PE-RECORDED TO CORRECT LEGAL DESCRIPTION

AFFIDAVIT OF HEIRSHIP
STATE OF INDIANA) $\frac{2}{\omega}$
COUNTY OF LAKE)
Pauline Jones, Executrix of the Estate of Mildred M. Trigg being duly sworn upon oath deposes and states:
1. The Affiant, Mrs. Pauline Jones resides at 2527 Monroe Street, Gary, Lake County, Indiana.
2. Mrs. Mildred M. Trigg has a life estate interest only in real property located at 1748 Rutledge Street; and her only child Mr. Robert Tigg AKA Mr. Robert Trigg, deceased, owns the remainder interest.
3. That Mrs. Mildred M. Trigg died on August 21, 2013, in Gary, Lake County, Indiana State Department of Health Certificate of Death is attached).
4. The decedent, Mrs. Mildred M. Trigg died owning no interest in the property legally described as Chas. O. Fentons 1 st Addition, Lot 13, N2. L. 14 W. 5FT. Vac. Rutledge Street, ADJ. Lots. Key Number 45-08-08-331-021.000-004, commonly known as 1748 Rutledge Street, Gary, Ludiana 46404.
5. Mrs. Mildred M. Trigg died leaving a Last Will and Testament which has been filed in the Lake County, Indiana Probate Court under Cause Number 45CO1-1310-EU-0178.
6. Mrs. Mildred M. Trigg's life estate interest in 1748 Rutledge Street, Gary, Indiana, 46404 terminated upon her death on August 21, 2013.
7. That Mr. Robert Tigg AKA Mr. Robert Trigg died on January 3, 2013, in Gary, Lake County, Indiana. (Indiana State Department of Health Certificate of Death is attached).
8. That the total value of the said real estate including taxable interest in the aforesaid property less than \$17,500, pursuant to a Certified Appraisal performed on November 22, 2013, by Devine Realty, Gary, Indiana.
Further Affiant Sayeth Not.
Pauline Jones, Executrix O10464 Estate of Mildred M. Trigg
JAN 3 0 2014 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR
CARE COUNTY AUDITOR
28 / PEGGY HOLINGA KATONA

Subscribed and sworn to before me by the said Junifer Hall, a Notary Public in the County of Lake, State of Indiana, this 2^{nd} day of <u>December</u>, 2013.



Junifer Hall
Resident Of
Lake County
My Commission Expires:
3/2/2016

Juniter Hall, JD, MPA, MBA

Notary Public

"I AFFIRM, UNDER THE PERIALITES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOQUMENT, UNLESS REQUIRED BY THE PREPARED BY



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 0 1. Decedent's Legal Name (First Middle, I	not)		DR No 00(
·	1431)			Name (If female)	2. Se	× 3	. Time Of Death	4. Da	te C' Death (Month/Day/Ye
MILDRED TRIGG 5. Social Security Number 6a Age - Yri	s 6c. Under 1 Yea	ar 6c. Under 1 Mc	MOORE onth 6d. Under 1 Da	ay 6e. Under 1 nour	FEI 7 Date of Birth (N	MALE fonth/Dav/Year	07:10 AM		08/21/2013 ste or Foreign Country)
92	Months	Days	Hours	Minutes	07/25/	1021	CLEAT		
9. Ever in U.S. Armed Forces? 10. If	Death Occurred In A Ho	ospital:		10a. If Death Occur	ea Somewhere Oth	er Than A Hos	oltai		
	patient 🛭 Emergency	Department Outpat	ient 🔲 Dead or. Arr	Hospice Facility Other (Specify)	Decedent's F	:ome LIN	ursing Home/Lon	ig-term Card Fi	acilny
 Facility Name (If Not Institution, Give S METHODIST HOSPITAL NO 									
12. City Or Town, State, And Zip Code				13. County Of	Death			al Status At Tir	
GARY, IN, 46402				LAKE			∐ Marri ⊠ Wido	ed Married wed Ni	l, But Separated 📗 Divor ever Married 🔲 Unknow
15. Surviving Spouse's Name		-	15a. (if Wife)Give Ma	iden Last Name	16. Dece	ident's Usual O	ccupation	1	nd Of Business/Industry
8. Residence - State	160	a. County			BEAUT	ICIAN		SALC	RED'S BEAUTY
	4	•		18b. City Or Town					
VDIANA 8c. Street And Number	LA	KE		GARY		18d Apt. N	o 18e	Zip Code	18f. Inside City Limit
748 RUTLEDGE STREET								2.5 3330	Yes [] No
9. Decedent's Education	2	C. Decedent Of His	panic Origin	21. Dec	cedant's Race	<u> </u>		46404	
OME COLLEGE CREDIT, E		IOT HISPANI	ic.	Black	or African Am	orioon			
2. Father's Name (First, Middle, Last)		,0,71107744		23. Mother's Name (Fir		encan	2	3a. Mother's M	faiden Last Name
ALTER MOORE				MABLE MOOR	F		P	ATTON	
i. Informant's Name		24a. Relationship	To Decedent	24b. Mailing Address (, City, State, Zi	p Code)	AT TOIN	
ORA M HARDIMAN		NIECE		4402 AUTUMN	HILL DRIVE	, STONE	MOUNTAI	N, GA 300	083
ea. Method Of Disposition	25b. Pl.	ace Of Disposition (25, P Name Of Cemetery, (Place Of Disposition Crematory, Other Place)	25c. Location - City	r, Town, And S	tate		
Burial Cremation Donation	Entombment			4					
Removal From State									
