

STATE OF INDIANA)
) SS: IN RE: HATTIE ISHMON, Deceased
COUNTY OF LAKE) And ~~4140~~ 4240 W. 21st Place, Gary, IN

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY
WITHOUT THE NEED TO OPEN AN ESTATE**

The undersigned, upon personal knowledge and belief, makes these statements under the requirements of I.C. 29-1-8, et seq.:

1. Hattie Ishmon died intestate Dec. 22, 2003 while domiciled in Lake County, Indiana.
2. She had been preceded in death by her husband, Dan Leon Ishmon, who died intestate on Nov. 7, 2000, while domiciled in Lake County, Indiana.
3. Together they had owned, as tenants in the entirety, property at 4240 W. 21st Place in Gary, IN.
4. The value of Hattie Ishmon's gross probate estate, did not exceed \$50,000.00 as provided under I.C. 29-1-8-3, allowing for the costs and encumbrances of administration and reasonable funeral expenses.
5. More than 45 days have passed since Decedent's death. (Certificate attached).

FILED

MAY 20 2019

Page 1 of 4

JOHN E. PETALAS
LAKE COUNTY AUDITOR

001868

2019 029829

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL D. BROWN
RECORDER
2019 MAY 20 AM 11:41



\$ 25.00
[Handwritten signature]

6. No petition for the appointment of personal representative for the Decedent has been granted and none is contemplated.

7. That among Decedent's probate assets is a parcel of real estate which was owned by the Decedent, located in Gary, Indiana, and more particularly described as Parcel Key# 45-08-18-126-018.000-004, with a legal description of :

Lot 18, Block 2, as marked and laid down on the recorded plat of Tarrytown Second Subdivision in the City of Gary, Lake County, IN as the same appears of record in Plat Book 30, page 86 in the Lake County Recorder's Office.

Commonly known as 4240 W. 21st Place, Gary, IN, in Lake County, IN.

8. That the undersigned has notified the other heirs of Dan and Hattie Ishmon of his intention to present this affidavit under I.C. 29-1-8, et. seq.

9. That the claimant is entitled to delivery or payment of the property on behalf of each person identified in the affidavit.

10. The name and address of each heir that is entitled to a share of the property is as follows:

A. Daniel Ishmon, a son, 1029 Ames St., Hammond, IN 46320.
Entitled to an undivided one-fifth (1/5).

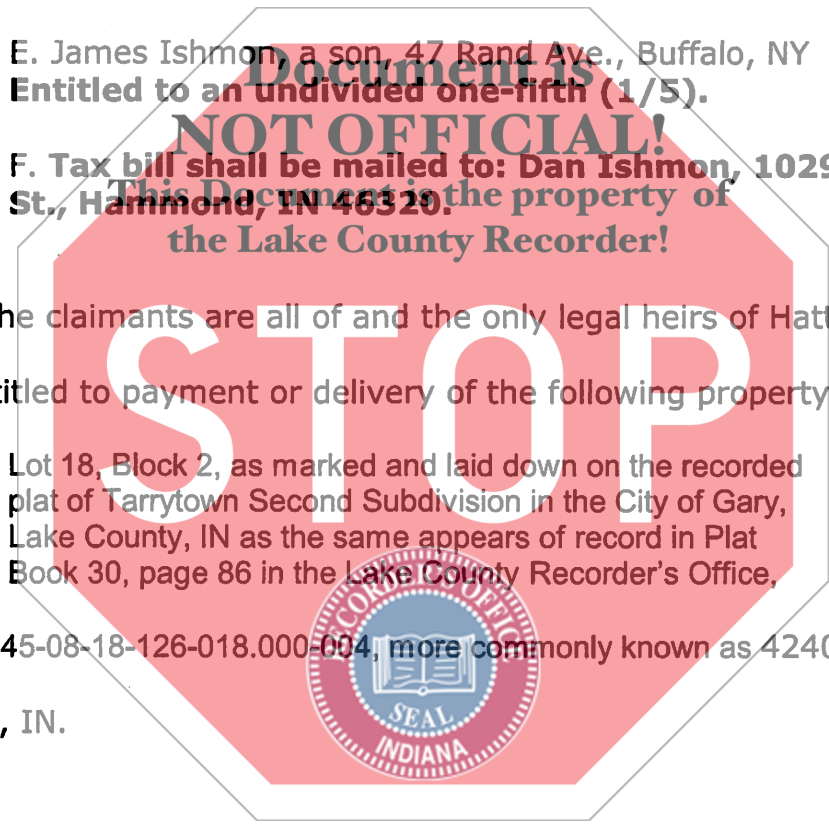
B. Constance Rayburn, a daughter, 2539 Gilpin St., Denver, CO. 80205, **Entitled to an undivided one-fifth (1/5).**

C. Ruben Ishmon, a son, 16608 Flopilla Way, Woodbridge, VA. 32191, **Entitled to an undivided one-fifth (1/5).**

D. Dwight Ishmon, a son, 876 South Cambers Road, Apt. 207, Aurora, CO., 80017, **Entitled to an undivided one-fifth (1/5).**

E. James Ishmon, a son, 47 Rand Ave., Buffalo, NY 14216, **Entitled to an undivided one-fifth (1/5).**

F. **Tax bill shall be mailed to: Dan Ishmon, 1029 Ames St., Hammond, IN 46320.**



11. The claimants are all of and the only legal heirs of Hattie Ishmon and are entitled to payment or delivery of the following property:

Lot 18, Block 2, as marked and laid down on the recorded plat of Tarrytown Second Subdivision in the City of Gary, Lake County, IN as the same appears of record in Plat Book 30, page 86 in the Lake County Recorder's Office,

Parcel key # 45-08-18-126-018.000-004, more commonly known as 4240 W. 21st Place, Gary, IN.

