SMALL ESTATE AFFIDAVIT

STATE OF INDIANA COUNTY OF LAKE

- I, Luella Thomas, being first duly sworn upon my oath, states:
- 1. I live at 2050-58 Rhode Island Street, Gary, Indiana 46407.
- 2. James W. Thomas and I were married on August 28, 1995.
- 3. My husband, James W. Thomas, was the owner of a home located at 2050-58 Rhode Island Street, Gary, Indiana 46407 that is more particularly described as follows:

Lot 11 and Lot 12, and the South 0.31 feet of Lot 13 in Block 5 in Wilson Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 19 page 1, in the Office of the Recorder of Lake County, Indiana.

Tax I.D. No.: 45-08-10-455-017.000-004

- 4. My husband, James W. Thomas, died on July 25, 2011, and I have attached a copy of his death certificate which is marked as Exhibit "A".
- 5. I was legally married to my husband, James W. Thomas, until his death and I was his only heir.
- 6. That the value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed the sum of \$50,000.00.
- 7. That all debts, funeral expenses and expenses of James' last illness have been fully paid and satisfied. The gross value of their estates including all jointly held property was an amount that was not subject to federal estate tax.
 - 8. That at least forty-five (45) days have elapsed since his death.
- 9. That no application or petition for appointment of personal representative is pending or has been granted in any jurisdiction.

to change the favorecords and to show that title to the above described real estate in the name of James W. Thomas be transferred to the Affiant, Luella Thomas LED

054134

OCT 14 2020

JOHN E. PETALAS AKE COUNTY AUDITOR

state of Indiana)
COUNTY OF Lake SS:
COUNTY OF LOVE)
, i d l do
Before me, a Notary Public in and for said County and State, this 177 day of 2000,
Grantor acknowledged the
execution of the foregoing or attached Quitclaim Deed, as his/her voluntary act of the
purposes stated therein.
Witness my hand and Notarial Seal this
2020.
$\overline{}$
My Commission Expires: Signature
Notary Dublic
Printed County, Indiana MARY K TONG Residing in County, Indiana
MARY K LONG Seal
Notery Public > State of Indiana
My Commission Expires Apr 3, 2024 This Document is the property of
01437
This instrument prepared by MARK A. PSIMOS, 9219 Broadway, Merrillville, Indiana, Attorney at Law
No legal opinion given or rendered
MAIL TAX STATEMENTS TO: 64591 GAM IN 46401
Grantee's Name: Luci ATHOMAS Grantee(s)' Address:
2050-58 RHUDE I SAND ST. GAM, IN 4640-
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.
each oocial decunty flumber in this document, driess required by law.
an donne
MARK A. PSIMOS, ATTORNEY AT LAW
Maria
WALL AND THE STATE OF THE STATE

FURTHER AFFIANT SAYETH NOT THIS 14th DAY OF OCTOBER 2020.
LUELLA THOMAS, Affiant
EXECUTED AND DELIVERED in my presence:
Witness Signature Tudy AND Education
Witness' Printed Name NOT OFFICIAL!
STATE OF Tonis Document is the property of
COUNTY OF the Lake County Recorder!
Before me, a Notary Public in and for said County and State, personally appeared
20 <u>0U</u> .
My Commission Expires: Signature, Notary Public
Residing in County, Indiana
MARY K'LONG Seal Notary Public - State of Indiana Lette County My Commission Expires Apr 3, 2024 CMSN# 68143

