

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, while domiciled 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, 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-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:

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

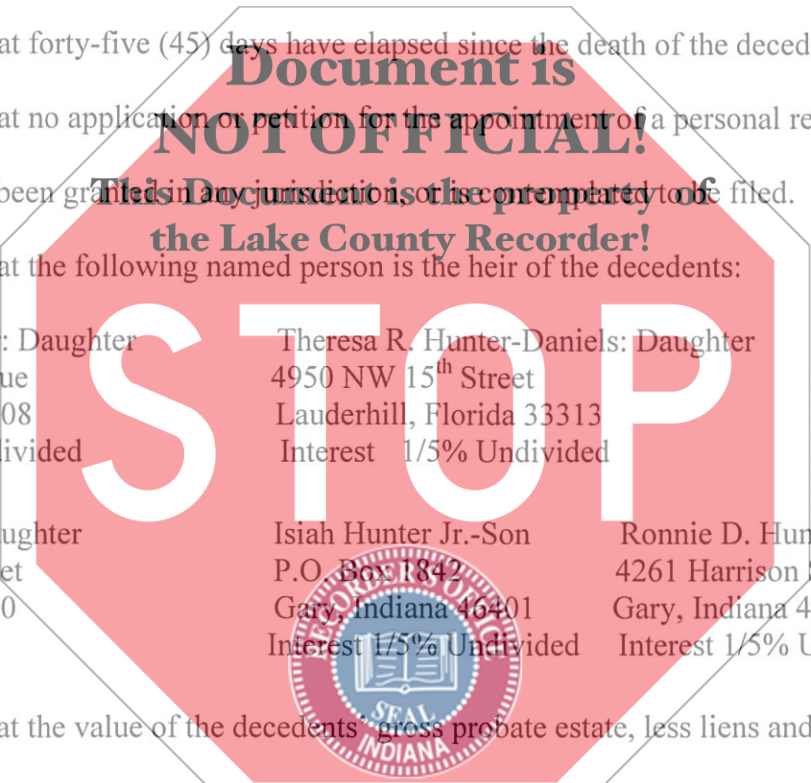
FILED

APR 08 2019 That the following list of persons, firms, or corporations are the only creditors

JOHN E. PETALAS
LAKE COUNTY AUDITOR

040967

4



2019 APR 02 06 25

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MICHAEL B. BRUMBAUGH
 RECORDER
 2019 APR - 8 PM 3:14

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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

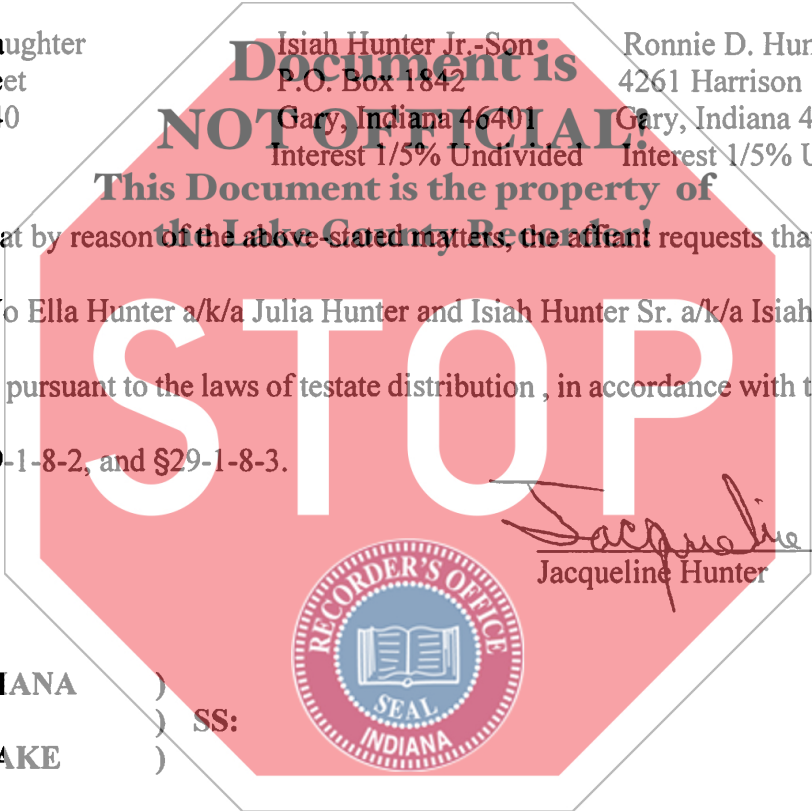
Theresa R. Hunter-Daniels: Daughter
4950 NW 15th Street
Lauderhill, Florida 33313
Interest 1/5% Undivided

JoAnn Hoskin-Daughter
4044 Lincoln Street
Gary, Indiana 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
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.



