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

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, Husband and Wife died intestate on January 20, 2018, whiledomiciled 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 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. Sox 1842 Gary, Indiana 46401 Interest 175% Undivided Ronnie D. Hunter Son 3
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:

FILED

KELLEY GLOVER VALE PARKSIDE ADD. ALL. L. 19 & L. 20 BL.4 Commonly known as: 3564 Harrison Street, Gary, Indiana 46409 Key No: 45-08-21-379-021.000-004

APR 03 2019 That the following list of persons, firms, or corporations are the only creditors

JOHN E. PETALAS LAKE COUNTY AUDITOR ok. 4574

040967

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 46401 A Gary, Indiana 46408 Interest Interest 1/5% Undivided Interest 1/5% Undivided

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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.

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 15 day of March 2019.

SS:

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

Notary Public
Seg!
Porter County, State of Indiana
Commission # 658939
Commission expires 10/5/22

Robert L. Lewis

INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH - RESUBMIT** Local No 800024 EDR No 000000623332 State No 003916 1 Decedent's Legal Name (First Middle Las 4. Date Of Death (Month/Day/Year) ISIAH HUNTER SR 12:44 AM 01/20/2018 MALE 5. Social Security Number | 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month 6e. Under 1 Hour 6d. Under 1 Day 7. Date of Birth (Month/Day/Year) 8. Birthplace (City and State or Foreign Country) 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 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 16. Decedent's Usual Occupation JOELLA HUNTER SMITH CRANE OPERATOR US STEEL 18a. County 18b. City Or Town INDIANA LAKE GARY 18c. Street And Number 18d. Apt. No 18e. Zip Code 18f. Inside City Limits? ☑ 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 24. Informant's Name JACQUELINE HUNTER 25a. Method Of Disposition Buria ☐ Cremation ☐ Donation ☐ Entomb Removal From State Other (Specify): 26. Was Coroner Contacted? EVERGREEN MEMORIAL PARK HOBART, IN 27a. Funeral Home License Number: ☑ Yes ☐ No GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404 27b. Signature Of Indiana Funeral Servi CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE FD29700070 Cause Of Death (See Instructions And Examples) Approximate Interval: Onset plications - That Directly Caused The Beath. Do Not Enter Terminal Events on Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On 28. Part I. Enter The <u>Chain Of Events</u> - Diseases, <u>Injuries</u>, Or Complication of Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation of A Line. Add Additional Lines If Necessary. To Death 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 in The Underlying X Yes Were Autopsy Finding Available To Complete The Cause Of Death? 31. Did Tobacco Use Contribute To Death? 33. Manner Of Death:

Not Pregnant Within Past Year ☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation Pregnant At Time Of Death Not Pregnant, But Pregn ☐ 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 34, Date Of Injury (Month/Day/Year) 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 37. Injury At Work?

☐ Yes 01/20/2018 12:44 AM RESIDENCE 38! Location Of Injury - State 38a. City Or Town 38c. Apt. No. 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 Deatl 42. Certifier (Check Only One)
☐ Certifying Physician ☐ Coroner MERRILEE D. FREY, BY ELECTRONIC SIGNATURE ☐ 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:

48. Signature of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): FEB 22 2018

☐ No

☑ Yes ☐ No

⊠ No

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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

SEX. (avoil pile Avuitatian I of a translable sex and a sex a sex

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 panally for pursue with the Security PAPER AND THE GREAT SEAL OF THE STATE OF RODANA ON BACK THAT WARRENGE TURNS FROM ORANGE TO YELLOW WHEN RUBBED, ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA

Loca	No 80002	23	EDR No 00	0000623	321		te No 0039	911 4. Date Of Death (Month/Day 2
Decedent's Legal Name (F JO ELLA HUNTER	ii st, Middle, Last)		SMITH	Name (If female)		Sex 3	01:06 AM	01/20/	
5. Social Security Number		nder 1 Year 6c. Under 1	Month 6d. Under 1 D				r) 8. Birthplace (Ci	ty and State or Foreign	
9. Ever in U.S. Armed Forces	83 Month ? 10. If Death Occu	MUNICIPAL CONTRACTOR OF THE STREET, ST	Hours	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ccurred Somewhere				
☐ Yes ☒ No ☐ Unkno			patient 🔲 Dead on A	rrival Hospice Fac	AND THE RESERVE OF THE PARTY OF	nt's Home	lursing Home/Long-ter	rm Care Facility	
11. Facility Name (If Not Insti METHODIST HOSP	PITALS INC.	umber)		142.0	nty Of Death	<u> </u>	TAZ Mazial St	atus At Time Of Death	-
12. City Or Town, State, And	Zip Code				ity Or Death	ARR	☐ Married [Married, But Separal	
GARY, IN, 46402 15. Surviving Spouse's Name			15a. Last Name Bef	LAKE fore First Marriage	16.	Decedent's Usual (17. Kind Of Busine	and the same
18, Residence - State		18a. County		18b. City Or		URITY		CARSON PIR	IE SCO
INDIANA		LAKE		GARY	Town				
18c. Street And Number						18d. Apt.	No. 18e. Zip		side City Lim
4679 DELAWARE S	TREET	20. Decedent Of	Mispanic Origin	21	. Decedent's Race	BS 24 X B	46	408	res 🔲 No
HIGH SCHOOL GR. COMPLETED		NOT HISPA	Doci	ımen	ek African				
22. Parent's Name (First, Midd	fle, Last)	NI	OTO	23. Parent's Nam	ne (First, Middle, Las	0		Parent's Last Name Bef	ore First Man
RUTHER SMITH 24. Informant's Name		24a, Relation	nship To Decedent	ANNIE-BEL 24b. Mailing Add	L-SMITH ress (Street And Nu	mber, City, State, 2	Zip Code)	ICHES	
JACQUELINE HUN	TER	DAUGH		607 WEST	43RD AVEN		N 46408		
CARMELITA V. PER 28. Part I. Enter The Chai Such As Cardiac Arrest, R A Line. Add Additional Lir Immediate Cause (Final D Sequentially List Condition Line A. Enter The Underly The Events Resulting In D	n Of Events - Disease Respiratory Arrest, Or V nes If Necessary. Disease Or Condition Romans, If Any, Leading To ying Cause (Disease O	s, Injuries, Or Complication with centricular Fibrillation With esulting In Death) The Cause Listed On	Cause Of Death ns - That Directly Cau out Showing The Etio A. ASPHYXIATIO B. C.	(See Instructions Ar used The Death- De N logy. Do Not Abbrevia N. RY CARBON MON	ot Enter Terminal te. Enter Only One	G FROM A HOUSequence On:	SE FIRE	Int	proximate erval: Onse Death
Part II Enter Other Significant	Conditions Contributing	o Death But Not Resulting I	D	OVER IN PART		itopsy Performed?		□ No Cause Of Death?	Yes □ N
31. Did Tobacco Use Contribu		32. If Female: Not Pregnant Within Past Year	Pregnant At Time Of D	leath Not Pregnant, But P	regnant Within 42 Days Of		ner Of Death:	Accident Pending	
Yes Probably No.		Not Pregnant, But Pregnant 43 35. Time Of Injury		Unknown if Pregnar Place Of Injury (E.G., D			de Could Not Be Destaurant, Wooded Are	ea) 37, Injury At	
01/20/20 38. Location Of Injury - State		01:06 Al		SIDENCE b. Street & Number		100	38c. Apt. I	☐ Yes	⊠ No de
INDIANA		GARY		79 DELAWARE				46409	
39. Describe How Injury Occu	ırred		11221			40. If Tra	ansportation Injury, Sp perator Passenger I	ecify: Pedestrian Other (Specify)	
41. Signature, Of Person Cer MERRILEE D. FRE	Y, BY ELECTRO	ONIC SIGNATURE				2. Certifier (Check	ician 🛛 Corone		
43. Name, Address And Zip C			L DOINT IN 40	207		44.	License Number	45. Date Ce	
MERRILEE D. FRE' 46. Additional Funeral Service		KD. AVE., CROWN	1 POINT, IN 46	307		47	. *Akas:	02/2	2/2018
		RONIC SIGNATU	RE		49.	For Registrar Only	y - Date Filed (Month		
48. Signature of Local Health				ICATE OF DEATH (E	NTRY OR ORIGIN	IAL)			
48. Signature of Local Health REUBEN C. RUTLA	WD, VIA ELECT	AMEN							