Other (Specify):		HILL CEMET		iment	GARY, IN				
Other (Specify): Was Coroner Contacted? 2	7. Name And Complete	e Address Of Funer	al Facility	iment	GARY, IN			27a. Fi	ineral Home License Numb
Other (Specify): Was Coroner Contacted? 2 Yes No G	7. Name And Complete	FUNERAL D	al Facility	IMENT 959 WEST 117H		ARY, IN 4		FH83	neral Home License Numb
Other (Specify): 5 Was Coroner Contacted? 2 Yes ☑ No ☐ b. Signature Of Indiana Funeral Service Li	7. Name And Complete	E Address Of Funer FUNERAL DI SIGNATURE	IRECTORS, 2	t is the pr	opert		iniber (Of License	FH83	
Other (Specify): Was Coroner Contacted? 2 Yes Mo G Signature of Indiana Funeral Service Li ARMELITA V. PERRY , BY	7. Name And Complete UY & ALLEN icensee. ELECTRONIC	FUNERAL DI	Alexa Of Death (S	t is the pr	operty	7s, License Nr. D2970007	iniber (Of License	FH83	
Other (Specify): Was Coroner Contacted? Yes No G Signature of Indiana Funeral Service Li ARMELITA V. PERRY BY 28. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arr	7. Name And Complete BUY & ALLEN icensee: ELECTRONIC Diseases, Injuries, Crest, Of Ventricular File	FUNERAL DI	Alexa Of Death (S	t is the pr	operty	7s, License Nr. D2970007	iniber (Of License	FH83	007704 Approximate
Flyes Man	7. Name And Complete SUY & ALLEN icensee: ELECTRONIC Diseases, Injuries, Crest, Of Ventricular Filey.	FUNERAL DI SIGNATURE COr Complications - brillation Without S	Alexa Of Death (S	te Instructions And Exa to The Death Do Not Entry Do Not Abbreviate, En	operty	7c. License M D2970007 s se On	iniber (Of License	FH83	007704 Approximate Interval: Obset
Other (Specify): Was Coroner Contacted? Zeroner Contacted? Yes Mo B Signature Of Indiana Funeral Service Lind ARMELITA V. PERRY BY 28. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arr A Line. Add Additinal Lines If Necessari mmediate Cause (Final Disease Or Corone Contact Cause) Sequentially List Conditions. If Any Lea	7. Name And Complete BUY & ALLEN Idensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular Fill y. Indition Resulting in D	FUNERAL DI SIGNATURE Or Complications - ibrillation Without S leath) A.	al Facility IRECTORS, 2 Gause Of Death (So In and Directly Cause Showing The Etiology	te Instructions And Exa to The Death Do Not Enti by Do Not Abbreviate. En	at I a minal Event ter Only One Cause to (Or Je A Consequence	76. License M D2970007 s se On	iniber (Of License	FH83	Approximate Interval: Onset To Death
Other (Specify): Was Coroner Contacted? Zeroner Contacted Contac	7. Name And Complete BUY & ALLEN Idensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular Fill y. Indition Resulting in D	FUNERAL DI SIGNATURE Or Complications - ibrillation Without S leath) A.	al Facility IRECTORS, 2 Gause Of Death (So In and Directly Cause Showing The Etiology	te Instructions And Exa to The Death Do Not Enti by Do Not Abbreviate. En	2 F Imples) at Terminal Event ter Only One Caus	76. License M D2970007 s se On	iniber (Of License	FH83	Approximate Interval: Onset To Death
Other (Specify): Was Coroner Contacted? Zeroner Contacted Contac	7. Name And Complete BUY & ALLEN Idensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular Fill y. Indition Resulting in D	FUNERAL DI SIGNATURE Or Complications - ibrillation Without S leath) A.	al Facility IRECTORS, 2 Gause Of Death (So In and Directly Cause Showing The Etiology	te is the present	at I a minal Event ter Only One Cause to (Or Je A Consequence	7c. License No. D2970007 s se On	iniber (Of License	FH83	Approximate Interval: Onset To Death
Other (Specify): Was Coroner Contacted? 2 Yes ☑ No Signature of Indiana Funeral Service Li ARMELITA V. PERRY , BY 28. Part I. Enter The Chain Of Events - Such As Cardiac Arrest, Respiratory Arr A Line. Add Additinal Lines If Necessar, mmediate Cause (Final Disease Or Cor Sequentially List Conditions, If Any, Lea ine A. Enter The Underlying Cause (Di the Events Resulting In Death) Last	7. Name And Complete SUY & ALLEN icensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular File y, Indition Resulting in D adding To The Cause L isease Or Injury That	FUNERAL DI SIGNATURE Or Complications - ibrillation Without S health) A. Listed On B. Initiated C.	AFACILITY RECTORS, 2 Cause Of Death Si That Directly Cause Showing The Etiolog MYOCARDIAL IN	tis the process the process of the Death, Do Not Abbreviate. En Parction	DOPEN 2 Imples) Is Terminal Event Is Tolly One Caus Is (Gr As A Consequence Is (Gr As A Consequence Is (Gr As A Consequence	7c. License M. D2970007	mber (Of License)	FH83	Approximate Interval: Onset To Death 4 MINUTES
Other (Specify): Was Coroner Contacted? Zeroner Contacted? Yes Mo G b. Signature Of Indiana Funieral Service Li ARMELITA V. PERRY , BY 8. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arr Line. Add Additinal Lines If Necessar, mmediate Cause (Final Disease Or Cor equentially List Conditions. If Any, Lea ine A. Enter The Underlying Cause (Di he Events Resulting in Death) Last till. Enter Other Significant Conditions Com NE	7. Name And Complete SUY & ALLEN icensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular File y, Indition Resulting in D adding To The Cause L isease Or Injury That	FUNERAL DI SIGNATURE Or Complications - ibrillation Without S health) A. Listed On B. Initiated C.	AFACILITY RECTORS, 2 Cause Of Death Si That Directly Cause Showing The Etiolog MYOCARDIAL IN	tis the property of the peat, Do Not Abbreviate. En PARCTION Due to the peat, Do Not Entre to the peat, Do Not Abbreviate. En Due to t	De 2 F.	7c. License M D2970007 s see On	mber (Of License)	FH83	Approximate Interval: Onsei To Death 4 MINUTES
Other (Specify): Was Coroner Contacted? Zeroner Contacted? Yes Mo Get Signature Of Indiana Funeral Service Liand Medical Lines If Necessary Medical Cause (Final Disease Or Corone Equentially List Conditions, If Any, Leaine A. Enter The Underlying Cause (Dine Events Resulting in Death) Last till. Enter Other Significant Conditions Communication.	7. Name And Complete BUY & ALLEN idensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular File y, addition Resulting in D adding To The Cause L isease Or Injury That	FUNERAL DI SIGNATURE CO Or Complications - ibrillation Without S Death) A. Listed On Initiated C. D. Not Resulting in The	IRECTORS, 2 Cause Of Death (Signature of Deat	te instructions And Examination of the Death, Do Not Abbreviate. En PARCTION Due 100 to 100	DOP 2 Type S	7c. License M. D2970007 s see On on on Performed? ding Available 33. Manner	mber (Of License) 10 10 10 10 10 10 10 10 10 1	FH83	Approximate Interval: Onset To Death 4 MINUTES 13th?
Other (Specify): Was Coroner Contacted? 2 Yes No D Signature Of Indiana Funeral Service DARMELITA V. PERRY BY 8. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arr Is Line. Add Additinal Lines if Necessar Immediate Cause (Final Disease Or Cor Requentially List Conditions. If Any, Lea ine A. Enter The Underlying Cause (Di he Events Resulting in Death) Last til. Enter Other Significant Conditions Con VE Did Tobacco Use Contribute To Ceath? Yes Probably No Dinknown	7. Name And Complete BUY & ALLEN licensee: ELECTRONIC Diseases, Injuries, C est, Or Ventricular Fill adding To The Cause L isease Or Injury That inibuting to Death But N 32. If Femal	FUNERAL DI SIGNATURE CO Complications - brillation Without S Death) A. Listed On B. Initiated C. Not Resulting In The	A Facility IRECTORS, 2 Jause Of Death (Signature of Death (Signa	the tructions And Examination of the Death, Do Not Entry, Do Not Abbreviate, En Double of the Control of the Co	Type 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7c. License M. D2970007 Sisse On On On On On On On No On No On	mber (Of License) 1 Ye To Complete To: Of Death Homidie [Could Not Re	FH83 FH83 s No c Cause Of De	Approximate Interval: Onsei To Death 4 MINUTES
Other (Specify): Was Coroner Contacted? 2 Yes No D Signature Of Indiana Funeral Service DARMELITA V. PERRY BY 8. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arr Is Line. Add Additinal Lines if Necessar Immediate Cause (Final Disease Or Cor Requentially List Conditions. If Any, Lea ine A. Enter The Underlying Cause (Di he Events Resulting in Death) Last til. Enter Other Significant Conditions Con VE Did Tobacco Use Contribute To Ceath? Yes Probably No Dinknown	7. Name And Complete	FUNERAL DI SIGNATURE CO Complications - brillation Without S Death) A. Listed On B. Initiated C. Not Resulting In The	A Facility IRECTORS, 2 Jause Of Death (Signature of Death (Signa	tis the present of Example 1 to Not Pregnant But Pregnant	Type 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7c. License M. D2970007 Sisse On On On On On On On No On No On	mber (Of License) 1 Ye To Complete To: Of Death Homidie [Could Not Re	FH83 sec): S	Approximate Interval: Onset To Death 4 MINUTES sath? Yes [] No Pending Investigation 7 Injury At Work?
