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

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.
 - N 2. That forty-five (45 death of the decedents.
- 3. is pending or has been granted in any jurisdiction soft become motated to be filed.
 - the Lake County Recorder! 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 175% 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 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:

SANDERS FIRST SUB. LOT 11

Commonly known as: 4679 Delaware Street, Gary, Indiana 46409

Key No: 45-08-34-127-011.000-004

APR 0.8 2019 That the following list of persons, firms, or corporations are the only creditors JOHN E. PETALAS

040966

LAKE COUNTY AUDITOR

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 decedents' 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 affiaht 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.

Jacqueline Hunter

STATE OF INDIANA

COUNTY OF LAKE

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

5 day of March 2019.

Typed/Printed name of Notary Public

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

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

Local No 800		ERTIFICATE OF EDR No 0000			S4-4- N- 0036	016
. Decedent's Legal Narrie (First, Middle, Last)	024	1a. Maiden Name	(If female)	2. Sex	State No 0039	4 Date Of Death (Month/D
SIAH HUNTER SR				MALE	12:44 AM	01/20/2018
		Month 6d. Under 1 Day	6e. Under 1 Hour 7. (Date of Birth (Month/Day		ity and State or Foreign Country
	Months Days Occurred in A Hospital:	Hours	Minutes 10a. If Death Occurred S	04/11/1932 Somewhere Other Than A	COPIAH C	COUNTY, MS
] Yes ⊠ No □ Unknown □ Inpatien	t 🗵 Emergency Department Out	patient Dead on Arrival	☐ Hospice Facility [☐ Other (Specify)	Decedent's Home	Nursing Home/Long-te	mi Care Facility
1. Facility Name (If Not Institution, Give Street	and Number)		- Carlos (Operaty)			·· · · · · · · · · · · · · · · · · · ·
TETHODIST HOSPITALS INC. 2. City Or Town, State, And Zip Code			13. County Of Des	eth	14. Marital S	tatus At Time Of Death
GARY, IN, 46402			LAKE		Married [Married, But Separated Never Married
5. Surviving Spouse's Name		15a. Last Name Before Fir		16. Decedent's Us		17. Kind Of Business/Indus
OELLA HUNTER		SMITH		CRANE OPE	RATOR	US STEEL
8. Residence - State	18a. County		18b. City Or Town			,
VDIANA 8c. Street And Number	LAKE		GARY	184	Apt. No. 18e. Zig	Code 18/, theige City
				100.		⊠ Yes □
679 DELAWARE STREET	20. Decedent Of	Hispanic Origin	21. Decede	ent's Race		6409
TH - 12TH GRADE; NO DIPLO	MA NOT HISPA	Ne Ocui	nent is	African American		
2. Parent's Name (First, Middle, Last)	NI		23. Parent's Name (First, N			Parent's Last Name Before First
TEVEN HUNTER	11	OI OI	JOSEPHINÉ HUN			SON
4. Informant's Name			24b. Mailing Address (Street Pro			
ACQUELINE HUNTER	DAUGHT	Lake Contact	607 WEST 43RD	AVENUE, GAR	Y, IN 46408	Windows
5a. Method Of Disposition	25b. Place Of Disposition	on (Name Of Cemetery, Crem			And State	
Retpoyal From State		AEMORIAL DARK		ODADE IN		
1 Other (Specify): E Was Coroner Contacted? 27. N	larne And Complete Address Of Fu	MEMORIAL PARK Ineral Facility	IHO	OBART, IN		27a. Funeral Home License
⊠ Yes □ No	& ALLEN FUNERAL	DIRECTORS 295	9 WEST 11TH AV	VENUE GARY	IN 46404	FH83007704
