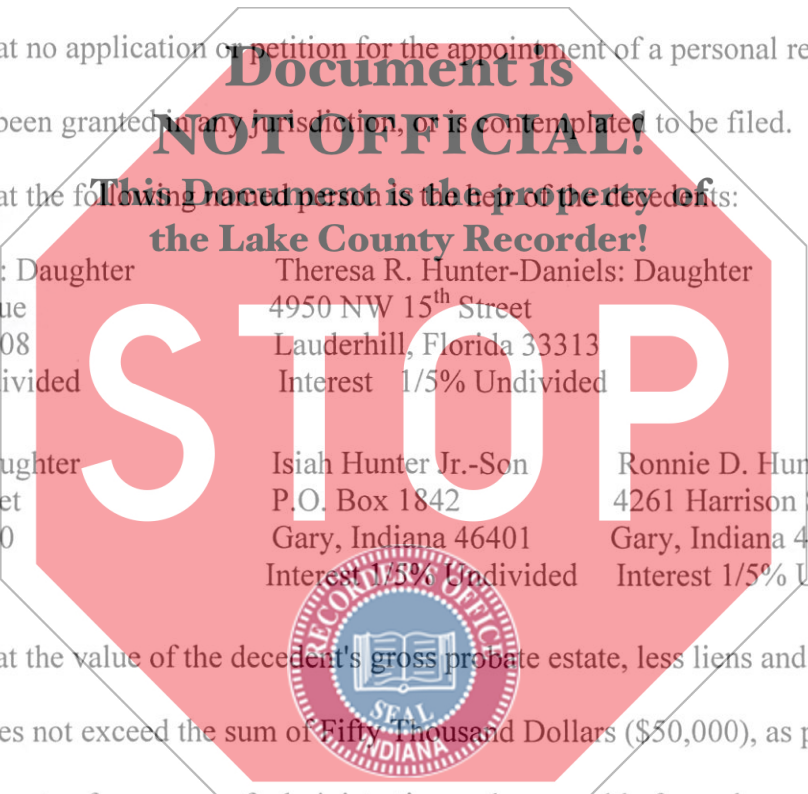
5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Husak's Addition Block 4 Lots 34 to 36
Commonly known as: 2769 W. 10th Avenue
Key No: 45-08-08-106-007.000-004

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

Handwritten mark



2019 020622

MICHAEL B. PROWSE
RECORDER

2019 APR -8 PM 3:14

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Handwritten: 250-4574
Dr
A

APR 08 2019 040963

JOHN E. PETALAS
LAKE COUNTY AUDITOR

is known to the affiant: NONE

8. That the individuals entitled to the real estate as a result of the decedent's death are as follows:

Jacqueline Hunter: Daughter
607 W. 43rd Avenue
Gary, Indiana 46408
Interest 1/5% Undivided

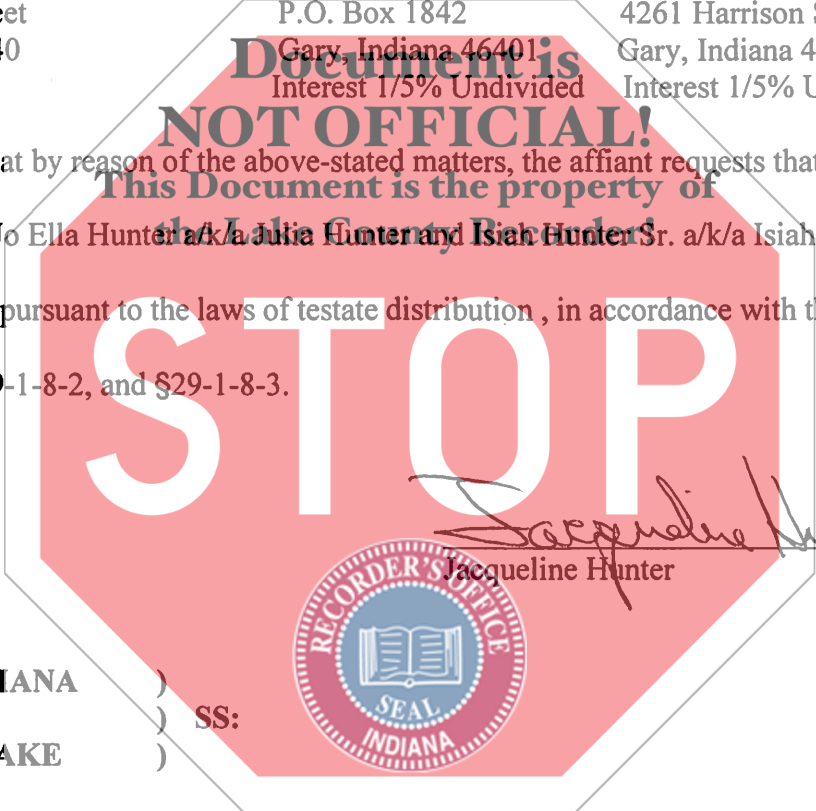
Theresa R. Hunter-Daniels: Daughter
4950 NW 15th Street
Lauderhill, Florida 33313
Interest 1/5% Undivided

JoAnn Hoskin-Daughter
4044 Lincoln Street
Gary, Indiana 4640
1/5% Undivided

Isiah Hunter Jr.-Son
P.O. Box 1842
Gary, Indiana 46401
Interest 1/5% Undivided

Ronnie D. Hunter, Son
4261 Harrison Street
Gary, Indiana 46408 Interest
Interest 1/5% Undivided

9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of Jo Ella Hunter a/k/a Julia Hunter and Isiah Hunter Sr. a/k/a Isiah Hunter, be transferred to her pursuant to the laws of testate distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, on this 15 day of March 2019.

