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

V

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 graffed in any jurisdiction sor lise on templated 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

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. Bew 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 decedent's gross provate 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:

FILED

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

APR 9.8 2019 That the following list of persons, firms, or corporations are the only creditors

JOHN E. PETALAS LAKE COUNTY AUDITOR 457 V

040965

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 46401 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 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

COUNTY OF LAKE

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

Jacoueline Hunter

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

Typed/Printed name of Notary Public

Rebert L.: Lewis
Netary Public
Seal
Porter County, State of Indiana
Commission # 658939
Commission expires 10/5/22

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT EDR No 000000623332 Local No 800024 State No 003916 1. Decedent's Legal Name (First, Middle, Last) 3. Time Of Death 4. Date Of Death (Month/Day/Year) 2. Sex ISIAH HUNTER SR MALE 12:44 AM 01/20/2018 6c. Under 1 Month 6d. Under 1 Day 5. Social Security Number | 6a. Age - Yrs 6b. Under 1 Year 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) 8. Birthplace (City and State or Foreign Country) Months Days 04/11/1932 85 Minutes 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 ☐ Hospice Facility ☐ Dacedent'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 Code 13. County Of Death 14. Marital Status At Time Of Death GARY, IN, 46402 LAKE 15. Surviving Spouse's Name 15a. Last Name Before First Marriage 17. Kind Of Business/Industry JOELLA HUNTER SMITH CRANE OPERATOR US STEEL 18 Residence - State 18a. County 18b. City Or Town INDIANA LAKE GARY 18c. Street And Number 18e. Zip Code 18f. Inside City Limits? 18d. Apt. No ☑ Yes □ No 4679 DELAWARE STREET 46409 19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA 22. Parent's Name (First, Middle, Last) 23a. Parent's Last Name Before First Marriage STEVEN HUNTER WILSON JACQUELINE HUNTER GARY, IN 46408 25a. Method Of Disposition Buria ☐ Cremation ☐ Donation ☐ Entorm Removal From State EVERGREEN MEMORIAL PARK HOBART, IN Other (Specify) 26. Was Coroner Contacted? 27. Name A 27a. Funeral Home License Number: ☑ Yes ☐ No GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404 FH83007704 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 To Death A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) ASPHYXIATION BY CARSON 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 Part II Enter Other Significant Conditions Contributing to Death But Not Resulting n The Underlying Yes ☐ No re Autopsy Finding Available To Complete The Cause Of Death? Yes □ No

□ Natural □ Homicide ☒ Accident □ Pending Investigation

☐ Yes ☐ Probably ☐ No ☒ Unknown 34, Date Of Injury (Month/Day/Year)

01/20/2018

31. Did Tobacco Use Contribute To Death?

Pregnant At Time Of Death Not Pregnant, But Pregnant Within Not Pregnant, But Pregnant 43 Days To 1 year Before Death

Unknown if Pregnant Within The Past Year 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)

☐ Suicide ☐ Could Not Be Determined

33. Manner Of Death:

37. Injury At Work? ☐ Yes ⊠ No

46409

38. Location Of Injury - State INDIANA 39. Describe How Injury Occurred

THE STATE OF THE S

12:44 AM 38a. City Or Town GARY

4679 DELAWARE STREET

38c. Apt. No. 38d. Zip Code

41. Signature, Of Person Certifying Cause Of Death

40. If Transportation Injury, Specify:

Driver/Operator Passenger Pedestrian Other (Specify)

FEB 22 2018

MERRILEE D. FREY, BY ELECTRONIC SIGNATURE 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:

42. Certifier (Check Only One)
☐ Certifying Physician ☒ Coroner 44. License Numbe

☐ Health Officer 45. Date Certified

MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307 46, Additional Funeral Service Provider

47. *Akas:

02/22/2018

48. Signature of Local Health Officer:

49. For Registrar Only - Date Filed (Month/Day/Year):

REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RESIDENCE

38b. Street & Number

281-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 renain for the WARNING: OF THE STATE OF RODANA OF HAZER THAT WARNING: TURNS FROM ORANGE TO YELLOW WHEN RUBBED, ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA

THE STATE OF
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Local No	8000	23	EDR No 0000	00062332	21	Sta	te No (0039	11	
1. Decedent's Legal Name (First, Mid			1a, Maiden Nan		2. Se		3. Time Of D		4. Date Of	Death (Month/
JO ELLA HUNTER 5. Social Security Number 6a. Age	e - Yrs 6b.	Under 1 Year 6c. Under	SMITH 1 Month 6d, Under 1 Day	6e. Under 1 Hour	7. Date of Birth (N	MALE Month/Day/Yea	01:06			01/20/2018 Foreign Countr
353-23177 8		nths Days	Hours	Minutes	01/01/			VARDS,		
		curred in A Hospital:		10a. If Death Occur Hospice Facility	red Somewhere Oth	er Than A Hos	pital		COLUMN TO SERVICE SERV	
			tpatient Dead on Arrival		267		974	531		
11. Facility Name (If Not Institution, (METHODIST HOSPITAL	S INC.	Number)		EAUR		OL.	生生多			4415
12. City Or Town, State, And Zip Cod	le			13. County O	f Death	25		Marital Statu Married	Married, But	Separated [
GARY, IN, 46402 15. Surviving Spouse's Name			15a. Last Name Before F	LAKE irst Marriage	16. Dec	edent's Usual (Mark Garage	Widowed	2 - 1 1 0 W	Married D U
					SECUI	SITY			CARSO	N PIRIE S
18 Residence - State		18a. County		18b. City Or Town		805089			3/11/00/	A I I I
INDIANA 18c. Street And Number		LAKE		GARY		18d. Apt.	No. I	18e. Zip Co	nde	18f, Inside Cit
4679 DELAWARE STRE	ET					Iou. Apr.			811	⊠ Yes □
19. Decedent's Education			Mispanic Origin	21. De	acedent's Race			4640	J8 <u> </u>	
HIGH SCHOOL GRADU/ COMPLETED		NOT HISP	ANIC OCUI	mentak	1-Sfrican An	nerican			11	
22. Parent's Name (First, Middle, Last)	N	OTOF	23. Parent's Name (Fi	irst, Middle, Last)			23a, Pan	ent's Last N	ame Before Firs
RUTHER SMITH		24a Relatio	enship To Decedent	ANNIE BELLS	(Street And Number	r City State	Zip Code)	FUNC	HES	
JACQUELINE HUNTER		DAUGH	Jocument	is the nr	RDAVENUE	Of	/	3		
	rvice Licensee		L DIRECTORS, 29 URE	59 WEST 11TH	ALTON IN	GARY, IN 27c. License I FD297000	Number (Of I		FH8300	7704
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