

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

RE: JULIA 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, Wife and Husband, 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 persons are the heirs of the decedents:

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

5. That the value of the decedents' 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.

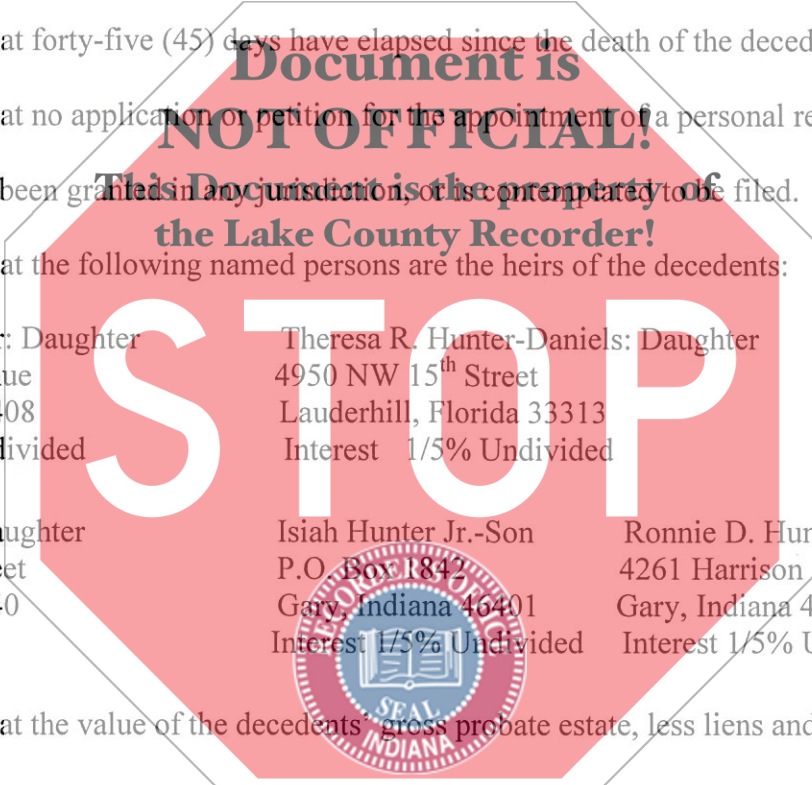
6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

BROADWAY ADD. L.32 BL.18
Commonly known as: 1967 Connecticut St, Gary, Indiana 46407
Key No: 45-08-10-353-015.000-004

FILED

APR 08 2019 That the following list of persons, firms, or corporations are the only creditors

JOHN E. PETALAS
LAKE COUNTY AUDITOR C40964



2019 APR 02 06 23

MICHAEL B. BROWN
RECORDER

2019 APR -8 PM 3:14

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Handwritten notes: 256-4574 and a signature.

of the estate and the amount set opposite each name is the sum due said creditor, so far as the same 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

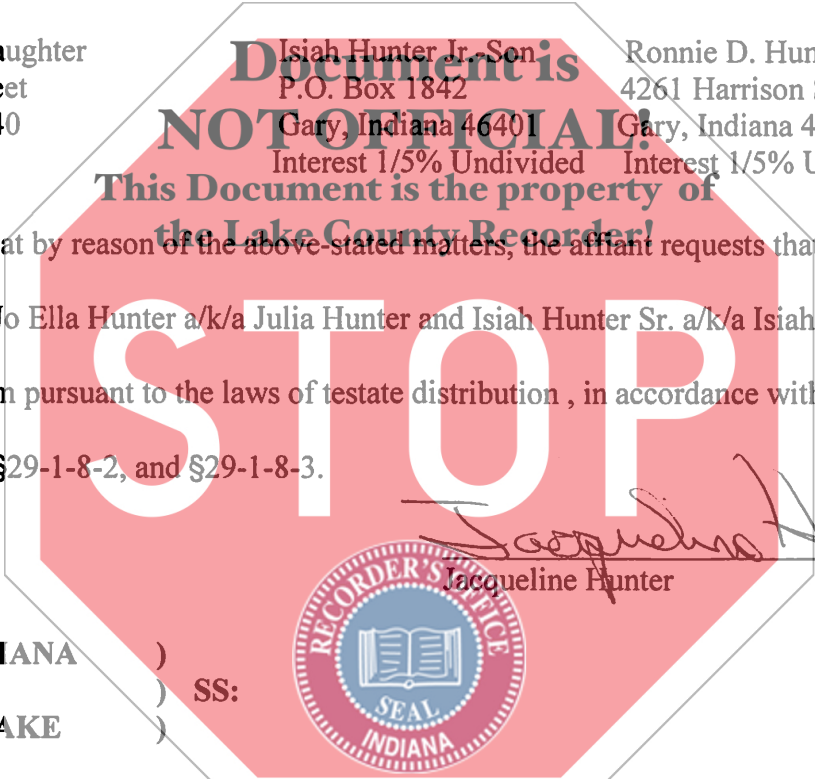
Theresa R. Hunter-Daniels: Daughter
4950 NW 15th Street
Lauderhill, Florida 33313
Interest 1/5% Undivided

JoAnn Hoskin-Daughter
4044 Lincoln Street
Gary, Indiana 46408
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

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 them 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

Robert L. Lewis, 10070-45
ROBERT L. LEWIS & ASSOCIATES
Attorneys at Law
2148 West 11th Avenue
Gary, Indiana 46404

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.), 12. City Or Town, State, And Zip Code (GARY, IN, 46402), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (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), 18d. Apt. No., 18e. Zip Code (46409), 18f. Inside/City Limits? (Yes), 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 Of Licensee (FD29700070), 28. Part I. Enter The Chain Of Events (Immediate Cause: ASPHYXIATION BY CARBON MONOXIDE SECONDARY TO A HOUSE FIRE), 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 (RESIDENCE), 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, 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)



VOID IF ALTERED OR ERASED



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 800023

EDR No 00000623321

State No 003911

Form fields including: 1. Decedent's Legal Name (JO ELLA HUNTER), 2. Sex (FEMALE), 3. Time Of Death (01:06 AM), 4. Date Of Death (01/20/2018), 5. Social Security Number, 6a. Age - Yrs (83), 7. Date of Birth (01/01/1935), 8. Birthplace (EDWARDS, MS), 11. Facility Name (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 (Widowed), 15. Surviving Spouse's Name, 16. Decedent's Usual Occupation (SECURITY), 17. Kind Of Business/Industry (CARSON PIRIE SCOTT), 18. Residence - State (INDIANA), 19a. County (LAKE), 19b. City Or Town (GARY), 19c. Street And Number (4679 DELAWARE STREET), 18d. Apt. No., 18e. Zip Code (46408), 18f. Inside City Limits? (Yes), 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 (RUTHER SMITH), 23. Parent's Name (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 (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 (ASPHYXIAION BY CARBON MONOXIDE POISONING FROM A HOUSE FIRE), 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 Within Past Year), 33. Manner Of Death: (Accident), 34. Date Of Injury (01/20/2018), 35. Time Of Injury (01:06 AM), 36. Place Of Injury (RESIDENCE), 37. Injury At Work? (No), 38. Location Of Injury - State (INDIANA), 39a. City Or Town (GARY), 38b. Street & Number (4679 DELAWARE), 38c. Apt. No., 38d. Zip Code (46409), 41. Signature, Of Person Certifying Cause Of Death (MERRILEE D. FREY, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician, Coroner, Health Officer), 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), 48. Signature of Local Health Officer (REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (FEB 22 2018)



VOID IF ALTERED OR ERASED