

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 decedents, 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 decedents.

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 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, Sr
4261 Harrison Street
Gary, Indiana 46408 Interest
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 decedents' probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

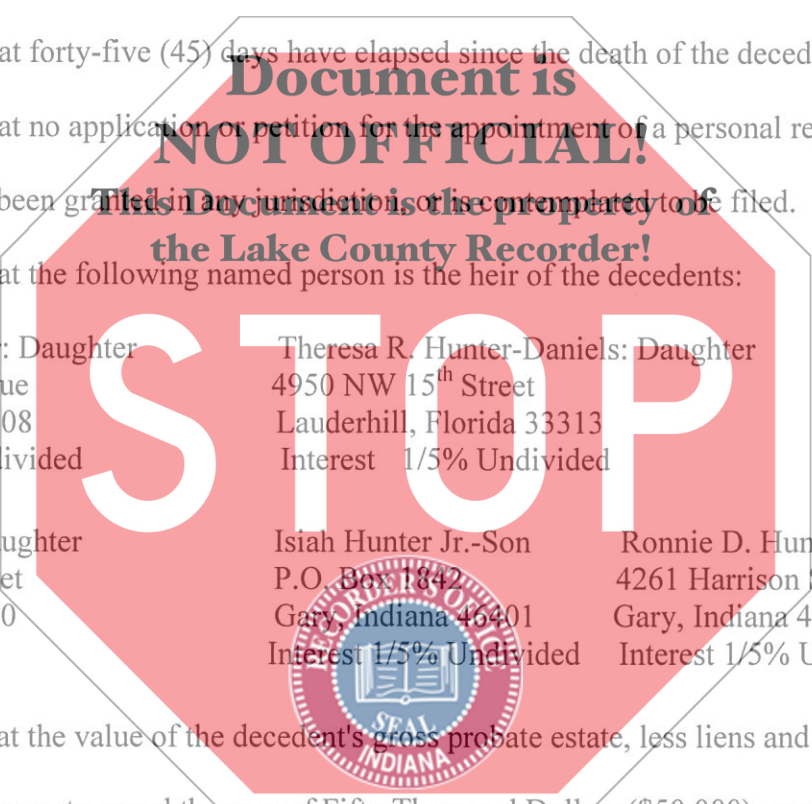
HUSAKS ADD BLK 3 LOTS 45 & 46 & LOT 44 EX W.5.25 FT
Commonly known as: 2925 W 10TH Avenue, Gary, Indiana 46404
Key No: 45-08-08-105-019.000-004

FILED

APR 08 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

040965



2019 APR 02 06 24

MICHAEL B. BROWN
RECORDER

2019 APR -8 PM 3:14

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Handwritten notes: '25', '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:

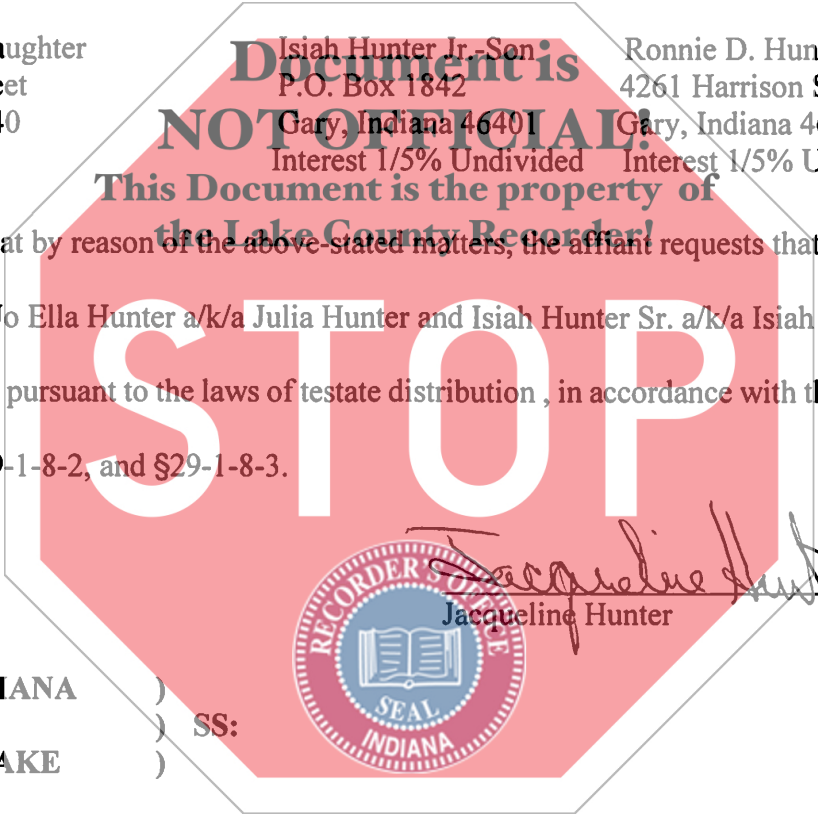
Jacqueline Hunter: Daughter
607 W. 43rd Avenue
Gary, Indiana 46408
Interest 1/5% Undivided

