STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

2009 061401

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 SEP -4 PM 4:00
MICHAEL A. BROWN
RECORDER

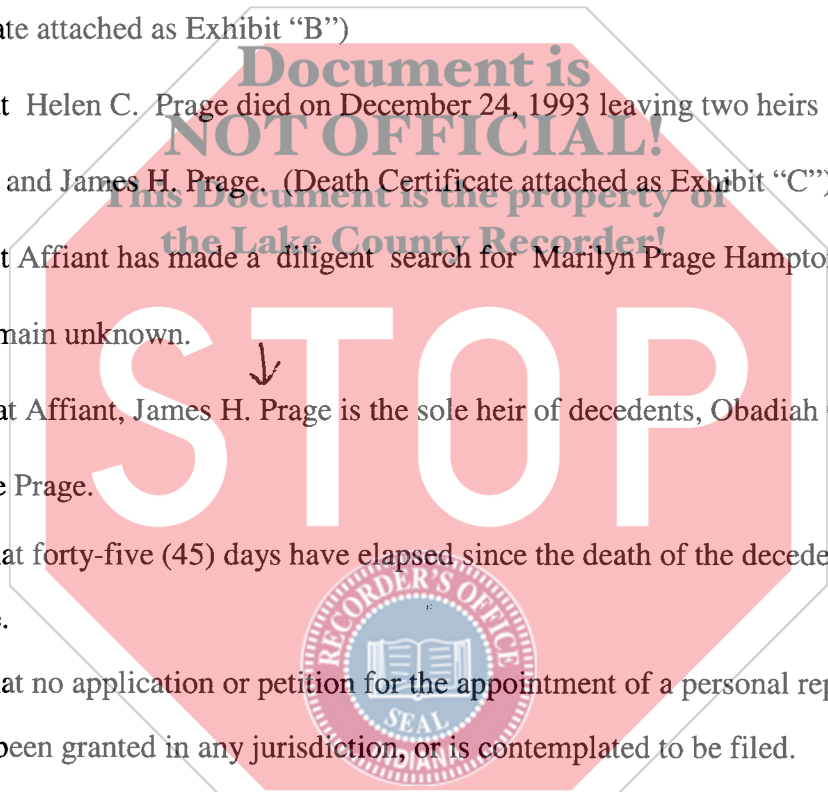
5

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That decedent, Obadiah G. Vinnedge, a.k.a. Obe G. Vinnedge, died, intestate, on October 7, 1949,while domiciled in Lake County. (Death Certificate attached as Exhibit "A").

2. That Obadiah G. Vinnedge died leaving two (2) heirs at law: Ethel A. Vinnedge and Helen Vinnedge (a.k.a. Helen C. Prage).

3. That Ethel A. Vinnededge died on November 25, 1989 leaving no heirs at law. (Death Certificate attached as Exhibit "B")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4. That Helen C. Prage died on December 24, 1993 leaving two heirs at law: Marilyn Prage Hampton and James H. Prage. (Death Certificate attached as Exhibit "C").

5. That Affiant has made a diligent search for Marilyn Prage Hampton, but her whereabouts remain unknown.

6. That Affiant, James H. Prage is the sole heir of decedents, Obadiah G. Vinnedge and Helen Vinnedge Prage.

7. That forty-five (45) days have elapsed since the death of the decedent, Helen C. Vinnedge Prage.

8. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

9. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Twenty-Five Thousand Dollars ($25,000), as provided under IC §

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29-1-8-3
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

012747

19.00
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RM

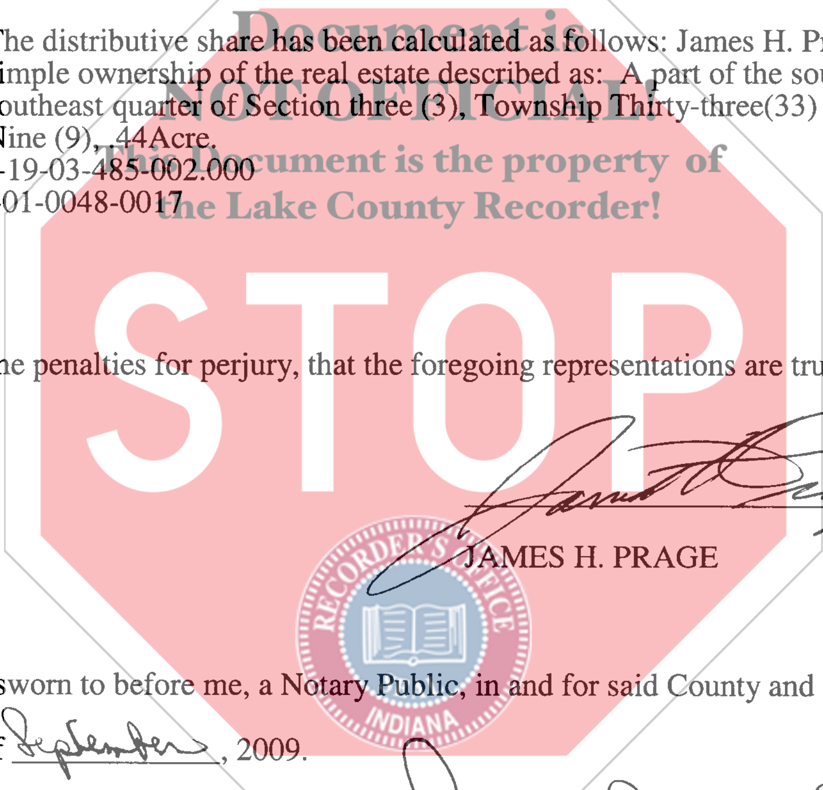
10. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:
A part of the south half of the southeast quarter of Section three (3), Township Thirty-three(33) North, Range Nine (9) West of the Second Principal Meridian, .44Acre.
New Parcel #45-19-03-485-002.000
Old Parcel #10-01-0048-0017

11. That there are no creditors of the estate.

12. That the individuals entitled to the real estate as a result of the decedent's death are the decedent's heirs at law as provided under the laws of intestate succession as provided under IC § 29-1-2-1 namely: James H. Prage, Son and Grandson of decedents.

13. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of Obadiah G. Vinnedge , be transferred to him pursuant to laws of intestate distribution in accordance with the provisions of IC § 29-1-8-1, § 29-1-8-2, and § 29-1-8-3.

14. The distributive share has been calculated as follows: James H. Prage, 100% fee simple ownership of the real estate described as: A part of the south half of the southeast quarter of Section three (3), Township Thirty-three(33) North, Range Nine (9), .44Acre.
New Parcel #45-19-03-485-002.000
Old Parcel #10-01-0048-0017



I affirm, under the penalties for perjury, that the foregoing representations are true.

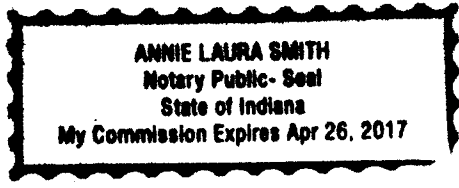
JAMES H. PRAGE

Subscribed and sworn to before me, a Notary Public, in and for said County and State on this 2nd day of September, 2009.

Notary

My Commission Expires: April 26, 2017

My County of Residence: Lake



dAxes: 5844 E. 1100 North
→ Demotte, In 46310

DEPARTMENT OF HEALTH - GARY, INDIANA

Certificate of Death

This certifies that, according to the records of this office

Name OBADIAH VINNEDGE died OCT 07,1949
DATE

at 3pm address XXXXXXXXXXXXXXXXXX

Age at death 76yrs Sex MALE Race WHITE WIDOWED
MARRIED / SINGL

Name of Husband or Wife XXXXXXXXXXXXXXXXXX

Primary cause of death was PYELONEPHROSIS

Signed by L.W. COMBS M.D.
PHYSICIAN OR HEALTH OFFICER ADDRESS

Place of burial or removal CRESTON INDIANA
CEMETERY ADDRESS

Date of burial 10/11/1949 W.R. WEAVER LOWELL IN.
FUNERAL DIRECTOR ADDRESS

Filed 10/11/49 Volume 12 Page 182
DATE

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DONALD M. HARRIS M.D,
HEALTH COMMISSIONER

CERTIFIED BY

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE APR 14 2008

EXHIBIT
A

cal No. 4661-89

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

/PE/PRINT IN :RMANENT LACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Ethel A. Vinnedge
2. SEX: Female
3a. TIME OF DEATH: 5:15am
3b. DATE OF DEATH (Month, Day, Yr): November 25,1989
4. SOCIAL SECURITY NUMBER: 304-40-6669
5a. AGE—Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): November22,1902
7. BIRTHPLACE (City and State or Foreign Country): IN
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Anthony's Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Single
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): School Teacher
12b. KIND OF BUSINESS/INDUSTRY: School System
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lowell
13d. STREET AND NUMBER: 15510 Barman St.
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS: [X] No ☐ Yes
13g. ON A FARM?: [X] No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)

PARENTS

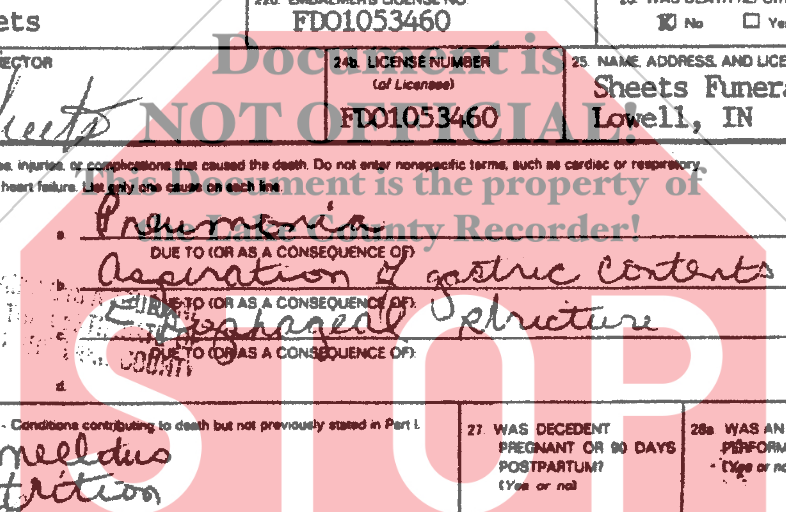
18. FATHER'S NAME (First, Middle, Last): Obadiah Vinnedge
19. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Pixley

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Helen Prage
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 345 Commanche Lowell, IN 46356
20c. Relationship: Sister

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 29, 1989 Creston Cemetery
21c. LOCATION—City or Town, State: Creston Cemetery
22a. EMBALMER'S NAME: William A. Sheets
22b. EMBALMER'S LICENSE NO: FD01053460
23. WAS DEATH REPORTED TO CORONER? [X] No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD01053460
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Sheets Funeral Home 604 Commercial Lowell, IN FD03004277



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CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications 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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
b. Aspiration of gastric contents
DUE TO (OR AS A CONSEQUENCE OF):
c. Esophageal stricture
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.: Diabetes mellitus, Malnutrition
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a. CERTIFIER (Check only one): [X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ 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. ☐ 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: Mary R. Mendus, DO
29c. MEDICAL LICENSE NO: 02001023
29d. DATE SIGNED (Month, Day, Year): 11/28/89
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Mary Mendus D.O. 308 E. Commercial Ave. Lowell, IN 46356

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]
32. DATE FILED (Month, Day, Year): Nov. 29, 1989

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.

EXHIBIT B

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

de Motte, IN 46310 — Demotte IN. 46310 — James H. Prage

Local No. 3004-93

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Helen C. Prage
2 SEX: Female
3a TIME OF DEATH: 08:10A M
3b DATE OF DEATH (Month, Day, Yr): December 24, 1993
4 SOCIAL SECURITY NUMBER: 311-40-7745
5a AGE—Last Birthday (Years): 89
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo, Day, Yr): Feb 24, 1904
7 BIRTHPLACE (City and State or Foreign Country): Lowell, IN
8a WAS DECEDENT A U.S. VETERAN? No
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution, give street and number): Lowell Health Care Center
9c CITY, TOWN OR LOCATION OF DEATH: Lowell
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Widowed
11 SURVIVING SPOUSE (If wife, give maiden name): None
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Retired Teacher
12b KIND OF BUSINESS/INDUSTRY: Elementary School
13a RESIDENCE—STATE: IN
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Lowell
13d STREET AND NUMBER: 710 Michigan Ave.
13e ZIP CODE: 46356
13f INSIDE CITY LIMITS: ☐ No ☐ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY? USA
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Obe Vinnedge
19 MOTHER'S NAME (First, Middle, Maiden Surname): Martha Vedelia

INFORMANT

20a INFORMANT'S NAME (Type/Print): James Prage
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5765 1100N Demotte, IN 46310
20c Relationship: Son

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Dec 29, 1993 Calumet Park Cemetery
21c LOCATION—City or Town, State: Merrillville, IN
22a EMBALMER'S NAME:
22b EMBALMER'S LICENSE NO.:
23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FD08900045
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Sheets Funeral Home, FH03004877 604 E. Commercial Ave. Lowell, IN

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF ... ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications 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): a. Congestive Heart Dis[ease] — Approximate Interval Between Onset and Death: years
DUE TO (OR AS A CONSEQUENCE OF): b. Chronic ... Artery Disease
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Severe left Ventricular ... hypertrophy
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):

CERTIFIER

29a CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] Physician
29c MEDICAL LICENSE NO.: 02001202
29d DATE SIGNED (Month, Day, Year): 12-29-93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Richard Krejsa DO, 2068 Lucas Parkway, Lowell, IN 46356

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander D. Williams M.D
32 DATE FILED (Month, Day, Year): January 4, 1994

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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...

JAN 04 1994 — Alexander D. Williams, M.D. — HEALTH COMMISSIONER

FILED Sep 30 1994 — Anna M. Antonides

94 SEP 30 PM 3:11 — FILED FOR RECORD — SAMUEL ... RECORDER — LAKE COUNTY

EXHIBIT C

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