2019-082147

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN

2019 Nov 27

4:08 PM

RECORDER

STATE OF INDIANA)							
)	SS:	IN RE: OZZIE LEE JONES, DECEDENT					
COUNTY OF LAKE)		ALSO KNOWN AS OZZIE L. JONES A					
			OZZIE JONES					

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- 1. That the above-named decedent died intestate on August 4, 2010, while domiciled in Gary, Indiana. (Exhibit A)
 - 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 furisdiction, or is contemplated to be filed. the Lake County Recorder!
 - 4. That the following named persons is the only heir of the decedent:
- Johnnie Fay Jones, 421 Ellsworth Street, Gary, Indiana 46404. a.
- 5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under I.C. 29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.
- 6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

LOT TWENTY-NINE (29) AND THE NORTH THIRTEEN (13') FEET OF LOT THIRTY (30), BLOCK ELEVEN (11), RESUBDIVISION GARY LAND COMPANY'S SIXTH SUBDIVISION, IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 14, PAGE 21, LAKE COUNTY, **INDIANA**

Commonly known as: 421 ELLSWORTH STREET, GARY INDIANA Key No: 45-08-05-183-008.000-004

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same

1

is known to the affiant: NONE.

053991

NOV **2** 7 2019

FILED

25-

- 8. That the individuals entitled to the real estate as a result of the decedent's death are:
- b. Johnnie Fay Jones, 421 Ellsworth Street, Gary, Indiana 46404, undivided share
 - 9. The individual named as heir will receive the property fee simple.
- 10. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of OZZIE LEE JONES, ALSO KNOWN AS OZZIE L. JONES AND OZZIE JONES be transferred to:
- c. Johnnie Fay Jones, 421 Ellsworth Street, Gary, Indiana 46404, undivided share pursuant to the laws of intestate distribution, in accordance with the provisions of I.C. 29-1-8-1, 29-1-8-2, and 29-1-8-3.

This Document is the property of the Lake Columbic Reconst Affiant

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY:

Johnnie Fay Jones, Afrant

ZZIE JONES

STATE OF <u>Indiana</u>

COUNTY OF Lake

October

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Johnnie Fay Joney, who acknowledged the execution of this Affidavit on

SEAL My Commission Number: 711406
My Commission Expires March 12, 2

Notary Public Residing In Lake County,

RE: OZZIE LEE JONES, DECEDENT

ESO KNOWN AS OZZIE L. JONES AND

My Commission Expires:

March 12, 2026

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 1892	<u> </u>)					St	ate No			
1. Decedent's Legal Name (First, Middle, Last). OZZIE LEE JONES			1a. Maiden Last Name (If Female)			Mate 3. Tim		4. Date Of Death (Month/Day/Ye 50 pm August 4, 201		eath (Month/Day/Year)	
74 Month		6c. Under 1 Month Days	6d. Under 1 Day	6e. Under 1 Hour Minutes	Octo	ber 14, 19	935	8. Birthplace (City And State Or Foreign Country) Shiloh, Georgia			
Contraction of the contraction o	rred In A Hospital Emergency Depar ber)	tment Outpatient 🔲 [Dead On Arrival	10a. If Death Occurred S		HALLAN ARGERISA NA MENDANINI MANGOT		erm Care Facility	☐ Other (Spec	ify)	
Methodist l	Hospita	1 Southla	ake	13. County Of D	leath			14 Marital State	s At Time Of De	ath	
Merrillville, Indiana			Lake				2	XX Married Married, But Separated Divorced Widowed Never Married Unknown			
And the same of th			Freeman Correct:			nal Offi	icer	Westville Correctional Center			
18. Residence - State Indiana	18a. (Lake		18b. City Or Town	ary						
	lsworth	Street)ocu	ment	is	18d. Apt.	. No.	18e. Zip	46404	18t. Inside City Limits?	
19. Decedent's Education 12th Grade	20	Decedent Of Hispan	C Origin	FIFT (C)	Blace	ck					
22. Father's Name (First, Middle, Last) Horace Jones	T	his Doc	ument	23. Mother's Name (Firs	.,,	,		23a.	Melson		
Johnnie Fay Jones		the Wife	ake Co	unty Fies	worth	Street	Gar	y, Indi	ana 46	404	
25a. Method Of Disposition. X Bdfial	Aug Ev	ust 10, ergreen	Cemetery, Crematory 2010 Cemetery		Н	obart,	State Endia	ana			
26. Was Coroner Contacted? 27. Name Ar	2959			irectors, e Gary, In	inc diana	46404				1 Home License Number:	
7b. Signature Of Indiana Funeral Service Licensee:						27c. License #087002		Of Licensee):			
28. Part I. Enter The Chain Of Events—Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition R	(entricular Fibri	Complications—Thillation Without Sho	nat Directly Cause wing The Etiolog	of The Creations And in The Creation Do Not Experience.	Enter Termin Enter Only (one Cause On Consequence Of	COLINITA	THE ARON	ARTMENT	Approximate Interval: Onset To Death AND COAPLIE	
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C The Events Resulting In Death) Last			THE STATE OF THE S	SEAL VOIANA LULIUM	Due To (Or As A		1 <u>2</u>	AUG	16 201		
Part II. Enter Other Significant Conditions Contributing To ARDIAC APPHY 31. Did Tobacco Use Contribute To Death?			ing Cause Given in F	_	/	opsy Findings Avail	able To Co		0 se Of Death?	Yes Alo	
31. Did Tobacco Use Contribute To Death?	☐ Not Pregnant	Within Past Year Preg		Not Pregnant, But Pregnant Wi		Death Natur		eath: nide	-Pending-Investigat	on	
34. Date Of Injury (Month/Day/Year)	35. Time Of In	ijury	36. PI	ace Of Injury (E.G., Decede	ent's Home, Co					Injury At Work?	
38. Location Of Injury - State	38a. City Or To	own	38b. 5	Street & Number				38c. Apt. 1	lo. 38d. 2	ip Code	
39 Describe How Injury Occurred							1	tation Injury, Spe		her (Specify)	
41. Signature, Of Person Certifying Cause Of Death:	o				1 .	2. Certifier (Check of Certifying Physi		oroner Healt	h Officer		
43. Name, Address And Zip Code Of Person Certif Additional Funeral Service Provider:		Death:	205,1	1UNSTER	, IN	46321	14. Licens 29 17. *Akas:	Number 770	45. Date	4/10	
48. Signature of Local Health Officer:					Γ.	9. For Registrar O		Filed (Month/Da	y/Year):		
Susan W Big 7	<u>د</u>	<i>Jan.</i>			\downarrow	MAN	太	10,	JOIO		