

**AFFIDAVIT OF SMALL ESTATE**

STATE OF INDIANA  
LAKE OF INDIANA  
IN RE THE ESTATE OF LAURA BELLE SMITH BURTON

I, David Lee Burton III, make the following affidavit under oath.

The decedent's name is Laura Belle Smith Burton ("Decedent"). Immediately prior to the Decedent's death, the Decedent's primary residence was at 7484 Williams St in Merrillville, Indiana 46410.

The Decedent passed away on July 12, 2024 in Merrillville, Indiana. A copy of the death certificate is attached.

The filing of this affidavit in this court is proper because the Decedent died in the State of Indiana.

The following are true, to the best of my knowledge, with respect to the Decedent's estate:

1. This affidavit is filed more than 45 days after the Decedent's death.
2. The gross fair market value of the Decedent's estate, as defined in Section 29-1-8-1 of Indiana Probate Code does not exceed \$3,715.51.
3. No proceeding has been commenced for administration of the Decedent's estate.
4. All of the Decedent's funeral expenses have been paid.
5. There are no claims against the estate of which I am aware.
6. If and to the extent any money is owed to the Department of Health and Human Services in connection with Medicaid benefits have been either paid or provided for.
7. The Decedent died with no will.
8. The Decedent is survived by the following relatives:

Name	Address	Age	Relationship to Decedent
David Lee Burton III	7484 Williams St.	58	Son

9. The total value of all assets described in is \$3,715.51.

Prepared By: David Lee Burton III

535  
SS  
MA

# NOT AN OFFICIAL DOCUMENT

My address is 7484 Williams St., in Merrillville, Indiana 46410.

My mailing address is the same as my street address.

My telephone number is (219) 730-4407.

My relationship to the Decedent is that of an heir.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF INDIANA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE



David Lee Burton III

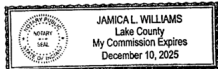
# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA  
LAKE OF INDIANA

On October 22, 2024 before me, Jamical Williams personally appeared David Lee Burton III, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within Affidavit and acknowledged to me that he/she executed the same in his/her authorized capacity, and who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters states herein are true to the best of his/her information, knowledge and belief.

I certify under PENALTY OF PERJURY under the laws of the State of Indiana that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Commission #NIP0706222

Jamical Williams  
Signature of Notary Public

(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: DLB III



# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking ID: 400479

Local No. 002553

EDR No. 000011748004

State No. 2024-037416

1. Decedent's Legal Name (First, Middle, Last) <b>Laura Belle Burton</b>			3a. Maiden Name (If Female) <b>Smith</b>			2. Gender <b>Female</b>		3. Time Of Death <b>07:28 PM</b>		4. Date Of Death (Month/Day/Year) <b>07/12/2024</b>	
5. Social Security Number <b>80</b>		6a. Age - Yrs <b>80</b>		6b. Under 1 Year Months <b>02</b> Days <b>17</b>		6c. Under 1 Month Hours <b>02</b> Minutes <b>17</b>		6d. Under 1 Day Hours <b>02</b> Minutes <b>17</b>		7. Date of Birth (Month/Day/Year) <b>02/17/1944</b>	
8. Birthplace (City and State of Birth/Country) <b>Gary, Indiana</b>		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
10. II. Death Occurred In A Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 <input type="checkbox"/> Other (Specify)	
11. Facility Name (If Not Institution, Give Street and Number) <b>Methodist Hospital Inc-Sleke Campus</b>											
12. City Or Town, State, And Zip Code <b>Merrillville, Indiana 46410</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. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation <b>Surgical Tech</b>		17. Kind Of Business/Industry <b>Hospital</b>	
18a. County <b>Lake</b>			18b. City Or Town <b>Merrillville</b>			18d. Apt. No.		18e. Zip Code <b>46410</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>7484 Williams Street</b>			19a. Decedent's Education <b>Associate's degree (e.g., AA, AS)</b>			20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>Black or African American</b>		
22. Parent's Name (First, Middle, Last) <b>Willie Smith Sr.</b>						23. Parent's Name (First, Middle, Last) <b>Bessie Smith</b>			23a. Parent's Last Name Before First Marriage <b>Clay</b>		
24. Informant's Name <b>David Leo Burton III</b>			24a. Relationship To Decedent <b>Son</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7484 Williams Street, Merrillville, IN, 46410</b>					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Oak Hill Crematory</b>			25c. Location - City, Town, And State <b>Gary, IN</b>			25d. Funeral Home License Number <b>FD21400025</b>		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility <b>Powell-Coleman Funeral Home Inc 3200 W 15th Avenue, Gary, Indiana, 46404</b>						27a. Funeral Home License Number <b>FD21400025</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>Marcel D. Blunt</b>			Electronically Signed						27c. License Number (Of Licensee) <b>FD21400025</b>		
28. 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.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. ACUTE PULMONARY EDEMA											
B. ACUTE RENAL FAILURE											
C. CONGESTIVE HEART FAILURE											
D. ACUTE MYOCARDIAL INFARCT											
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last											
29. Part II. Enter Other Significant Conditions Contributing To Death but Not Resulting In The Underlying Cause Given In Part I											
SEPSIS, PNEUMONIA											
30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
32. If Female: <input type="checkbox"/> Not Pregnant within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant Within Past Year											
33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined											
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Woods/Arts)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38a. City Or Town			38b. Street & Number			38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NO PATIENT UNLESS					
41. Signature, Of Person Certifying Cause Of Death: <b>Bernardo Serrano Lucana</b>						Electronically Signed			42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Bernardo Serrano Lucana 8777 Broadway Street A, Merrillville, IN 46410</b>						44. License Number <b>01039302A</b>		45. Date Certified <b>07/17/2024</b>			
46. Additional Funeral Service Provider:						47. Assx		49. For Registrar Only - Date Filed (Month/Day/Year) <b>07/23/2024</b>			
48. Signature of Local Health Officer: <b>Chandana Yavala</b>						Electronically Signed					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED