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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 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.

10. That the purpose of this Affidavit is to induce the Auditor of Lake County to change the tax records 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.



054134

FILED

OCT 14 2020

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

Handwritten notes: \$2500, cc, JMS/D

2020-073479
2020 Oct 14 11:41 AM
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

STATE OF Indiana)
COUNTY OF Lake }

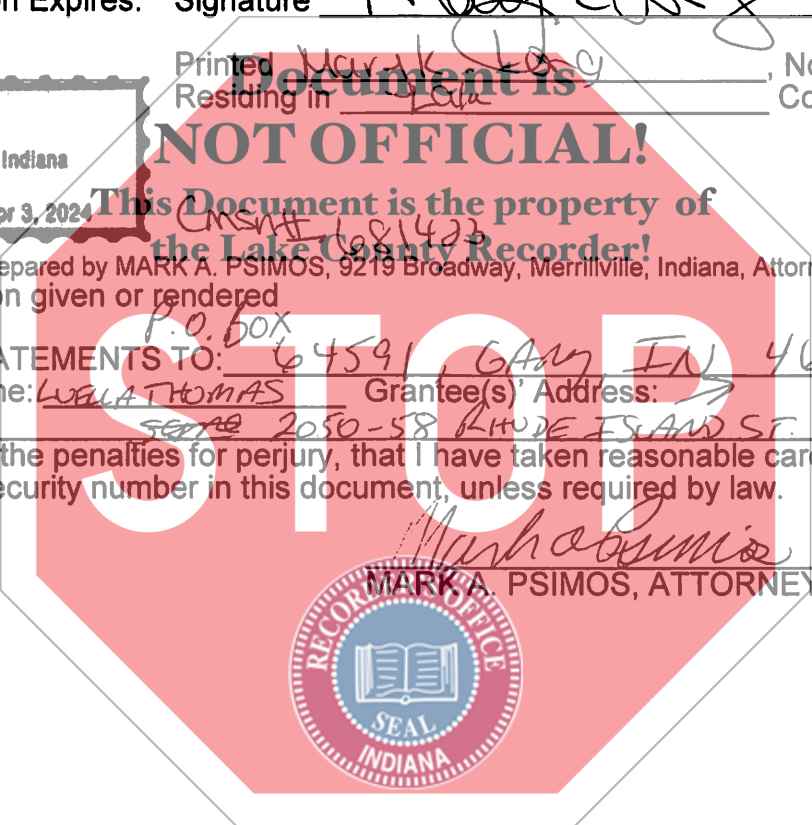
SS:

Before me, a Notary Public in and for said County and State, this 14th day of October, 2020,
Luelle Thomas, 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 14th day of October, 2020.

My Commission Expires: Signature Mary K Long

Printed Mary K Long, Notary Public
Residing in Lake County, Indiana



NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

This instrument prepared by MARK A. PSIMOS, 9219 Broadway, Merrillville, Indiana, Attorney at Law
No legal opinion given or rendered

MAIL TAX STATEMENTS TO: P.O. BOX 64591 GARY IN 46401
Grantee's Name: LUELLA THOMAS Grantee(s)' Address: 5878 2050-58 RHODE ISLAND ST. GARY, IN 46407

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.

Mark A. Psimos
MARK A. PSIMOS, ATTORNEY AT LAW

FURTHER AFFIANT SAYETH NOT THIS 14th DAY OF October
2020.

Luella Thomas
LUELLA THOMAS, Affiant

EXECUTED AND DELIVERED in my presence:

Judy Ann Edwards
Witness' Signature

Judy Ann Edwards
Witness' Printed Name

STATE OF Indiana
COUNTY OF Lake

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Before me, a Notary Public in and for said County and State, personally appeared Judy Ann Edwards, Witness, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Luella Thomas, Grantor, in the above-named subscribing witness' presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject to the transaction.

2020 Witness my hand and Notarial Seal this 14th day of October

My Commission Expires: Signature Mary K Long
Printed Mary K Long, Notary Public
Residing in Lake County, Indiana



Cmsn# 681423



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002274

EDR No 00000211072

State No 032778

Form containing fields for decedent information (Name, Age, Birth Date, etc.), cause of death (Chain of Events, Immediate Cause, etc.), and certifier information (Signature, License Number, etc.). Includes a large 'STOP' watermark and a red 'Document is NOT OFFICIAL!' stamp.

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT "A"