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 46408
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 him 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



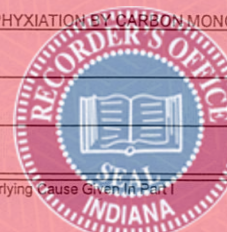
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 800024

EDR No 00000623332

State No 003916

1. Decedent's Legal Name (First, Middle, Last) ISIAH HUNTER SR
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 12:44 AM
4. Date Of Death (Month/Day/Year) 01/20/2018
5. Social Security Number
6a. Age - Yrs 85
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 04/11/1932
8. Birthplace (City and State or Foreign Country) 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 Hospital
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
15. Surviving Spouse's Name JOELLA HUNTER
15a. Last Name Before First Marriage SMITH
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?
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 (First, Middle, Last) STEVEN HUNTER
23. Parent's Name (First, Middle, Last) 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 (Street And Number, City, State, Zip Code) 607 WEST 43RD AVENUE, GARY, IN 46408
25a. Method Of Disposition
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?
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 SECONDARY TO A HOUSE FIRE
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.
C.
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?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year) 01/20/2018
35. Time Of Injury 12:44 AM
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) RESIDENCE
37. Injury At Work?
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:
41. Signature, Of Person Certifying Cause Of Death: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
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



30: NO
28: Cause A: PENDING INVESTIGATION
45: 1/24/2018 12:00:00 AM
33: PENDING INVESTIGATION
49: 01/25/2018

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. 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 A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.



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 [REDACTED]
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? [X] No
10. If Death Occurred In A Hospital: [X] Emergency Department Outpatient
10a. If Death Occurred Somewhere Other Than A Hospital [] Hospice Facility [] Decedent's Home [] Nursing Home/Long-term Care Facility [] 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 [X] Widowed [] Married [] Married, But Separated [] Divorced [] Never Married [] 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
18c. Street And Number 4679 DELAWARE STREET
18d. Apt. No.
18e. Zip Code 46408
18f. Inside City Limits? [X] Yes [] No

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 [X] Burial [] Cremation [] Donation [] Entombment [] Removal From State [] 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? [X] Yes [] 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? [X] Yes [] No
30. Were Autopsy Finding Available To Complete The Cause Of Death? [X] Yes [] No

31. Did Tobacco Use Contribute To Death? [] Yes [] Probably [] No [X] Unknown
32. If Female: [] Not Pregnant Within Past Year [] Pregnant At Time Of Death [] Not Pregnant, But Pregnant Within 42 Days Of Death [] Not Pregnant, But Pregnant 43 Days To 1 Year Before Death [] Unknown If Pregnant Within The Past Year
33. Manner Of Death: [] Natural [] Homicide [X] Accident [] Pending Investigation [] Suicide [] 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? [] Yes [X] No
38. Location Of Injury - State INDIANA
38a. 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: [] 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 [X] 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

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
281-Cause A: PENDING INVESTIGATION
45: 1/24/2018 12:00:00 AM
33: PENDING INVESTIGATION
49: 01/25/2018