Other (Specify): Was Coroner Contacted? J Yes Mo B. Signature Of Indiana Funeral Service BY ARMELITA V. PERRY BY 8. Part I. Enter The Chain Of Events Cuch As Cardiac Arrest, Respiratory Arr I. Line. Add Additinal Lines If Necessar Inmediate Cause (Final Disease Or Cor equentially List Conditions. If Any, Lea ine A. Enter The Underlying Cause (Di he Events Resulting in Death) Last I. Enter Other Significant Conditions Con NE Did Tobacoo Use Contribute To Ceath? Yes Probably No Unknown Date Of Injury (Month/Day/Year)	7. Name And Complete BUY & ALLEN licensee: ELECTRONIC Diseases, Injuries, C est, Or Ventricular Fill adding To The Cause L isease Or Injury That inibuting to Death But N 32. If Femal	FUNERAL DI SIGNATURE CO Complications - brillation Without S death) A. Listed On Initiated C. Not Resulting in The let. Let. Within Past Year Let. But Pregnant 45 Days 7 f Injury	AT Pregnant A' Time Of Death o 1 year Before Death o 1 year Before Death o 1 year Before Death o 2 year Before Death	the tructions And Examination of the Death, Do Not Entry, Do Not Abbreviate, En Double of the Control of the Co	Type 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7c. License M. D2970007 s see On on on on en on Natural Natural Natural	To Complete To: Of Death Homidide Could Not Be	FH83 se): No e Cause Of De Accident [Determined Irea) 3	Approximate Interval: Onset To Death 4 MINUTES Pending Investigation 7 Injury At Work? Yes No
Other (Specify): Was Coroner Contacted? Jes Mo G b. Signature Of Indiana Funeral Service LEARMELITA V. PERRY BY 8. Part I. Enter The Chain Of Events Fuch As Cardiac Arrest, Respiratory Arruchae. Add Additinal Lines If Necessary Inmediate Cause (Final Disease Or Corequentially List Conditions. If Any, Learne A. Enter The Undertying Cause (Disease A. Enter The Undertying Cause (Disease Corone Events Resulting in Death) Last III. Enter Other Significant Conditions Co	7. Name And Complete BUY & ALLEN licensee: ELECTRONIC Diseases, Injuries, C est, Or Ventricular Fill adding To The Cause L isease Or Injury That Injury That Injury That Injury The Cause L Injury That Injury That Injury The Cause L Injury That Inj	FUNERAL DI SIGNATURE CO Complications - brillation Without S death) A. Listed On Initiated C. Not Resulting in The let. Let. Within Past Year Let. But Pregnant 45 Days 7 f Injury	AT Pregnant A' Time Of Death o 1 year Before Death o 1 year Before Death o 1 year Before Death o 2 year Before Death	vin In Part I 29 Will Pregnant But Pregnant Will University (E.G., Discaden	Type 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7c. License M. D2970007 s see On on on on en on Natural Natural Natural	mber (Of License) 1 Ye 10 Complete To: Of Death 1 Homide [FH83 se): No e Cause Of De Accident [Determined Irea) 3	Approximate Interval: Onset To Death 4 MINUTES sath? Yes [] No Pending Investigation 7 Injury At Work?