7b. Signature Of Indiana Funeral Service Licens ARMELITA V. PERRY, BY EL	SO: ECTRONIC SIGNATU	IRE		27c. Lice FD297	nse Number (Of Licensee)	
		Cause Of Death (See I	nstructions And Exam	ples)		Approxima Interval: 0
28. Part I. Enter The Chain Of Events - Dis Such As Cardiac Arrest, Respiratory Arrest, A Line, Add Additional Lines If Necessary.	Or Ventricular Fibrillation: With	out Showing The Etiology.	Do Not Abbreviate. Enter	Only One Cause On		To Death
Immediate Cause (Final Disease Or Conditi	on Resulting In Death)	A. ASPHYXIATION BY	CARBON MONOXIDE S	ECONDARY TO A HO	OUSE FIRE	
Sequentially List Conditions If Any Leadin	To The Course Lieted On	B. SUCELL	W. O. O. C.	(Or As A Consequence Oil):		
Sequentially List Conditions, If Any, Leadin- Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last		c 2	Due to	(Or As A Consequence Of):		
			Due to	(Or As A Consequence Of):	/ 	
airt II Enter Other Significant Conditions Contribu		D. The Underlying Cause Giver	In Part 29. 1	Was An Autopsy Perform	ned?	
		Stan NO	MARKET STATE	- /-	Yes Yes	□ No Cause Of Death?
1. Did Tobacco Use Contribute To Death?	32. If Female: Not Pregnant Within Past Year	Pregnant At Time Of Death	Not Pregnant, But Pregnant Within		Manner Of Death:	Accident Periding hyestig
Yes Probably No Stinknown 4. Pate Of Injury (Month/Day(Year))	Not Pregnant, But Pregnant 43 35. Time Of Injury	Days To 1 year Before Death	Unknown if Pregnant Within The Of Injury (E.G., Decedent's	Pest Year	Suicide 🔲 Could Not Be 🛭	etermined
01/20/2018	12:44 AN	i		a rioma, Consucución On	o, Nesiacipit, Wooded Air	Yes 🖾
B. Location Of Injury - State	38a. City Or Town		et & Number		38c. Apt. i	No. 38d. Zip Code
IDIANA	GARY	4679 D	ELAWARE STRE			46409
9. Describe How Injury Occurred				40.	If Transportation Injury, Sp wer/Operator ☐ Passenger ☐ i	ecity: Pedestrian Other (Specify)
1. Signature, Of Person Certifying Cause Cf De	IRTHE SIGNATURE	:		42. Certifier (C	Check Only One) Physician	r □ Health Officer
JEKKITEE DIEKEA WAFIEC	tifying Cause Of Death:			County in g P	44. License Number	45. Date Certified
IERRILEE D. FREY, BY ELEC 3. Name, Address And Zip Code Of Person Cer	OSED AVE CECIMA	POINT, IN 46307			·	02/22/201
3. Name, Address And Zip Code Of Person Cer IERRILEE D. FREY , 2900 W.	SOND. MAE., CHOVAIA				47. *Akas:	in the
3. Name, Addigs and Zip Code Of Person Cer IERRILEE D. FREY, 2900 W. B. Addigonal Funeral Service Provider:	SORD. AVE., OROVVI			40 Car Donishma	Only - Date Filed (Month	
3. Name, Addigs And Zip Code Of Person Cer IERRI, EE D. FREY, 2900 W. 3. Addignal Funeral Service Provider. 3. Signature of Local Health Officer.				40. For Registrar	FFR 22	2018
3. Name, Addigs and Zip Code Of Person Cer IERRILEE D. FREY, 2900 W. B. Addigonal Funeral Service Provider:	ECTRONIC SIGNATUI	RE DMENT TO CERTIFICATE	OF DEATH (ENTRY O		FEB 22	2018
3. Name, Addigs and Zip Code Of Person Cer IERRILEE D. FREY, 2900 W. 3. Addigonal Funeral Service Provider: B. Signature of Local Health Officer: EUBEN C. RUTLAND, VIA ELE ISING IL-Cause A: PENDING INVESTIGATION	ECTRONIC SIGNATUI		OF DEATH (ENTRY O		FEB 22	2018
3. Name, Addigs And Zip Code Of Person Cer IERRILEE D. FREY, 2900 W. B. Addigonal Funeral Service Provider. B. Signature of Local Health Officer. EUBEN C. RUTLAND, VIA ELE	ECTRONIC SIGNATUI		OF DEATH (ENTRY O		FEB 22	2018

State Form 53395 ATTENTION ESTATE: The Social Security # is being inquested by this state agency in order in the proposition and the grant sext of their will be or received that that WARNING: Turks a from orange to yellow when rubeded, original document has a hidden yold on Front that appears when Photocopied.

STATE OF INDIANA

(Fig.)		No.	INIDIANIA	OTATE S-	DADTAGE			- 3	et pilosa			
			CERT	IFICATE OF	PARTMENT DEATH - F	RESUBMI	T					
1, Decedent's Legal Name	cal No 80	0023	EDI	R No 0000	0062332 le (If female)		Sex		0039 Of Death		Death (Month	/Dav/Yea
			SMITH			:06 AM		01/20/2018				
JO ELLA HUNTER 5. Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month									Foreign Count			
***************************************	83	Months	Days	Hours	Minutes	01/01/1935 EDV				DWARDS, MS		
Ever in U.S. Armed Forces? 10. If Death Occurred in A Hospital:				10a. If Death Occurred Somewhere Other Than A Hosp ☐ Hospice Facility ☐ Decedent's Home ☐ No				oital ursing Home/Long-term Care Facility				
☐ Yes ☒ No ☐ Unkr			epartment Outpatient	☐ Dead on Arrival	Other (Specify)							
11. Facility Name (If Not In METHODIST HOS	PITALS INC						0.00				Sh.	
12. City Or Town, State, An	nd Zip Code			13. County Of Death			D IE	14. Marital Status At Time Of Death Married Married, But Separated Divorce Widowed Never Married Unknown				
GARY, IN, 46402			1454	Land Name Bafara 5	LAKE			The same of the sa			Never Married Unknown Kind Of Business/Industry	
15. Surviving Spouse's Nan	ne		15a.	Last Name Before Fi	rst Marnage	16. L	Decedent's Usual Occupation			17. Kina O	t Business/indu	ustry
18. Residence - State		18a	County		18b. City Or Tow		URITY			CARSO	N PIRIE S	COTT
		LAK										
18c. Street And Number		LAN			GARY		18d. A	pt. No.	18e. Zip C	ode	18f, linside C	ity Limits
4679 DELAWARE	STREET			Sale in e			Belga.		464	08	⊠ Yes [□ No
19. Decedent's Education			. Decedent Of Aispan	ic Origin	21. De	ecedent's Race			VI .		4 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
HIGH SCHOOL GI COMPLETED			OT HISPANIC	Jocus	nentack	or African				11/5/		
22. Parent's Name (First, Mi	iddle, Last)		NO	TOF	23. Parent's Name (F	irst, Middle, Last			23a. Pai	rent's Last N	ame Before Fire	st Marriag
RUTHER SMITH 24. Informant's Name			24a, Relationship To	Decedent	ANNIE BELL S	SMITH (Street And Num	where City State	7 7in Cod	FUNC	CHES	-	
JACQUELINE HUN	NTED	1	his Doc DAUGHTER	umenti	is the pr 607 WEST 43	opert	v of					
			the La	ake Gou	e Of Disposition CC	order			900			
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐	Donation Er	The same of the sa	ce Of Disposition (Na	me Of Cemetery, Cre	matory, Other Place)	25c. Location	- City, Town, A	nd State				
Removal From State Other (Specify):		EVER	GREEN MEM	ORIAL PARK		HOBART	IN					
26. Was Coroner Contacted	? 27.		Address Of Funeral F						21112	27a. Funer	al Home Licens	se Numbe
☑ Yes ☐ No			UNERAL DIR	ECTORS, 298	59 WEST 11TH	H AVENUE				FH8300	7704	
27b. Signature Of Indiana F CARMELITA V. PE	uneral Service Lice ERRY , BY E	ensee: LECTRONIC	SIGNATURE				FD2970		(Of Licensee):			
28. Part I. Enter The Ch Such As Cardiac Arrest,	nain Of Events - I	Diseases, Injuries, O	r Complications - Th	at Directly Caused	Instructions And E The Death. Do Not E Do Not Abbreviate	nter Terminal E	vents Cause On				Approxir Interval: To Deati	Onset
A Line. Add Additional L	Lines If Necessar	y.			HILL							
Immediate Cause (Final	Disease Or Cond	dition Resulting In D	eath) A. A.	ASPHYXIATION BY	R S MONOXI	DE POISONINO Due to (Or As A Conse		DUSE FIR	RE			
Sequentially List Conditi	ions, If Any, Lead	ding To The Cause L	isted On B	STO CO		Due to (Or As A Conse	equence Of):	/				
Line A. Enter The Unde The Events Resulting In		lease or injury mai	C	2		Duals (Or to t Ocean						
			D.			Due to (Or As A Conse	equence Oi):					
Part II. Enter Other Significal	nt Conditions Contr	ributing to Death But N	Not Resulting In The U	nderlying Cause Cive	n in Perui	29. Was An Aut	/		⊠ Yes	□ No	72 III	
31. Did Tobacco Use Contri	ibute To Death?	32. If Fema	le:	Thin the	Allinin	30. Were Autop		lanner Of I	complete The Car	use Of Death	1? 🛛 Yes	□ No
Yes Probably		Not Pregn	ant Within Past Year P		Not Pregnant, But Pregna		eath Na	atural 🔲 I	Homicide 🛛 Ad		Pending Invest	tigation
34, Date Of Injury (Month/D		Not Pregn. 35. Time C	ant, But Pregnant 43 Days To Of Injury	A SANCHAL BOOKS AND DESCRIPTION OF THE SANCHAR	Unknown if Pregnant With e Of Injury (E.G., Dece	CONTRACTOR CONTRACTOR AND ADDRESS OF THE PARTY OF THE PAR			Could Not Be Det nt; Wooded Area)		Injury At Work?	?
01/20/2			01:06 AM	RESID							The result in the	₫ No
38. Location Of Injury - Stat	te	38a. City O	r Town	38b. Str	eet & Number	HEELT			38c. Apt. No	. 38d.	Zip Code	1
INDIANA 39. Describe How Injury Oc	curred	GARY		4679 E	ELAWARE) 40 14	Transport	ation Injury Spec	464		
33. Describe now injury Oc	Name of the last o						Drive	er/Operator	ation Injury, Spec Passenger Ped	estrian Othe	r (Specify)	

KENDEN KENDEN KENDEN KENDEN KENDEN PROMININGEN BENDEN KENDEN KEND

41. Signature, Of Person Certifying Cause Of Death:
MERRILEE D. FREY, BY ELECTRONIC SIGNATURE

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:

48. Signature of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE 42. Certifier (Check Only One)
☐ Certifying Physician ☐ Coroner 44. License Number

☐ Health Officer 45. Date Certified 02/22/2018

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

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT

WARNING: TURNS FROM ORANGE TO YELLOW WHEN RUBBED, ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA