

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-029962

2:14 PM 2022 Aug 18

STATE OF INDIANA  
COUNTY OF LAKE

) IN RE: ALICE MARIE MCKEE, deceased  
) SS:

**AFFIDAVIT FOR TRANSFER OF REAL PROPERTY**

Affiant, Martita Short, adult daughter of Alice Marie McKee and Robert L. McKee Sr., being duly sworn upon her oath, deposes and says:

- 1. Alice Marie McKee and Robert L. McKee Sr. were husband and wife at the time they acquired title to real estate commonly known as:

**LOT 17 IN BLOCK 1 IN GARY LAND COMPANY'S SEVENTH SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 11, PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

**Key No. 45-08-04-277-017.000-004**

**Commonly known as: 346 Jefferson St., Gary, IN 46402**

- 2. Alice Marie McKee and Robert L. McKee Sr. acquired title as tenants by the entireties by deed of conveyance dated March 16, 1972, and recorded on March 21, 1972 as Instrument No. 141229 in the Office of the Recorder of Lake County, Indiana.
- 3. The marital relationship which existed between Alice Marie McKee and Robert L. McKee Sr. continued unbroken from the time they acquired title to the real estate until the death of Robert L. McKee Sr. on January 27, 2010, at which time Alice Marie McKee acquired title to the real estate as surviving tenant by the entireties.
- 4. Subsequently, Alice Marie McKee died intestate on November 14, 2019 while domiciled in Lake County, Indiana.
- 5. A copy of Robert L. McKee Sr.'s Death Certificate is attached as Exhibit A.
- 6. A copy of Alice Marie McKee's Death Certificate is attached as Exhibit B.
- 7. That forty-five (45) days have elapsed since the death of Alice Marie McKee.
- 8. That no application or petition for the appointment of a personal representative for Alice Marie McKee is pending or has been granted in any jurisdiction or is contemplated to be filed.

**FILED**

**AUG 18 2022**

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

025.00  
Cash  
EK

# NOT AN OFFICIAL DOCUMENT

9. That the following persons are the devisees of Alice Marie McKee:

Threta Wilson 829 George Pl., Apt. 1 Ypsilanti, MI 48198	Martita Short 559 Ellsworth St. Gary, IN 46404	
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10. That the value of Alice Marie McKee's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000.00), as provided under I.C. §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.
11. That the individuals entitled to the above-described real estate as a result of the Alice Marie McKee's death are the following devisees, namely:

Threta Wilson 829 George Pl., Apt. 1 Ypsilanti, MI 48198	Martita Short 559 Ellsworth St. Gary, IN 46404	
--	--	--

12. That by reason of the above-stated matters, the affiant requests that the decedent's interest in the above-referenced real estate be transferred as set forth in Paragraph 11 above, in accordance with the provisions of I.C. §29-1-8-1, §29-1-8-2 and §29-1-8-3
10. The shares of Alice Marie McKee's heirs-at-law have been calculated as follows:
- A. Threta Wilson - an undivided one-half (1/2) interest as a tenant-in-common in and to the above-described real estate;
  - B. Martita Short - an undivided one-half (1/2) interest as a tenant-in-common in and to the above-described real estate;

AFFIANT FURTHER SAYETH NOT.

  
Martita Short, Affiant

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STATE OF IN )  
COUNTY OF Lake )SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared MARTITA SHORT, who acknowledged the execution of the foregoing Affidavit for Transfer of Real Property and delivered said instrument as his/her free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial Seal this 12 day of August 2022.



Sara Jo Booth  
NOTARY PUBLIC

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. /s/ Sara J. Booth

*This instrument prepared by:*

Sara J. Booth, Efron & Efron, P.C.

5246 Hohman Ave, Fifth Floor, Hammond, IN 46320, (219) 931-5380

# NOT AN OFFICIAL DOCUMENT



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

#10-0044

Local No. \_\_\_\_\_

State No. \_\_\_\_\_

1. Decedent's Legal Name (Last, First, Middle Initial) <b>Robert L. McKee Sr.</b>		14. Marital Last Name of Female <b>N/A</b>		2. Sex <b>Male</b>		3. Time of Death <b>11:30 pm</b>		4. Date of Death (Month/Day/Year) <b>January 27, 2010</b>	
5. Social Security Number <b>74</b>		6a. Age - Year <b>74</b>		6b. Under 1 Year <b>None</b>		6c. Under 1 Month <b>None</b>		6d. Under 1 Week <b>None</b>	
7. Date of Birth (Month/Day/Year) <b>April 11, 1935</b>		8. Birthplace (City and State or Foreign Country) <b>Merigo, Mississippi</b>		9. Residence (City and State or Foreign Country) <b>Merigo, Mississippi</b>		10. If Death Occurred in a Hospital <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		11. If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)	
12. City or Town, State, and Zip Code <b>Gary, Indiana</b>									
13. County of Death <b>Lake</b>		14. Known Sites At Time of Death <input checked="" type="checkbox"/> Home <input type="checkbox"/> Mailed, But Not Delivered <input type="checkbox"/> Other <input type="checkbox"/> Never Mailed <input type="checkbox"/> Unknown		15. Decedent's Usual Occupation <b>Sanitation</b>		16. If Died Of Respiratory Disease		17. If Died Of Respiratory Disease	
18. Residence - State <b>Indiana</b>		19a. Country <b>Lake</b>		19b. City or Town <b>Gary</b>		19c. Zip Code <b>46402</b>		19d. Other City/County <b>XXX</b>	
19. Surviving Spouse's Name <b>Alice McKee</b>		20. If Widowed, Maiden Last Name <b>Johnson</b>		21. Decedent's Usual Occupation <b>Sanitation</b>		22. City or Town <b>Gary</b>		23. State <b>Indiana</b>	
24. Street Address <b>346 Jefferson Street</b>		25. City or Town <b>Gary</b>		26. State <b>Indiana</b>		27. Zip Code <b>46402</b>		28. Other City/County <b>XXX</b>	
29. Education <b>6th Grade</b>		30. Occupation or Training Origin <b>NO</b>		31. Decedent's Race <b>Black</b>		32. Marital Status (If Widowed, Date) <b>NO</b>		33. Other City/County <b>XXX</b>	
34. Father's Name (First, Middle, Last) <b>Marshall McKee</b>		35. Mother's Name (First, Middle, Last) <b>Ruby McKee</b>		36. Decedent's Place of Birth <b>Campbell</b>		37. Decedent's Place of Birth <b>Campbell</b>		38. Decedent's Place of Birth <b>Campbell</b>	
39. Name of Occupation <input type="checkbox"/> Unemployed <input type="checkbox"/> Criminal <input type="checkbox"/> Domestic <input type="checkbox"/> Employment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		40. Date of Occupation (Name of Cemetery, Company, Other Place) <b>February 3, 2010 Oak Hill Cemetery</b>		41. Location - City, Town, and State <b>Gary, Indiana</b>		42. License Number (If Licensed) <b>#29700070</b>		43. Federal Health License Number <b>83007704</b>	
44. Signature of Issuing Funeral Service Licensee <i>Carmel [Signature]</i>		45. Name of Issuing Funeral Service Licensee <b>Guy &amp; Allen Funeral Directors, Inc</b>		46. Address of Issuing Funeral Service Licensee <b>2959 West 14th Avenue Gary, Indiana 46404</b>		47. State Health License Number <b>83007704</b>		48. License Number (If Licensed) <b>#29700070</b>	
49. Part I. Enter the Chain of Events - Diseases, Injuries, or Complications - That Directly Caused the Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Showing the Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>Immediate Cause (Final Disease or Condition Resulting in Death)</b> <b>A. <i>Cerebral aneurysm</i></b> <b>B. <i>Cerebral aneurysm</i></b> <b>C. <i>Cerebral aneurysm</i></b> <b>D. <i>Cerebral aneurysm</i></b>									
50. Part II. Enter Other Significant Conditions Contributing to Death. Do Not Abbreviate. Enter the Underlying Cause Given in Part I. <b><i>Cerebral aneurysm</i></b> <b><i>Cerebral aneurysm</i></b> <b><i>Cerebral aneurysm</i></b>									
51. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. Did Alcohol Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		53. Did Prescription Drug Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		54. Did Over-the-Counter Drug Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. Did Illicit Drug Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
56. Date of Injury <b>April 11, 1935</b>		57. Time of Injury <b>11:30 pm</b>		58. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Woods Area) <b>Home</b>		59. Street or Highway <b>Jefferson Street</b>		60. City or Town <b>Gary</b>	
61. Describe How Injury Occurred <b><i>Stroke</i></b>		62. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Footstruck <input type="checkbox"/> Other (Specify)		63. Consider (Check Only One) <input checked="" type="checkbox"/> Consulting Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		64. License Number <b>101027933</b>		65. Date of License <b>02/10/10</b>	
66. Home Address and Zip Code of Person Declaring Cause of Death <b>Shreyas D Desai 1408 Broadway Gary, IN 46401</b>		67. Address of Funeral Service Provider <b>R [Signature]</b>		68. Year Registered (Only - Last Four Digits of Year) <b>10</b>		69. Year Registered (Only - Last Four Digits of Year) <b>10</b>		70. Year Registered (Only - Last Four Digits of Year) <b>10</b>	