Other (Specify): Was Coroner Contacted? Zeroner Contacted? Yes No Get Signature Of Indiana Funeral Service Lia RMELITA V. PERRY, BY 8. Part I. Enter The Chain Of Events Fuch As Cardiac Arrest, Respiratory Arrivative. Add Additinal Lines If Necessary Inmediate Cause (Final Disease Or Contequentially List Conditions, If Any, Leadine A. Enter The Underlying Cause (Dine Events Resulting in Death) Last III. Enter Other Significant Conditions Context (III. Enter Other Signif	7. Name And Complete BUY & ALLEN licensee: ELECTRONIC Diseases, Injuries, C est, Or Ventricular Fill adding To The Cause L isease Or Injury That Injury That Injury That Injury The Cause L Injury That Injury That Injury The Cause L Injury That Inj	FUNERAL DI SIGNATURE CO Complications - brillation Without S death) A. Listed On Initiated C. Not Resulting in The let. Let. Within Past Year Let. But Pregnant 45 Days 7 f Injury	AT Pregnant A' Time Of Death o 1 year Before Death o 1 year Before Death o 1 year Before Death o 2 year Before Death	vin In Part I 29 Will Pregnant But Pregnant Will University (E.G., Discaden	Type 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	on: Performed? Performed? iding Available 33. Manner Naturat Suicide Suicide Restrict	To Complete To Of Death Homidiae [Louid Not Be aurant, Wooded A	FH83 s No e Cause of De Accident [Determined Fivo. 38	Approximate Interval: Onset To Death 4 MINUTES AMINUTES Pending Investigation 7 Injury At Work? Yes No
Other (Specify): Was Coroner Contacted? 2 Yes No Disgnature Of Indiana Funeral Service Lia RMELITA V. PERRY, BY 8. Part I. Enter The Chain Of Events - Funds as Cardiac Arrest, Respiratory Arrivative. Add Additinal Lines If Necessary Introduced the Cause (Final Disease Or Contequentially List Conditions, If Any, Learner A. Enter The Underlying Cause (Dithe Events Resulting in Death) Last 11. Enter Other Significant Conditions Contegues (Dithe Events Resulting in Death) Last 12. Enter Other Significant Conditions Contegues (Dithe Events Resulting in Death) Last 13. Enter Other Significant Conditions Contegues (Dithe Events Resulting in Death) Last 14. Enter Other Significant Conditions Contegues (Dither Contegues Contribute To Death?) 15. Enter Other Significant Conditions Contegues (Dither Contegues Contribute To Death?) 16. Enter Other Significant Conditions Contegues (Dither Contegues Contegu	7. Name And Complete BUY & ALLEN icensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular Fill y, Indition Resulting in D ading To The Cause L isease Or Injury That initiating to Death But N 32. If Femal Not Pregne 35. Fine Or 38a. City Or	FUNERAL DI SIGNATURE CO Complications - brillation Without S death) A. Listed On Initiated C. Not Resulting in The let. Let. Within Past Year Let. But Pregnant 45 Days 7 f Injury	AT Pregnant A' Time Of Death o 1 year Before Death o 1 year Before Death o 1 year Before Death o 2 year Before Death	vin In Part I 29 Will Pregnant But Pregnant Will University (E.G., Discaden	Operat F Imples) at Terminal Event ter Only One Caus to (or As A Consequence t	On Department of the control of the	To Complete To Condition Monday Wooded A 38c. Apt 38c. Ap	FH83 s No e Cause of De Accident [Determined Fivo. 38	Approximate Interval: Onset To Death 4 MINUTES AMINUTES Pending Investigation 7 Injury At Work? Yes No
Other (Specify): Was Coroner Contacted? J Yes Mo G D. Signature Of Indiana Funeral Service DARMELITA V. PERRY BY B. Part I. Enter The Chain Of Events Juch As Cardiac Arrest, Respiratory Arr Line. Add Additinal Lines if Necessar Inmediate Cause (Final Disease Or Cor equentially List Conditions. If Any, Lea ine A. Enter The Underlying Cause (Di he Events Resulting in Death) Last U.I. Enter Other Significant Conditions Com SE Did Tobacco Use Contribute To Death? Yes Drobably No Dunknown Date Of Injury (Month/Day/Year) Location Of Injury - State: Describe How Injury Occurred Signature, Of Person Certifying Cause Of RRYL LEWIS FORTSON .	