STATE OF INDIANA)	
) SS:	RE: JULIA HUNTER, DECEDENT
)	ISIAH HUNTER, DECEDENT
COUNTY OF LAKE)	

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 sortise outcomplated 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

JoAnn Hoskin-Daughter 4044 Lincoln Street Gary, Indiana 4640 1/5% Undivided Theresa R. Hunter-Daniels: Daughter 4950 NW 15th Street
Lauderhill, Florida 33313
Interest 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:

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BROADWAY ADD. L.32 BL.18

Commonly known as: 1967 Connecticut St, Gary, Indiana 46407

Key No: 45-08-10-353-015.000-004

APR **0.8 2019** That the following list of persons, firms, or corporations are the only creditors

JOHN E. PETALAS LAKE COUNTY AUDITOR (40964 STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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 4640 1/5% Undivided

Ronnie D. Hunter, Son 4261 Harrison Street Cary, Indiana 4640 I A Gary, Indiana 46408 Interest Interest 1/5% Undivided Interest 1/5% Undivided This Document is the property of

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.

SS:

STATE OF INDIANA

COUNTY OF LAKE

Jacqueline Hunter

Subscribed and sworn to before me, a Notary Public in and for said County and State, on

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 000000623332 State No 003916 4. Date Of Death (Month/Day/Year) 1. Decedent's Legal Name (First, Middle, Last ISIAH HUNTER SR MALE 12:44 AM 01/20/2018 Social Security Number | 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month 8. Birthplace (City and State or Foreign Country) 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) 04/11/1932 COPIAH COUNTY, MS 9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital 10a. If Death Occurred Somewhere Other Than A Hospita ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Yes ☒ No ☐ Unknown ☐ Inpatient ☒ Emergency Department Outpatient ☐ Dead on Arrival Other (Specify) 11 Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITALS INC 12 City Or Town, State, And Zip Coo 13. County Of Death 14. Marital Status At Time Of Death GARY, IN. 46402 15. Surviving Spouse's Name 15a. Last Name Before First Marriage JOELLA HUNTER **SMITH** CRANE OPERATOR 18a. County 18b. City Or Town INDIANA LAKE GARY 18c. Street And Number 18d. Apt. No 18e. Zip Code 4679 DELAWARE STREET 46409 19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA African American 22. Parent's Name (First, Middle, Last) STEVEN HUNTER WILSON 24 Informant's Name JACQUELINE HUNTER 25a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Donation ☐ Entomome Removal From State Other (Specify): 26. Was Coroner Contacted? **EVERGREEN MEMORIAL PARK** HOBART, IN

SOME VOID IF ALLIERED OF BRASHDE SOME SOME

17. Kind Of Business/Industry US STEEL 18f. Inside City Limits? Yes No 23a. Parent's Last Name Before First Marriage 27a. Funeral Home License Number. ☑ Yes ☐ No GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404 FH83007704 27b Signature Of Indiana Funeral Service Of Licensee CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE FD29700070 Cause Of Death (See Instructions And Examples) Approximate Interval: Onset 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. To Death ASPHYXIATION BY CARBON MONOXIDE SECONDARY TO A HOUSE FIRE Immediate Cause (Final Disease Or Condition Resulting In 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 Yes ☐ No Were Autopsy Finding Available To Complete The Cause Of Death? ☑ Yes ☐ No 31. Did Tobacco Use Contribute To Death? Manner Of Death: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant W. ☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Yes ☐ Probably ☐ No ☒ Unknown Not Pregnant, But Pregnant 43 Days To 1 year Before Death Unknown If Pregnant Within The Past Year ☐ Suicide ☐ Could Not Be Determined 35. Time Of Injury 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 34k Date Of Injury (Month/Day/Year) 37. Injury At Work? ☐ Yes ⊠ No 01/20/2018 12:44 AM RESIDENCE 38. Location Of Injury - State 38a. City Or Town Street & Number 38d. Zip Code INDIANA GARY 4679 DELAWARE STREET 46409 39. Describe How Injury Occurred 40. If Transportation Injury, Specify:

Driver/Operator Passenger Pedestrian Other (Specify) 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 44. License Number 45. Date Certified MERRILEE D. FREY , 2900 W. 93RD. AVE., CROWN POINT, IN 46307 02/22/2018 46, Additional Funeral Service Provider 47. *Akas: 49. For Registrar Only - Date Filed (Month/Day/Year): REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE FEB 22 2018 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) 28I-Cause A: PENDING INVESTIGATION 45: 1/24/2018 12:00:00 AM 33: PENDING INVESTIGATION 49: 01/25/2018

State Form 59395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure in voluntary and there will be or record that WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE SYNLE OF RECORD HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA

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	· 800023			00062332			te No 0039			
1. Decedent's Legal Name (First, N	viiddie, Last)			ame (If female)	2. S		. Time Of Death		f Death (Month/Day/Y	
JO ELLA HUNTER 5. Social Security Number 6a. A	ge - Yrs 6b. Under	1 Year 6c. Under 1 M	SMITH fonth 6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (I	MALE Month/Day/Year	01:06 AM 8. Birthplace (Ci		01/20/2018 r Foreign Country)	
35330 177	83 Months	Days	Hours	Minutes	01/01		EDWARDS	S, MS		
9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown	10. If Death Occurred		atient Dead on Arri	10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Decedent's Home Decedent's Home Decedent's Home Decedent's Home Home/Long-term Ca					у	
11. Facility Name (If Not Institution	n, Give Street and Numb			Other (Specify)						
METHODIST HOSPITA 12. City Or Town, State, And Zip C				13. County C	Of Death	12 C	14. Marital St			
GARY, IN, 46402				LAKE			Married Married Midowed	Married Married, But Separated Divol Widowed Never Married Unknow		
15. Surviving Spouse's Name			15a. Last Name Before	e First Marriage	16. Dec	edent's Usual C	Decupation	17. Kind C	of Business/Industry	
18x Residence - State		18a, County		18b. City Or Tow	SECU	RITY		CARSO	N PIRIE SCOT	
NDIANA		LAKE		GARY						
18c. Street And Number						18d. Apt. I	No. 18e. Zip	Code	18f, Inside City Limit	
4679 DELAWARE STR	EET	20. Decedent Of A	lienania Odaia		anadan Na Dana	F. S. 0.8 V.	46	408	⊠ Yes □ No	
19. Decedent's Education HIGH SCHOOL GRAD	UATE OR GED		Docu	10000	ecedent's Roce	oricon				
COMPLETED 22. Parent's Name (First, Middle, L	ast)	NOT HISPAN		23. Parent's Name (F	First, Middle, Last)	iencan	23a. F	Parent's Last N	lame Before First Marri	
RUTHER SMITH		N		ANNIE BELL	SMITH			CHES		
24. Informant's Name		This D	nip To Decedent Ocument		coperty	Of				
JACQUELINE HUNTER			Lake Con	607 WEST 43	corder!	HE STATE	The court of			
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Dona	ation Entompment	25b. Place Of Disposition	n (Name Of Cemetery, 0	Crematory, Other Place)	25c. Location - C	ity, Town, And	State			
Removal From State Other (Specify):		EVERGREENM	IEMORIAL PAR	K	HOBART, I	N				
26. Was Coroner Contacted?		Complete Address Of Fun						27a. Fune	ral Home License Num	
		EN FUNERAL	DIRECTORS, 2	2959 WEST 11TI	H AVENUE,	GARY, IN	46404 Number (Of Licensee):	FH8300	7704	
CARMELITA V. PERR		ONIC SIGNATUR		ee Instructions And E	All Park	FD297000			Accorded	
28. Part I. Enter The Chain Of Such As Cardiac Arrest, Respi	Events - Diseases, In	uries, Or Complications cular Fibrillation Withou	s - That Directly Cause	ed The Death, Do Not E	Inter Terminal Eve	nts luse On			Approximate Interval: Onse To Death	
A Line. Add Additional Lines It Immediate Cause (Final Disea	Necessary.			BY CARBON MONOXI			SE FIRE		La Rea	
			TUR	DER'S OF	Due to (Or As A Conseque					
Sequentially List Conditions, I Line A. Enter The Underlying	Cause (Disease Or Inc	Cause Listed On ury That Initiated			Due to (Or As A Conseque	nce Of):				
The Events Resulting In Death	Last				Due to (Or As A Conseque	nce Of):				
Part II. Enter Other Significant Con-	ditions Contributing to De	The same of the sa	D The Underlying Cause G	aven in Parti	29. Was An Autop	Performed?				
			Tanah.	VOIANA	The second second	Finding Availat	Yes To Complete The C	☐ No Cause Of Deat	h? ⊠ Yes □ No	
31. Did Tobacco Use Contribute To		If Female: Not Pregnant Within Past Year	Pregnant At Time Of Death	h Not Pregnant, But Pregna	ant Within 42 Days Of Death		ner Of Death: al	Accident	Pending Investigation	
☐ Yes ☐ Probably ☐ No ☒ 34. Date Of Injury (Month/Day/Yea		Not Pregnant, But Pregnant 43 D Time Of Injury		Unknown if Pregnant With			le Could Not Be Destaurant, Wooded Are		Injury At Work?	
01/20/2018		01:06 AM		IDENCE					Yes 🛭 No	
38. Location Of Injury - State		. City Or Town		Street & Number	15		38c. Apt. I		I. Zip Code	
INDIANA 39. Describe How Injury Occurred	GA	\RY	4679	DELAWARE		40. If Tra	Insportation Injury, So perator ☐ Passenger ☐ I	ecify:		
41. Signature, Of Person Certifyin	g Cause Of Death							everian COth	(opecity)	
MERRILEE D. FREY, 43. Name, Address And Zip Code	BY ELECTRON	IC SIGNATURE	Spiritory.		120	Certifier (Check Certifying Physi	cian		Health Officer Date Certified	
			POINT IN 4630	77					02/22/2018	
		AVE., CITOVIN	7 0111, 111 4030			47.	*Akas:		SEILLILOTO	
MERRILEE D. FREY, 46. Additional Funeral Service Pro			The Zill		49. For	Registrar Only	- Date Filed (Month			
MERRILEE D. FREY , 46. Additional Funeral Service Pro 48. Signature of Local Health Office		NIC SIGNATUR			AND THE RESERVE OF THE PERSON NAMED IN COLUMN		FEB 22	2010	4 4 4	
MERRILEE D. FREY , 46. Additional Funeral Service Pro				ATE OF DEATH (ENT	RY OR ORIGINAL	NIN			The Court of	
MERRILEE D. FREY , 46. Additional Funeral Service Pro 48. Signature of Local Health Office), VIA ELECTRO			ATE OF DEATH (ENT	RY OR ORIGINAL					
MERRILEE D. FREY, 46. Additional Funeral Service Pro 48. Signature of Local Health Offic REUBEN C. RUTLAND), VIA ELECTRO			ATE OF DEATH (ENTI	RY OR ORIGINAL					