FEB 04 2010

Exhibit A

# NOT AN OFFICIAL DOCUMENT



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 215875

Local No 904188

EDR No 00000743390

State No 056607

1. Decedent's Legal Name (First, Middle, Last) <b>ALICE MARIE MCKEE</b>		1a. Maiden Name (if Married)		2. Sex <b>FEMALE</b>		3. Time Of Death <b>05 42 PM</b>		4. Date Of Death (Month/Day/Year) <b>11/14/2019</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yes <b>79</b>		6b. Under 1 Year Months Days		6c. Under 1 Month Hours Minutes		7. Date of Birth (Month/Day/Year) <b>01/14/1940</b>	
8. Birth in U.S. (Foreign Born)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. If Death Occurred in a Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility		10b. If Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility		11. Facility Name (If Not Institution, Give Street and Number) <b>FRANCISCAN HEALTH - DYER</b>	
12. City Of Town, State, And Zip Code <b>DYER, IN, 46311</b>		13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Sex Before First Marriage <b>LAKE</b>		16. Decedent's Usual Occupation <b>HOMEMAKER</b>	
17. Kind Of Business/Industry <b>HOME</b>		18. Residence - State <b>INDIANA</b>		19a. County <b>LAKE</b>		19b. City Or Town <b>GARY</b>		19c. Zip Code <b>46402</b>	
19d. Street And Number <b>346 JEFFERSON STREET</b>		20. Decedent's Education <b>9TH - 12TH GRADE, NO DIPLOMA</b>		21. Decedent's Race <b>NOT HISPANIC</b>		22. Decedent's Ethnicity <b>Black or African American</b>		23. Parent's Name (First, Middle, Last) <b>JOE JOHNSON</b>	
24. Informant's Name <b>MARTHA SHORT</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>559 ELLSWORTH STREET, GARY, IN 46404</b>		24c. Location - City, Town, And State <b>GARY, IN</b>		24d. Place Of Disposition <b>OAK HILL CEMETERY</b>	
25. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25a. Place Of Disposition (If Not Burial, Crematory, Other Place) <b>OAK HILL CEMETERY</b>		25b. Location - City, Town, And State <b>GARY, IN</b>		26. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2958 WEST 11TH AVENUE, GARY, IN 46404</b>		27. Funeral Home License Number <b>FH83007704</b>	
28. Signature Of Indiana Funeral Service Licensee <b>CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE</b>		29. License Number (P/L) (License) <b>FD29700070</b>		30. Signature Of Person Certifying Cause of Death <b>ARNOLD MICHAEL KEMP, BY ELECTRONIC SIGNATURE</b>		31. Name, Address And Zip Code Of Person Certifying Cause of Death <b>ARNOLD MICHAEL KEMP, 1201 S. MAIN STREET, CROWN POINT, IN 46307</b>		32. Signature of Local Health Officer <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>	
33. Date of Injury (Month/Day/Year) <b>11/19/2019</b>		34. Time Of Injury <b>1:20:20 PM</b>		35. Place Of Injury (If G, Decedent's Home, Construction Site, Restaurant, Wooded Area, etc.) <b>LAKE COUNTY HEALTH OFFICE</b>		36. Street & Number <b>1347 20th</b>		37. City Or Town <b>GARY</b>	
38. State <b>IN</b>		39. Zip Code <b>46402</b>		40. Location Of Injury - State <b>IN</b>		41. City Or Town <b>GARY</b>		42. Zip Code <b>46402</b>	
43. Describe How Injury Occurred		44. Transportation Injury (Specify) <input type="checkbox"/> Motorist <input type="checkbox"/> Pedestrian <input type="checkbox"/> Worker <input type="checkbox"/> Other		45. Nature Of Injury (If G, Decedent's Home, Construction Site, Restaurant, Wooded Area, etc.) <b>NO FURTHER INVESTIGATION</b>		46. License Number <b>01047261A</b>		47. Date Certified <b>11/19/2019</b>	
48. Signature of Person Certifying Cause of Death <b>ARNOLD MICHAEL KEMP, BY ELECTRONIC SIGNATURE</b>		49. Name, Address And Zip Code Of Person Certifying Cause of Death <b>ARNOLD MICHAEL KEMP, 1201 S. MAIN STREET, CROWN POINT, IN 46307</b>		50. Signature of Local Health Officer <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		51. Date Of Death (Month/Day/Year) <b>NOV 26 2019</b>		52. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	

Property of Lake County Recorder

THIS IS A TRUE COPY OF THE RECORDABLE WITH THE LAKE COUNTY HEALTH DEPARTMENT

RAISED SEAL AFFIXED

Exhibit B