7. Name And Complete BUY & ALLEN idensee: ELECTRONIC Diseases, Injuries, Cest, Or Ventricular Fill adding To The Cause Lisease Or Injury That 32 If Femal Not Pregna 35. Firme Or 38a. City Or	FUNERAL DI SIGNATURE CO Complications - biniliation Without S death) A. Listed On Initiated C. Vot Resulting in The ref. But Pregnant 45 Days T of Injury Town	A Pregnant At Time Of Death 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vin In Part I 29 Will Pregnant But Pregnant Will University (E.G., Discaden	open 57 Imples) In Jerning Event Ital Only One Caus Ital Or As A Consequence Ital Or As A C	on: Performed? Performed? iding Available 33. Manner Naturat Suicide Suicide Restrict	To Complete To Of Death American Injury, Sec. April 28c. April 28c	FH83 s No codent [Determined No. 38 Page Street Percentage Of Determined Percentage Of Det	Approximate Interval: Onset To Death 4 MINUTES AMINUTES Pending Investigation 7 Injury At Work? Yes No
Other (Specify): Was Coroner Contacted? 2 Yes No	7. Name And Complete SUY & ALLEN idensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular Fill y. Indition Resulting In D adding To The Cause L isease Or Injury That 32 If Femal Not Prepare Into Prepare Into Prepare 35. Firme Or 38a. City Or Death: BY ELECTRON Certifying Cause Of Dea	FUNERAL DI SIGNATURE CO Complications - ibrillation Without S Death) A. Listed On Initiated C. D. Not Resulting in The ent Within Past Year ent, But Pregnant 43 Days 7 ff Injury Town	A Pregnant AT Time Of Death Pregnant AT Time Of Death 1 year Before Death 28 Pa 38 Pa JRE	t is the process of the peak, Do Not End by Do Not Abbreviate. En	open 57 Imples) In Jerning Event Ital Only One Caus Ital Or As A Consequence Ital Or As A C	On D297000 See On	To Complete To Of Death Homidia Could Not Be Sac Apt 38c Apt Of Passenger Vy One)	s No Recident [Determined Accident] Accident [Determined Area) 3: Page 13: Page 14: Page 15: Page 1	Approximate Interval: Onset To Death 4 MINUTES AMINUTES AMINUTE
Other (Specify): Was Coroner Contacted? Zeroner Contacted? Yes No Describe How Injury Occurred Other (Specify): Was Coroner Contacted? Zeroner Contacted Contac	7. Name And Complete SUY & ALLEN idensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular Fill y. Indition Resulting In D adding To The Cause L isease Or Injury That 32 If Femal Not Prepare Into Prepare Into Prepare 35. Firme Or 38a. City Or Death: BY ELECTRON Certifying Cause Of Dea	FUNERAL DI SIGNATURE CO Complications - ibrillation Without S Death) A. Listed On Initiated C. D. Not Resulting in The ent Within Past Year ent, But Pregnant 43 Days 7 ff Injury Town	A Pregnant AT Time Of Death Pregnant AT Time Of Death 1 year Before Death 28 Pa 38 Pa JRE	t is the process of the peak, Do Not End by Do Not Abbreviate. En	open 57 Imples) In Jerning Event Ital Only One Caus Ital Or As A Consequence Ital Or As A C	7c. License No. D297000 s see On on on on on on on on iding Available 33. Manner Suicide tion Site. Restriction Site. Restriction fier (Chec). Or fiying Physician 44. Lin 10103	To Complete To Of Death Homidiae [] Homidiae [] Authorities Injury, S or [] Passenger []	s No Recident [Determined Accident] Accident [Determined Area) 3: Page 13: Page 14: Page 15: Page 1	Approximate Interval: Onset To Death 4 MINUTES Pending Investigation 7 Injury At Work? Yes No 3d Zip Code
Other (Specify): De Was Coroner Contacted? Tyes ☑ No De Signature of Indiana Funeral Service De ARMELITA V. PERRY BY Separt I. Enter The Chain Of Events A Line. Add Additional Lines if Necessary mmediate Cause (Final Disease Or Corone A. Enter The Underlying Cause (Dinha Events Resulting In Death) Last Till. Enter Other Significant Conditions Com NE Did Tobacoo Use Contribute To Death? Yes ☐ Probably ☑ No ☐ Unknown Date Of Injury (Month/Day/Year) Location Of Injury - State: Describe How Injury Occurred Signature. Of Person Certifying Cause Of RYL LEWIS FORTSON IN Name, Address And Zio Code Of Person CRYL LEWIS FORTSON Additional Funeral Service Provider.	