That further, affiant sayeth Not.

5/16/19
DATE


AFFIANT
DAN ISHMON

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to me, a Notary Public, this 17th day

of May, 2019.

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

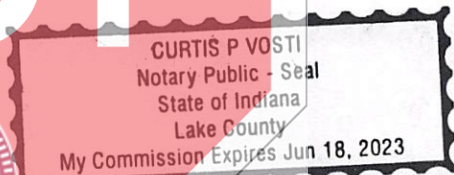
My Commission expires June 18, 2023

Resident of Lake County, Indiana

CURTIS P. VOSTI
NOTARY'S PRINTED SIGNATURE



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW!"
PREPARED BY: [Signature]



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 3099-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

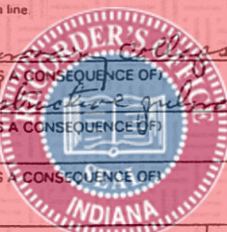
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Hattie Ishmon		2 SEX Female	3a TIME OF DEATH 2:10P M	3b DATE OF DEATH (Month, Day, Year) December 22, 2003	
4 *SOCIAL SECURITY NUMBER XXXXXXXXXX	5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Aug. 20, 1927	
7 BIRTHPLACE (City and State or Foreign Country) Mound Bayou, MS	8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) Munster Med Inn		9c CITY, TOWN, OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widow	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 4240 West 21st Place		
13e ZIP CODE 46404	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) BLK	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) James Idleburg			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Isabell Moore Idleburg		20a INFORMANT'S NAME (Type/Print) Dan Ishmon, Jr.			
20b MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1029 Ames St., Hammond, IN 46320		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 29, 2003-Ridgeland		21c LOCATION—City or Town, State Gary, IN	
22a EMBALMER'S NAME Paul Anthony Robinson		22b EMBALMER'S LICENSE NO. 1017284	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Paul Anthony Robinson</i>		24b LICENSE NUMBER (of Licensee) 1017284	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME HOUSE OF ROBINSON # 19500007 1900 W. 15th Ave., Gary, IN 4640		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Cardiomyopathy, Collapse</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Chronic obstructive pulmonary Disease</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Hypertensive cardiovascular Disease</i> DUE TO (OR AS A CONSEQUENCE OF) d.		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT JAN 14 2019			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Hypertensive cardiovascular Disease</i>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	28a WAS AN AGENCY AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>W. H. Hehemann MD</i>		29c MEDICAL LICENSE NO. 010 20248	29d DATE SIGNED (Month, Day, Year) NOT VALID UNLESS		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) W. H. HEHEMANN, MD. 7905 CALUMET AVE MUNSTER, IN 46321					
31 HEALTH OFFICER'S SIGNATURE <i>Susan J. But D.O.</i>			32 DATE FILED (Month, Day, Year) December 31, 2003		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



RAISED SEAL AFFIXED

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 00 0825

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) DAN LEON ISHMON		2. SEX MALE	3a. TIME OF DEATH 1:00 AM	3b. DATE OF DEATH (Month, Day, Yr.) November 7, 2000
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Dec. 18, 1919
7. BIRTHPLACE (City and State or Foreign Country) Mound Bayou, MS	8a. WAS DECEASENT A U.S. VETERAN? YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DGA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) 4240 West 21st Place	9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Hattie Idleburg	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Labor
12b. KIND OF BUSINESS/INDUSTRY US Steel-Gary Wor		

13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 4240 W. 21st Place
13e. ZIP CODE 46406	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) BLK	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 	

PARENTS

18. FATHER'S NAME (First, Middle, Last) Dan Ishmon	19. MOTHER'S NAME (First, Middle, Maiden Surname) Annie (unavailable) Ishmon
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) Hattie Ishmon	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4240 W. 21st Pl. Gary, IN 46406	20c. Relationship Wife
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DISPOSITION

21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Nov. 11, 2000-Ridgelawn Cem. Griffith, IN	21c. LOCATION—City or Town, State Griffith, IN
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CAUSE OF DEATH

22a. EMBALMER'S NAME Paul Anthony Robinson	22b. EMBALMER'S LICENSE NO. 1017284	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Paul Anthony Robinson</i>	24b. LICENSE NUMBER (of Licensee) 1017284	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME HOUSE OF ROBINSON # 19500007 1900 W. 15th Ave., Gary, IN 46406

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. CARDIOPULMONARY ARREST METASTATIC COLON CARCINOMA WITH LIVER INVOLVEMENT	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF) b. METASTATIC COLON CARCINOMA WITH LIVER INVOLVEMENT DUE TO (OR AS A CONSEQUENCE OF) c. LIVER INVOLVEMENT DUE TO (OR AS A CONSEQUENCE OF) d.	

PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I.	27. WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
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CERTIFIER

29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.	29b. SIGNATURE AND TITLE OF CERTIFIER SERGE DAUPHIN M.D.	29c. MEDICAL LICENSE NO. 01044748	29d. DATE SIGNED (Month, Day, Year) NOV 21 2000
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HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SERGE DAUPHIN M.D. 3229 BROADWAY STE 205 GARY, IN 46409	31. HEALTH OFFICER'S SIGNATURE <i>Serge Dauphin M.D. M.P.H.</i>	32. DATE FILED (Month, Day, Year) NOV 21 2000
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33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.
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WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT WILL BECOME VISIBLE WHEN PHOTOCOPIED. STATE OF INDIANA