

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

RE: JOELLA 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 has been prepared to be filed.

4. That the following named persons are the heirs of the decedents:

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

Theresa R. Hunter-Daniels: Daughter  
4950 NW 15<sup>th</sup> 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 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

**FILED**

APR 08 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

040966



2019 0206 25

MICHAEL B. BOYAN  
RECORDER

2019 APR -8 PM 3:11

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

ck. 25-1  
4574  
D

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:

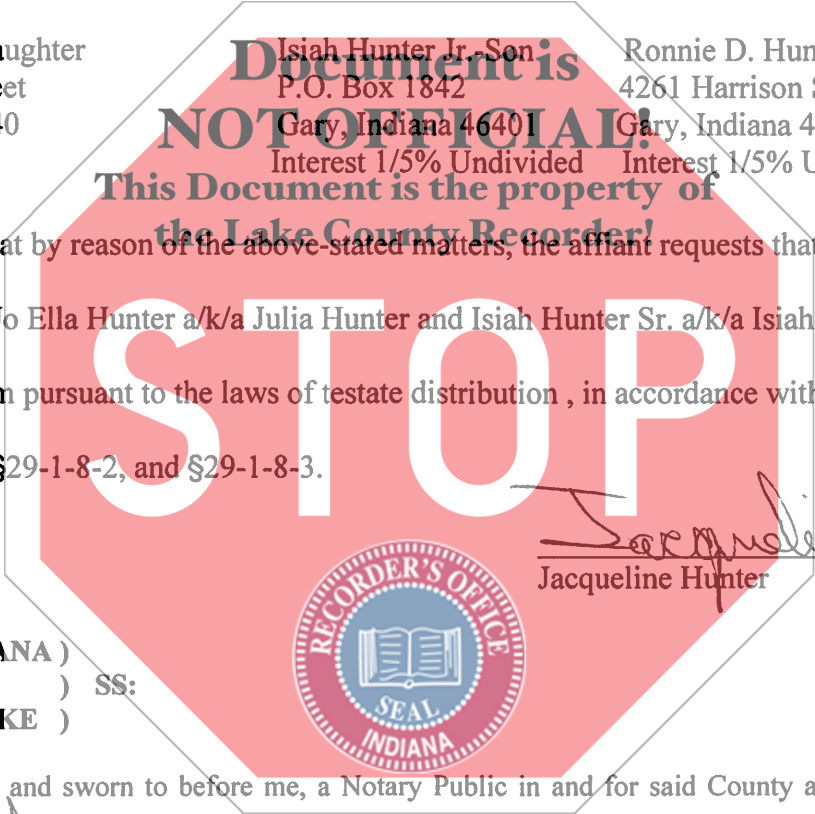
Jacqueline Hunter: Daughter  
607 W. 43<sup>rd</sup> Avenue  
Gary, Indiana 46408  
Interest 1/5% Undivided

Theresa R. Hunter-Daniels: Daughter  
4950 NW 15<sup>th</sup> 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.

*Jacqueline Hunter*  
Jacqueline Hunter

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

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



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) <b>ISIAH HUNTER SR</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>12:44 AM</b>	4. Date Of Death (Month/Day/Year) <b>01/20/2018</b>	
5. Social Security Number		6a. Age - Yrs <b>85</b>	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) <b>04/11/1932</b>		8. Birthplace (City and State or Foreign Country) <b>COPIAH COUNTY, MS</b>
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) <b>METHODIST HOSPITALS INC.</b>									
12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</b>					13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>JOELLA HUNTER</b>				15a. Last Name Before First Marriage <b>SMITH</b>		16. Decedent's Usual Occupation <b>CRANE OPERATOR</b>		17. Kind Of Business/Industry <b>US STEEL</b>	
18a. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>			18c. Street And Number <b>4679 DELAWARE STREET</b>	18d. Apt. No.
18e. Zip Code <b>46409</b>			18f. In the City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>	20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>		
22. Parent's Name (First, Middle, Last) <b>STEVEN HUNTER</b>				23. Parent's Name (First, Middle, Last) <b>JOSEPHINE HUNTER</b>			23a. Parent's Last Name Before First Marriage <b>WILSON</b>		
24. Informant's Name <b>JACQUELINE HUNTER</b>				24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>607 WEST 43RD AVENUE, GARY, IN 46408</b>			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>EVERGREEN MEMORIAL PARK</b>			25c. Location - City, Town, And State <b>HOBART, IN</b>				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>					27a. Funeral Home License Number: <b>FH83007704</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD29700070</b>			
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. <b>ASPHYXIATION BY CARBON MONOXIDE SECONDARY TO A HOUSE FIRE</b> 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. _____									Approximate Interval: Onset To Death
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. Date Of Injury (Month/Day/Year) <b>01/20/2018</b>		35. Time Of Injury <b>12:44 AM</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>RESIDENCE</b>			38. City Or Town <b>GARY</b>		
38a. Location Of Injury - State <b>INDIANA</b>		38b. Street & Number <b>4679 DELAWARE STREET</b>			38c. Apt. No.		38d. Zip Code <b>46409</b>		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			45. Date Certified <b>02/22/2018</b>
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307</b>						44. License Number		47. *Akas:	
48. Signature Of Local Health Officer: <b>REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 22 2018</b>			
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									
30. NO 28. Cause A: PENDING INVESTIGATION 45: 1/24/2018 12:00:00 AM 33: PENDING INVESTIGATION 49: 01/25/2018									



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), 6b. Under 1 Year, 6c. Under 1 Month, 6d. Under 1 Day, 6e. Under 1 Hour, 7. Date of Birth (01/01/1935), 8. Birthplace (EDWARDS, MS), 9. Ever in U.S. Armed Forces?, 10. If Death Occurred In A Hospital, 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, 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?, 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?, 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. Cause Of Death: ASPHYXIATION BY CARBON MONOXIDE POISONING FROM A HOUSE FIRE. 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: 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, Accident, Pending Investigation, Suicide, Could Not Be Determined, 34. Date Of Injury (01/20/2018), 35. Time Of Injury (01:06 AM), 36. Place Of Injury (RESIDENCE), 37. Injury At Work?, 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, 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)



VOID IF ALTERED OR ERASED