7. Name And Complete SUY & ALLEN idensee: ELECTRONIC Diseases, Injuries, Crest, Or Ventricular Fill y. Indition Resulting In D adding To The Cause L isease Or Injury That 32 If Femal Not Prepare Into Prepare Into Prepare 35. Firme Or 38a. City Or Death: BY ELECTRON Certifying Cause Of Dea	FUNERAL DI SIGNATURE CO Complications - ibrillation Without S Death) A. Listed On Initiated C. D. Not Resulting in The ent Within Past Year ent, But Pregnant 43 Days 7 ff Injury Town	A Pregnant AT Time Of Death Pregnant AT Time Of Death 1 year Before Death 28 Pa 38 Pa JRE	t is the process of the peak, Do Not End by Do Not Abbreviate. En	Type 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7c. License No. D2970000 ssee On	To Complete To: Of Death Homidida Could Not Be aurant, Wooded A 38c. Apt 38c. Apt Coror ense Number 7803A	FH83 see): See): No e Ceuse Of De Accident [Determined Area) 3: No 36 Pedesiran [] 0 area [] 45	Approximate Interval: Onset To Death 4 MINUTES 2 Yes No Pending Investigation Injury At Work? Yes No 2 Zip Code
Other (Specify): 6 Was Coroner Contacted? 2 Yes ☑ No 6 Signature Of Indiana Funeral Service Li ARMELITA V. PERRY , BY 28. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory Arr A Line. Add Additinal Lines If Necessari mmediate Cause (Final Disease Or Cor Sequentially List Conditions. If Any, Lea ine A. Enter The Underlying Cause (Di the Events Resulting in Death) Last 11. Enter Other Significant Conditions Com NE Did Tobacco Use Contribute To Ceath? Yes ☐ Probably ☑ No ☐ Unknown Date Of Injury (Month/Day/Year) Location Of Injury - State: Describe How Injury Occurred Signature, Of Person Certifying Cause Of RRYL LEWIS FORTSON . RRYL LEWIS FORTSON . RRYL LEWIS FORTSON . RRYL LEWIS FORTSON .	7. Name And Complete BUY & ALLEN idensee: ELECTRONIC Diseases, Injuries, Cest, Or Ventricular Filly adding To The Cause Lisease Or Injury That 32 If Femal Introduction The Cause Lisease Or Injury That 33. Time Or 34. City Or Death: BY ELECTRON Certifying Cause Of Deat 1950 45TH AV	ENUERAL DI SIGNATURE CO Complications - biniliation Without S death) A. Listed On Initiated C. Lot Resulting in The let. Let. Let. Let. Let. Let. Let. Let. L	A Pregnant AT Time Of Death Pregnant AT Time Of Death 1 year Before Death 28 Pa 38 Pa JRE	t is the process of the peak, Do Not End by Do Not Abbreviate. En	Type 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7c. License No. D2970000 ssee On	To Complete To Of Death Homidiae [] Homidiae [] Authorities Injury, S or [] Passenger []	FH83 s No e Cause Of De Accident [Determined Area) 3: No. 36 Percestran [] 0 Accident [45	Approximate Interval: Onset To Death 4 MINUTES AMINUTES Pending Investigation 7 Injury At Work? Yes No 3d Zip Code

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000)007	EDR No 0000	23	State No						
Decedent's Legal Name (First, Middle, Last)		1a. Maiden Na	me (If female)	2.	Sex	Time Of Dea	ith 4. Da	te Of Death (Month/Day/Year)		
ROBERT EUGENE TRIGG 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year 6c. Under	1 Month 6d. Under 1 Day	6e. Under 1 Hour		MALE	04:29 P		01/03/2013 ate or Foreign Country)		
								ite or Foreign Courry)		
9. Ever in U.S. Armed Forces? 10. If Deat	Months Days h Occurred In A Hospital:	Hours	Minutes 10a. If Death Occu		4/1936 Other Than A Ho		TON, KY			
	nt 🔲 Emergency Department Ou	tpatient Dead on Arriva	Hospice Facility Other (Specify)	☐ Decedent	s Home	Nursing Home/I	ong-term Care F	acility		
11. Facility Name (If Not Institution, Give Stree METHODIST HOSPITALS INC 12. City Or Town, State, And Zip Code			13. County (Y Dooth		14 14	arital Status At Ti	To Of Deeth		
			13. County) Deau		l	arried 🔲 Married	i, But Separated 【☑ Divorced		
GARY, IN, 46402 15. Surviving Spouse's Name		15a. (If Wife)Give Maide	LAKE en Last Name	16. Di	ecedent's Usual			ever Married Unknown and Of Business/Industry		
				OPFI	RATOR		WAI	GREENS		
18. Residence - State	18a. County	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18b. City Or Tov		<u> </u>		1			
INDIANA	LAKE		GARY							
18c. Street And Number					18d. Apt.	No. 1	8e. Zip Code	18f. Inside City Limits?		
