

NOT AN OFFICIAL DOCUMENT

Small Estate Affidavit

Affidavit for Collection of Property

I, TERSINA J. JONES, of 3841 Maryland Street, Gary, Indiana, 46409-1531, hereinafter known as the "Affiant" certify that all of the following statements are true in regards to the Estate of LONNIE JONES who has passed away in the State of Indiana, County of LAKE:

1. Decedent, LONNIE JONES, died on 07/22/2005 in the County of LAKE, in the State of Indiana.

2. A copy of the decedent's death certificate will be submitted along with this affidavit.

3. The value of the assets of the decedent's estate exceeds the estate's known liabilities.

4. The Decedent has liabilities and/or debts owed to creditors described as:

\$ 9,000 EQUITY LINE OF CREDIT - CHASE BANK

5. The value of the decedent's estate does not exceed the monetary limit of \$100,000 if the Decedent died after June 30, 2022, or \$50,000 if the Decedent died before July 1, 2022, imposed by the State of Indiana.

6. There is no pending administration of the decedent's estate.

7. There is no reasonable expectation that probate of the decedent's estate is soon to commence.

8. The total number of heirs or devisees to the decedent is One (1) identified as:

Tersina J. Jones is the Decedent's WIFE and is entitled to the following property: REAL ESTATE - 3841 MARYAND ST, GARY, IN 46409 - \$38,000

Parcel number: 45-08-27-133-007.000-004

Lot 35 and the South 1/2 of Lot 36, Block 11, Second Highland Park Addition to Gary, as shown in Plat Book 8, page 23, Lake County, Indiana.

There are no additional assets or property of the Decedent.

9. All heirs or devisees will be given notice of this affidavit within 30 days of filing.

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-009220

3:13 PM 2023 Mar 24

FILED

MAR 24 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25
cc
AM

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10. This document is governed under the laws in the State of Indiana and shall not be filed with any local authority until the minimum time-period has passed after the death of the Decedent.

Tersina J. Jones
Signature of Tersina J. Jones

March 24, 2023

This form has been signed in the presence of a notary public.

Prepared by: Tersina J. Jones

Signed and sworn to me on the MARCH 24, 2023.

State of Indiana

County of LAKE

I, Brenda E Perry, the undersigned authority in and for said County in said State, hereby certify that Tersina J. Jones, whose name is signed as the Affiant in this small estate affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on 24th MARCH, 2023.

Given under my hand this MARCH 24th, 2023.

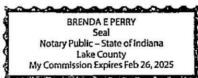
Notary Public Signature Brenda E Perry

Printed Name: BRENDA E. PERRY

State of Indiana

My commission expires: 02-26-2025

(Notary Seal)



"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."
PREPARED BY: [Signature]

Prepared by Tersina J. Jones

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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ATTENTION: The social security number requested by this state agency in order to issue its statutory responsibility. Disclosure is unitary and there is no further use.

Local No. AD54-205

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT IN PERMANENT LACK INK	1 DECEASED—NAME (First, Middle Last) Lonnie Lee Jones					2 SEX Male	3a TIME OF DEATH 6:35 A	3b DATE OF DEATH (Month, Day, Year) July 22 2005	
	4 SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Year) 55	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) January 11, 1950	7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana			
CEDENT	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9a PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify):				
	9b FACILITY NAME (If not institution, give street and number) St. Anthony Hospice			9c CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d COUNTY OF DEATH Lake			
RENTS	10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Tersina J. Mitchell	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Utilityman		12b KIND OF BUSINESS/INDUSTRY Inland Steel Corp.				
	13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 3841 Maryland Street				
FORMANT	13e ZIP CODE 46409	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U S A	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) Black		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (ID-12) 11th College (1-4 or 5+)		
	18 FATHER'S NAME (First, Middle Last) Alonzo Jones					19 MOTHER'S NAME (First, Middle, Maiden Surname) Sadie Davis			
POSITION	20a INFORMANT'S NAME (Type/Print) Tersina J. Jones			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3841 Maryland Street Gary, Indiana 46409			20c Relationship Wife		
	21a 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)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 27, 2005 Evergreen Cemetery			21c LOCATION—City or Town, State Hobart, Indiana			
USE OF ATH	22a EMBALMER'S NAME Roosevelt Allen Jr.		22b EMBALMER'S LICENSE NO. #01051701		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Brooker</i>		24b LICENSE NUMBER (of IC#) #08700646		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704				
RTIFIER	26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nomenclature terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. a. <i>Myocardial Infarction</i> b. <i>Diabetic Ketoacidosis</i> c. <i>Chronic Kidney Disease</i> d. <i>Due to (or as a consequence of)</i>							Approximate Interval Between Onset and Death CHIEF AND DEATH CERTIFICATE FILED IN THE LAKE COUNTY HEALTH DEPARTMENT AUG 0 8 2005	
	PART II: Other significant conditions—Conditions contributing to death but not previously stated in Part I					27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
ALTH FICER	29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> HEALTH 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.								
	29b SIGNATURE AND TITLE OF CERTIFIER <i>Brian Weiss</i>		29c MEDICAL LICENSE NO. 02024744			29d DATE SIGNED (Month, Day, Year) July 22, 2005			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28) (Type/Print) Dr. Brian Weiss 202 East 86th Place Merrillville, Indiana 46410									
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Butchko</i>									
32 DATE FILED (Month, Day, Year) August 8, 2005									
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED				
		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							