

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-000560

2:28 PM 2022 Jan 7

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: LULA V. MCDUFFIE, Deceased

AFFIDAVIT TO TERMINATE LIFE ESTATE

Comes now DARRYL K. HUTSON, being duly sworn upon his oath, and states as follows:

1. He is an adult grandchild of LULA V. McDUFFIE, deceased, and makes this Affidavit based upon personal knowledge.

2. Lula V. McDuffie, Vickie D. McDuffie-Hutson, Darryl K. Hutson and Nikeisha D. Hutson are the owners of the following described real estate located in Lake County, Indiana:

The South half of Lot 8, and all of Lots 9 and 10, in Block 4, in Gary Park's Fourth Addition to the City of Gary, Lake County, Indiana

Commonly known as: 2234 Garfield Street, Gary, IN 46404

Parcel No.: 45-08-17-230-022.000-004

3. On or about April 20, 2004, Lula V. McDuffie conveyed her interest in the above-referenced real estate by Quitclaim Deed to Lula V. McDuffie, Vickie D. McDuffie-Hutson, Darryl K. Hutson and Nikeisha D. Hutson, as joint tenants with rights of survivorship, reserving a life estate unto herself.

4. Lula V. McDuffie died on April 11, 2006, at which time her interest in the real estate was extinguished by operation of law. (A true and accurate copy of the death certificate of Lula V. McDuffie, with social security number and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")

FILED
JAN 07 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2506
C# 1730
kk

ATTENTION: The Social Security Administration requires that you file a report of a death as soon as possible after the death. Failure to do so may result in a penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

NOT AN OFFICIAL DOCUMENT

Local No. 97 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-11-193

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Lula V. McDuffie		2. SEX Female	3a. TIME OF DEATH 5:45 P M	3b. DATE OF DEATH (Month, Day, Year) April 11, 2006
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Year) 80	5b. UNDER 1 YEAR Months Days Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) June 20, 1925
7. BIRTHPLACE (City and State or Foreign Country) Winona, Mississippi		8. WAS DECEDENT A U.S. VETERAN? No		
9. YEAR LAST SERVED BY U.S. ARMED FORCES N/A		10. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
11. FACILITY NAME (If not institution, give street and number) St. Catherine's Hospital		12. CITY, TOWN OR LOCATION OF DEATH East Chicago		13. COUNTY OF DEATH Lake
14. MARRITAL STATUS (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name) N/A		16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") Matron
17. KIND OF BUSINESS/INDUSTRY Gary Community School		18. RESIDENCE—STATE Indiana		
19. COUNTY Lake		20. CITY, TOWN OR LOCATION Gary		21. STREET AND NUMBER 2234 Garfield Street
22. ZIP CODE 46404		23. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	24. CITIZEN OF WHAT COUNTRY? U S A	25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
26. RACE—American Indian, Black, White, etc. (Specify) Black		27. DECEDENT'S EDUCATION (Specify only highest grade completed) 12th Elementary/Secondary (10-12) College (11-4 or 5+)		
28. FATHER'S NAME (First, Middle, Last) Donnie Hobbs Jr.		29. MOTHER'S NAME (First, Middle, Maiden Surname) Clara B. Thomas		
30. INFORMANT'S NAME (Type/print) Wicki McDuffie-Hutson		31. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 1305 Taft Street Gary, Indiana 46404		32. Relationship Daughter
33. 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)		34. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 20, 2006 Evergreen Cemetery		35. LOCATION—City or Town, State Hobart, Indiana
36. EMBALMER'S NAME Rosenwald D. Allen Jr.		37. EMBALMER'S LICENSE NO. #29400047		38. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
39. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		40. LICENSE NUMBER (of License) #2500009		41. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, INC 2959 West 11th Avenue Gary, Indiana 46404 83007704
PART I. Cause of the disease, injury, or conditions 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)		Approximate Interval Between Onset and Death		
a. [REDACTED]				
b. [REDACTED]				
c. [REDACTED]				
d. [REDACTED]				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
42. 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.		43. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		44. WAS AN AUTOPSY PERFORMED? (Yes or no) No
45. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		46. MEDICAL LICENSE NO. 01044809A		47. DATE SIGNED (Month, Day, Year) 04/19/06
48. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/print) BENJAMIN I. ANIGBO, M.D. 650 GARANT ST. SUITE 5 GARY, IN 46404				
49. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				
50. DATE FILED (Month, Day, Year) 4/19/2006				
51. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		52. DATE OF INJURY (Month, Day, Year)		53. TIME OF INJURY
54. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		55. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
56. DATE PRONOUNCED DEAD (Month, Day, Year)		57. MOTOR VEHICLE (Specify make, model, year, color, license number, and driver's license number) passenger, pedestrian, etc.		

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