1748 RUTLEDGE STREET		*****					46404	☑ Yes ☐ No		
19. Decedent's Education HIGH SCHOOL GRADUATE O		f Hispanic Origin	21. D	ecedent's Race		**				
COMPLETED 22. Father's Name (First, Middle, Last)	NOT HISP	ANIC	Black 23. Mother's Name (i	or African A		.	23a Mother's I	Maiden Last Name		
			20. 1110.110.10 (1	not, madio, Edity			200. Would 3 1	Walden East Name		
LANSON TRIGG 24. Informant's Name	24a. Relatio	nship To Decedent	MILDRED TR 24b. Mailing Address		ber, City, State,	Zip Code)	MOORE			
MILDRED TRIGG	MOTHE	R	1748 RUTLED	GE STREE	T. GARY.	IN 46404				
25a, Method Of Disposition			ce Of Disposition							
Burial Cremation Donation Ent		(Name Of Cemetery, Cr	ematory, Other Place)	25c. Location -	City, Town, And	1 State				
Removal From State Other (Specify):	OAK HILL CEN	AETERY.	ment	GARY, IN						
	Name And Complete Address Of F			JOANT, IN			27a. F	uneral Home License Number		
☐ Yes ☒ No	Y & ALLEN, FUNERA	DIRECTORS 20	150 WEST 11T	1 AVENITIE	CARY IN	16404	EUO	3007704		
27b. Signature Of Indiana Funeral Service Licer	nsee:		is the pi		27c. License	Number (Of Lic		3007704		
TAQUIA BLEVINS , BY ELECTI		Cause Of Death (See	Instructions And E	xamples) C1	FD20500	009		Approximate		
28. Part I. Enter The <u>Chain Of Events</u> - Di Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additinal Lines If Necessary.	seases, Injuries, Or Complication, Or Ventricular Fibrillation With	ons - That Directly Caused out Showing The Etiology	The Death. Do Not E . Do Not Abbreviate.	inter Terminal Ev Enter Only One (ents Cause On			Interval: Onset To Death		
Immediate Cause (Final Disease Or Condit	ion Res <mark>ulting In D</mark> eath)	A. ASYSTOLE					****	MINUTES		
Companially Link Constitution of Assaclassic		B. CARDIOGENIC SH	IUCK	Due to (Or As A Conseq	uence Of);			DAYS		
Sequentially List Conditions, If Any, Leadir Line A. Enter The Underlying Cause (Dise	ase Or Injury That Initiated	b. OARDIOCEIVIC OII	Due to (Or A				DATS			
The Events Resulting In Death) Last		C. MYOCARDIAL INFARCTION Due		Due to (Or As A Conseq	to (Or As A Consequence Of):			DAYS		
		D. CORONARY ARTE						YEARS		
Part II. Enter Other Significant Conditions Contrib	uting to Death But Not Resulting I	n The Underlying Cause Givi	in In Part I	29. Was An Auto	Ť	L.	Yes ⊠ N			
HYPERTENSION CEREBRALVASCULAR AT 31. Did Tobacoo Use Contribute To Death?	CCIDENT SEIZURE DISORDE 32. If Femaie;	R	TILLIAN S	30. Were Autops		ble To Complete nner Of Death:	The Cause Of D	Peath? Yes No		
☐ Yes ☐ Probably ☐ No ☒ Unknown	Not Pregnant Within Past Yea	r Pregnant At Time Of Seath	ATTITUDE II PULL		h 🔯 Natu	rai 🔲 Homicid		Pending Investigation		
34. Date Of Injury (Month/Day/Year)	Not Pregnant, But Pregnant 43 35. Time Of Injury		Unknown if Pregnant With e Of Injury (E.G., Dece				ot Be Determined led Area)	37. Injury At Work		
		2/ 1						Yes No		
38. Location Of Injury - State	38a. City Or Town	38b, St	reet & Number		///	38c	Apt. No.	38d. Zip Code		
		E M	EAL							
39. Describe How Injury Occurred		de la la	DIANATION		40. If Tra	ansportation injured persons	iry, Specify: er Pedestrian	Other (Specify)		
41. Signature, Of Person Certifying Cause Of De	eath:			42	Certifier (Check	k Only One)				
ALBERT REYNOLDS , BY ELECT 43. Name, Address And Zip Code Of Person Cer		E			Certifying Physi			Heath Officer 45. Date Certified		
ALBERT REYNOLDS , 600 W (46. Additional Funeral Service Provider:	SRANT ST., GARY, IN	1 46402				051168A . *Akas:		01/09/2013		
48. Signature of Local Health Officer:	-			140 =			Ma-41-75 - 24			
ROLAND H WALKER, VIA ELEC	CTRONIC SIGNATUR	E		49. For	Registrar Unly		Month/Day/Year): 10 2013			
		IDMENT TO CERTIFICAT	E OF DEATH (ENTR	Y OR ORIGINAL	.)					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Lot 13 and the North Half of Lot 14, as marked and laid down on the recorded plat of Charles O. Fenton's First Addition to Tolleston, being a subdivision of the West Half of the Southeast Quarter of Section 8, Township 36 North, Range 8 West of the 2nd P.M., in the City of Gary, Lake County, Indiana, as the same appears of record in Plat Book 7, page 35 in the Recorder's Office of Lake County, Indiana.

THE Lake Courty Récorder!

the Lake County Recorder!