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

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



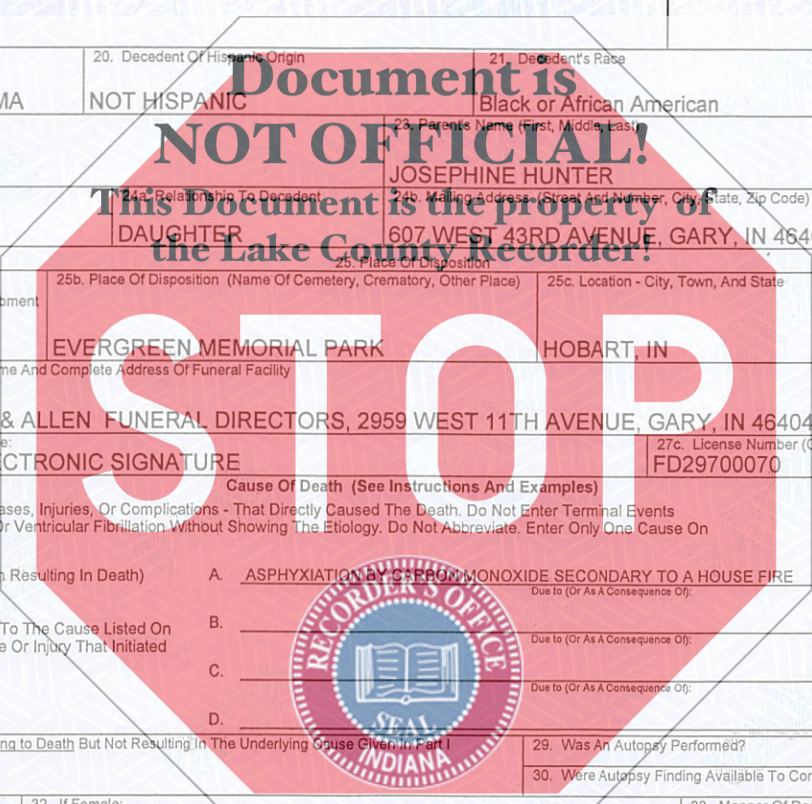
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 800024

EDR No 000000623332

State No 003916

Form fields including: 1. Decedent's Legal Name (ISIAH HUNTER SR), 2. Sex (MALE), 3. Time Of Death (12:44 AM), 4. Date Of Death (01/20/2018), 5. Social Security Number, 6a. Age - Yrs (85), 7. Date of Birth (04/11/1932), 8. Birthplace (COPIAH COUNTY, MS), 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 (Married), 15. Surviving Spouse's Name (JOELLA HUNTER), 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? (Yes), 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 (STEVEN HUNTER), 23. Parents Name (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 (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? (Yes), 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 (FD29700070), 28. Part I. Enter The Chain Of Events (Cause of Death: ASPHYXIATION BY CARBON MONOXIDE SECONDARY TO A HOUSE FIRE), 29. Was An Autopsy Performed? (Yes), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (Yes), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Accident), 34. Date Of Injury (01/20/2018), 35. Time Of Injury (12:44 AM), 36. Place Of Injury (RESIDENCE), 37. Injury At Work? (No), 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: (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (MERRILEE D. FREY, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Coroner), 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 (FEB 22 2018)



VOID IF ALTERED OR ERASED

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



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), 7. Date of Birth (01/01/1935), 8. Birthplace (EDWARDS, MS), 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 (Widowed), 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? (Yes), 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? (Yes), 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 (Cause Of Death: ASPHYXIATION BY CARBON MONOXIDE POISONING FROM A HOUSE FIRE), 29. Was An Autopsy Performed? (Yes), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (Yes), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Accident), 34. Date Of Injury (01/20/2018), 35. Time Of Injury (01:06 AM), 36. Place Of Injury (RESIDENCE), 37. Injury At Work? (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), 41. Signature, Of Person Certifying Cause Of Death (MERRILEE D. FREY, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician, Coroner), 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