Robert L. Lewis
Notary Public

Typed/Printed name of Notary Public

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



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 800024

EDR No 00000623332

State No 003916

Form fields including: 1. Decedent's Legal Name (ISIAH HUNTER SR), 2. Sex (MALE), 3. Time Of Death (12:44 AM), 4. Date Of Death (01/20/2018), 5. Social Security Number, 6a. Age - Yrs (85), 7. Date of Birth (04/11/1932), 8. Birthplace (COPIAH COUNTY, MS), 11. Facility Name (METHODIST HOSPITALS INC.), 13. County Of Death (LAKE), 14. Marital Status (Married), 15. Surviving Spouse's Name (JOELLA HUNTER), 16. Decedent's Usual Occupation (CRANE OPERATOR), 17. Kind Of Business/Industry (US STEEL), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (GARY), 18c. Street And Number (4679 DELAWARE STREET), 18e. Zip Code (46409), 19. Decedent's Education (9TH - 12TH GRADE; NO DIPLOMA), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (Black or African American), 22. Parent's Name (STEVEN HUNTER), 23. Parent's Name (JOSEPHINE HUNTER), 23a. Parent's Last Name Before First Marriage (WILSON), 24. Informant's Name (JACQUELINE HUNTER), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (607 WEST 43RD AVENUE, GARY, IN 46408), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (EVERGREEN MEMORIAL PARK), 25c. Location - City, Town, And State (HOBART, IN), 26. Was Coroner Contacted? (Yes), 27. Name And Complete Address Of Funeral Facility (GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404), 27a. Funeral Home License Number (FH83007704), 27b. Signature Of Indiana Funeral Service Licensee (CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE), 27c. License Number (FD29700070), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Cause of Death: ASPHYXIATION BY CARBON MONOXIDE SECONDARY TO A HOUSE FIRE. 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? (Yes), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (Yes), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant), 33. Manner Of Death: (Accident), 34. Date Of Injury (01/20/2018), 35. Time Of Injury (12:44 AM), 36. Place Of Injury (4679 DELAWARE STREET), 37. Injury At Work? (No), 38. Location Of Injury - State (INDIANA), 38a. City Or Town (GARY), 38b. Street & Number (4679 DELAWARE STREET), 38c. Apt. No., 38d. Zip Code (46409), 39. Describe How Injury Occurred, 40. If Transportation Injury, Specify: (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (MERRILEE D. FREY, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Coroner), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307), 44. License Number, 45. Date Certified (02/22/2018), 46. Additional Funeral Service Provider, 48. Signature of Local Health Officer (REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (FEB 22 2018).



VOID IF ALTERED OR ERASED



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 800023

EDR No 00000623321

State No 003911

| | | | | | | | | | | |
|--|--|--|---|---------------------------------------|---|---|---|---|--|---|
| 1. Decedent's Legal Name (First, Middle, Last) JO ELLA HUNTER | | | | 1a. Maiden Name (If female) SMITH | | 2. Sex FEMALE | 3. Time Of Death 01:06 AM | 4. Date Of Death (Month/Day/Year) 01/20/2018 | | |
| 5. Social Security Number 950-XXXX-XXXX | | 6a. Age - Yrs 83 | 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) 01/01/1935 | | 8. Birthplace (City and State or Foreign Country) EDWARDS, MS | |
| 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"/> Inpatient <input checked="" 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) METHODIST HOSPITALS INC. | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code GARY, IN, 46402 | | | | | 13. County Of Death LAKE | | 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 | | | | 15a. Last Name Before First Marriage | | 16. Decedent's Usual Occupation SECURITY | | 17. Kind Of Business/Industry CARSON PIRIE SCOTT | | |
| 18. Residence - State INDIANA | | | 18a. County LAKE | | 18b. City Or Town GARY | | | 18d. Apt. No. | 18e. Zip Code 46408 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 18c. Street And Number 4679 DELAWARE STREET | | 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race Black or African American | | | | | |
| 22. Parent's Name (First, Middle, Last) RUTHER SMITH | | | 23. Parent's Name (First, Middle, Last) ANNIE BELL SMITH | | | 23a. Parent's Last Name Before First Marriage FUNCHES | | | | |
| 24. Informant's Name JACQUELINE HUNTER | | | 24a. Relationship To Decedent DAUGHTER | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 607 WEST 43RD AVENUE, GARY, IN 46408 | | | | | |
| 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) EVERGREEN MEMORIAL PARK | | | 25c. Location - City, Town, And State HOBART, IN | | | | | |
| 26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404 | | | | | 27a. Funeral Home License Number: FH83007704 | | | |
| 27b. Signature Of Indiana Funeral Service Licensee: CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): FD29700070 | | | | |
| 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. ASPHYXIATION BY CARBON MONOXIDE POISONING FROM A HOUSE FIRE 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ | | | | | | | | | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Approximate Interval: Onset To Death | | |
| 30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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) 01/20/2018 | | 35. Time Of Injury 01:06 AM | | 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) RESIDENCE | |
| 37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 38. Location Of Injury - State INDIANA | 39a. City Or Town GARY | 38b. Street & Number 4679 DELAWARE | | 38c. Apt. No. | 38d. Zip Code 46409 | | | |
| 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: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE | | | | | | 42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer | | 44. License Number | | 45. Date Certified 02/22/2018 |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307 | | | | | | 46. Additional Funeral Service Provider: | | 47. *Akas: | | |
| 48. Signature of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): FEB 22 2018 | | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | | |
| 30: NO 28: Cause A: PENDING INVESTIGATION 45: 1/24/2018 12:00:00 AM 33: PENDING INVESTIGATION 49: 01/25/2018 | | | | | | | | | | |



VOID IF ALTERED OR ERASED