

RECORDED TO CORRECT LEGAL DESCRIPTION JHH

AFFIDAVIT OF HEIRSHIP

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2013 0899335

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, (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 1st 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, Indiana 46404. *SEE ATTACHED JHH*
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 is less than \$17,500, pursuant to a Certified Appraisal performed on November 22, 2013, by Devine Realty Gary, Indiana.

Further Affiant Sayeth Not.

FILED 010464
JAN 30 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

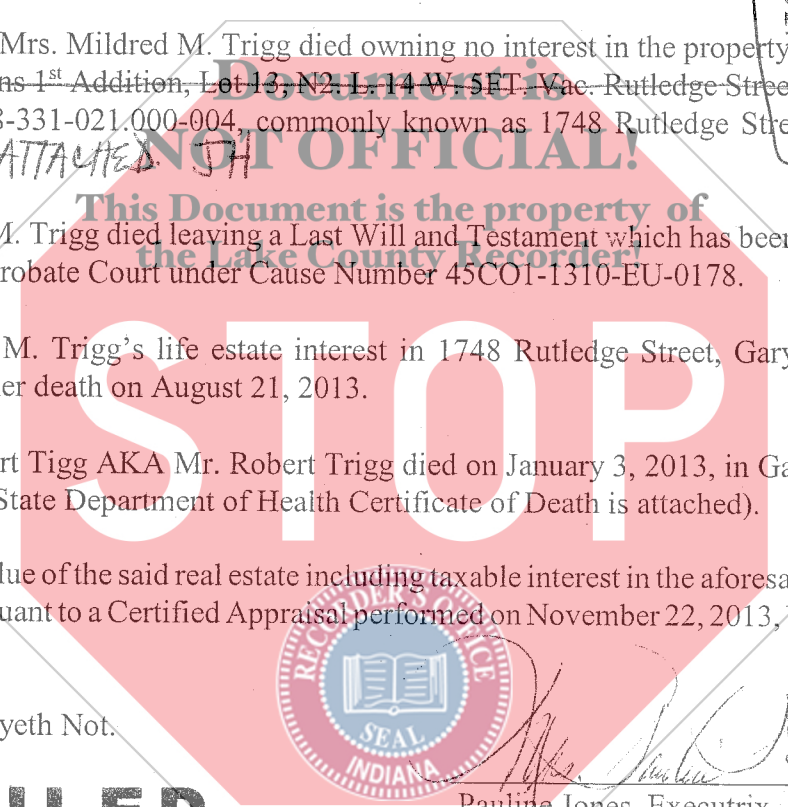
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FILED
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

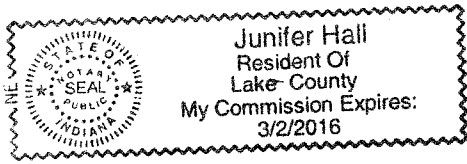
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LAKE COUNTY
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2013 DEC 4 PM 1:00
MICHAEL B. BROWN
RECORDER

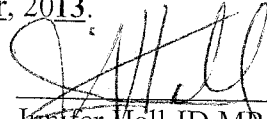
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LAKE COUNTY
FILED FOR RECORD
2014 JAN 30 AM 10:25
MICHAEL B. BROWN
RECORDER

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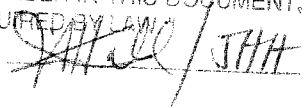


Subscribed and sworn to before me by the said Junifer Hall, a Notary Public in the County of Lake, State of Indiana, this 2nd day of December, 2013.





Junifer Hall, JD, MPA, MBA
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."
PREPARED BY: 





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1081227

Local No 000414

EDR No 000000340198

State No

1. Decedent's Legal Name (First, Middle, Last) MILDRED TRIGG				1a. Maiden Name (If female) MOORE		2. Sex FEMALE	3. Time Of Death 07:10 AM	4. Date Of Death (Month/Day/Year) 08/21/2013		
5. Social Security Number [REDACTED]		6a. Age - Yrs 92	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 07/25/1921		8. Birthplace (City and State or Foreign Country) CLEATON, KY	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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) METHODIST HOSPITAL NORTHLAKE										
12. City Or Town, State And Zip Code GARY, IN, 46402					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation BEAUTICIAN		17. Kind Of Business/Industry MILDRED'S BEAUTY SALON		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 1748 RUTLEDGE STREET	18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) WALTER MOORE			23. Mother's Name (First, Middle, Last) MABLE MOORE			23a. Mother's Maiden Last Name PATTON				
24. Informant's Name FLORA M HARDIMAN		24a. Relationship To Decedent NIECE		24b. Mailing Address (Street And Number, City, State, Zip Code) 4402 AUTUMN HILL DRIVE, STONE MOUNTAIN, GA 30083						
25a. 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)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) OAK HILL CEMETERY			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404					27a. Funeral Home License Number FH83007704			
27b. Signature Of Indiana Funeral Service Licensee: CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29700070				
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.									Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)						A. MYOCARDIAL INFARCTION		4 MINUTES		
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						B.		Due to (Or As A Consequence Of)		
						C.		Due to (Or As A Consequence Of)		
						D.		Due to (Or As A Consequence Of)		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			38. City Or Town			
36. Location Of Injury - State		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 type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: DARRYL LEWIS FORTSON, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		45. Date Certified 09/05/2013		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DARRYL LEWIS FORTSON, 1950 45TH AVENUE, SUITE 100, MUNSTER, IN 46321						44. License Number 01037803A		47. Expires		
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year) SEP 06 2013				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **000007**

EDR No **000000299923**

State No

1. Decedent's Legal Name (First, Middle, Last) ROBERT EUGENE TRIGG				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 04:29 PM		4. Date Of Death (Month/Day/Year) 01/03/2013	
5. Social Security Number [REDACTED]		6a. Age - Yrs 76		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) 10/14/1936				8. Birthplace (City and State or Foreign Country) CLEATON, KY							
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. 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 <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITALS INC.											
12. City Or Town, State, And Zip Code GARY, IN, 46402				13. County Of Death LAKE				14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation OPERATOR		17. Kind Of Business/Industry WALGREENS	
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town GARY			
18c. Street And Number 1748 RUTLEDGE STREET						18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) LANSON TRIGG				23. Mother's Name (First, Middle, Last) MILDRED TRIGG				23a. Mother's Maiden Last Name MOORE			
24. Informant's Name MILDRED TRIGG				24a. Relationship To Decedent MOTHER				24b. Mailing Address (Street And Number, City, State, Zip Code) 1748 RUTLEDGE STREET, GARY, IN 46404			
25a. 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):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) OAK HILL CEMETERY				25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN, FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number FH83007704			
27b. Signature Of Indiana Funeral Service Licensee: TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20500009					
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)										Approximate Interval: Onset To Death	
A. ASYSTOLE										MINUTE(S)	
B. CARDIOGENIC SHOCK										DAYS	
C. MYOCARDIAL INFARCTION										DAYS	
D. CORONARY ARTERY DISEASE										YEARS	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I HYPERTENSION CEREBRAL VASCULAR ACCIDENT SEIZURE DISORDER											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The 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, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		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 type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
41. Signature, Of Person Certifying Cause Of Death: ALBERT REYNOLDS, BY ELECTRONIC SIGNATURE						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: ALBERT REYNOLDS, 600 W GRANT ST., GARY, IN 46402						44. License Number 01051168A		45. Date Certified 01/09/2013			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 10 2013					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

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 33, in the Recorder's Office of Lake County, Indiana.

AND THE WEST 5 FT. OF VALATED RUTLEND STREET

ADJOINING LOTS
This document is the property of
the Lake County Recorder!

THE

STOP