THE STATE OF

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	002274	ED	DR No 000000211072			State No 032778				
Decedent's Legal Name (First, Midd	le, Last)		1a. Maiden Nam	e (If female)		2. Sex	3. Time	Of Death	4. Date C	f Death (Month/Day/Year)
JAMES W THOMAS						MAL		:55 AM		07/25/2011
Social Security Number 6a. Age -	- Yrs 6b. Under	1 Year 6c. Under 1 Monti	6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Mont	h/Day/Year) 8.	Birthplace (City	and State of	r Foreign Country)
68		Days	Hours	Minutes		3/26/19		BALDWIN,	MS	
9. Ever in U.S. Armed Forces?). If Death Occurred I	n A Hospital:		10a. If Death Occurre Hospice Facility		here Other T edent's Hom		Home/Long-term	n Care Facili	ty
Yes □ No □ Unknown □	Inpatient Emer	gency Department Outpatien	t Dead on Arrival	Other (Specify)			_			STREET
11. Facility Name (If Not Institution, Gi 2600 MICHIGAN AVENUI		er)		9 8					16	1000
12. City Or Town, State, And Zip Code				13. County Of	Death			14. Marital Sta	tus At Time	Of Death
					Married					
HAMMOND, IN, 46320 15. Surviving Spouse's Name		15.	a. (If Wife)Give Maider	LAKE Last Name	- 11	16. Deceder	nt's Usual Occupa	-		Of Business/Industry
		1000								uyddiodd y chenglethol y cyfr o dy o chollegod o weddiod o f
LUELLA THOMAS 18. Residence - State		O' 18a. County	NEAL	18b. City Or Town		SPECT	OR		ARCEL	OR MITTAL
To. Residence - State		Toa. County		10 T. C.						
INDIANA 18c. Street And Number		LAKE		GARY			18d. Apt. No.	18e. Zip (Codo	18f. Inside City Limits?
18C. Street And Number				15 7 2	-		18a. Apt. No.	18e. Zip i	Lode	
2058 RHODE ISLAND ST	REET							464	107	Yes □ No
19. Decedent's Education		20. Decedent Of Hispa	nic Origin	21. De	cedent's Ra	ace				
ASSOCIATE DEGREE (A	A, AS)	NOT HISPANIC	Doca			an Amer	ican			
22. Father's Name (First, Middle, Last)		NI	$T \cap T$	23. Mether's Name (Fi	rst, Middle,	(Last)		23a. N	fother's Mai	den Last Name
JOHN THOMAS		110		JOSEPHINE T	НОМА	S		ROW	/AN	
24. Informant's Name		24a, Relationship	ocedentent	24b Mailing Address			ity State, Zho Coo			
LUELLA THOMAS		WIFE		2058 WEST RI		~			16407	
25a. Method Of Disposition		25b. Place Of Disposition (N	25. Plac	e Of Disposition	250 Loca	ation - City 1	Town, And State			
⊠ Burial □ Cremation □ Donation	70.44	250. Place Of Disposition (N	iame of Cemetery, Cre	matory, Other Place)	25G. LOG	auon - City,	TOWN, AND State			
Removal From State		OAK VIII LOEMET			O A DV	INI				
Other (Specify): 26. Was Coroner Contacted?		OAK HILL CEMET Complete Address Of Funeral			GARY	, IN			27a. Fun	eral Home License Number
⊠ Yes □ No										
27b. Signature Of Indiana Funeral Sen		EN FUNERAL DI	RECTORS, 29	59 WEST 11TH	AVEN		RY, IN 4640 License Numbe		FH830	07704
TAQUIA BLEVINS, BY E							20500009	(Or Electrico).		
28. Part I. Enter The <u>Chain Of Eve</u> Such As Cardiac Arrest, Respirato A Line. Add Additinal Lines If Nec	ory Arrest, Or Ventri	uries, Or Complications - 7	hat Directly Caused	Instructions And Ex The Death. Do Not Ex Do Not Abbreviate. E	iter Termi	nal Events One Cause	THIS CERTI COPY OF TH LAKE COUN	HE CERTIFICAT	E OF DEAT	RUE AIAPOOXIMATETE THON TO BEATH THE T
Immediate Cause (Final Disease (Or Condition Result	ing In Death) A.	EXTENSIVE BURN	S AND CHARRED BO	DDY			9 20 9		UNKNOWN
			JUGRI	A CONTRACTOR	Due to (Or As A	Consequence C	0():	/ 1111	29 2	011
Sequentially List Conditions, If An Line A. Enter The Underlying Cau	y, Leading To The	Cause Listed On B.	FRACTURE OF TH	DRACIC SPINE	Due to (Or As A	Consequence C	01):	JUL	201	011
The Events Resulting In Death) La	est	C.	CONTUSION OF C	#EST □ □	Due to (Or As A	Consequence	00:	21-		_
		D.	DUE TO ELUNT FO	RCE TRALMA	200 10 (01 70)	Consequence				
Part II. Enter Other Significant Condition	ns Contributing to De			THE PARK NAME OF TAXABLE PARKS	29. Was A	n Autopsy P	erformed?	⊠ Yes	П №	
			Thin	DIANTITUTE	30. Were /	Autopsy Find	ling Available To			ith? ⊠ Yes □ No
31. Did Tobacoo Use Contribute To De		If Female:					33. Manner Of			
☐ Yes ☐ Probably ☐ No ☒ Un		Not Pregnant Within Past Year Not Pregnant, But Pregnant 43 Days 1		Unknown If Pregnant Withi			7-1-1-1 (Table)	Could Not Be De		Pending Investigation
34. Date Of Injury (Month/Day/Year)	35	. Time Of Injury	36. Place	e Of Injury (E.G., Deced	lent's Hom	e, Construct	on Site, Restaura	int, Wooded Area	a) 37	. Injury At Work?
07/25/2011		07:55 AM		E VEHICLE						Yes No
38. Location Of Injury - State	38a	. City Or Town	38b. Str	reet & Number				38c. Apt. N	o. 38	d. Zip Code
INDIANA	HA	MMOND	2600 N	MICHIGAN AVE	NUE					
39. Describe How Injury Occurred							40. If Transport Driver/Operator	tation Injury, Spe	cify:	ther (Specify)
AUTO ACCIDENT 41. Signature, Of Person Certifying Ca	ause Of Death:					12 Codi	fier (Check Only	Onel		
JACQUELINE DECHANT	AL , BY ELEC		URE				fying Physician			Heath Officer
43. Name, Address And Zip Code Of F	Person Certifying Cau	se Of Death:					44. Licen	se Number	45	. Date Certified
JACQUELINE DECHANT		93RD AVE., CRO	WN POINT, IN	46307						07/27/2011
46. Additional Funeral Service Provide	r.						47. *Aka	S:		
48. Signature of Local Health Officer:					4	19. For Reg	istrar Only - Da			
SUSAN W. BEST, VIA EL	E OF DEATH (ENTR	Y OR OP	IGINAI 1		JUL 28 2	:011				
		Amendme	O DERTINION		51. 61.					
				- u	11					
				- W/	1 //					
		7	XHIB	/ (/ /					11	
State Form 53395 ATTENTION ES	TATE: The Social S	Security # is being request	ed by this state agend	y in order to pursue r	esponsibil	lity. Disclos	sure is voluntary	and there will b	e no penal	ty for refusal.