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LAKE COUNTY ASSESSOR
HANK ADAMS

2012 083835

STATE OF INDIANA)
LAKE COUNTY)
COUNTY OF LAKE)
2014 AUG 20 AM 11:50
MICHAEL BROWN
RECORDED

In Re the Estate of:
Dorothy L. Cannon, DECEASED

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SMALL ESTATES AFFIDAVIT AND AFFIDAVIT FOR TRANSFER OF REAL AND PERSONAL PROPERTY

Comes now the undersigned petitioner, James Cannon, the Son of Dorothy L. Cannon and respectfully represents to the Court as follows:

- That the above-named decedent died intestate on the 4th day of March, 2011, while domiciled in Lake County, Indiana.
- That 45 days have elapsed since the death of the decedent.
- That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
- That the decedent had two children: James Cannon and Glenn L. Cannon. That Glenn L. Cannon predeceased his mother in death.
- That the following person is entitled to payment:

Name	Address	Relationship
50%: James Cannon	2824 Whittier St., Portage, IN 46368	Son
50%: The children of Glenn L. Cannon, Deceased		
David Cannon	5420 Massachusetts St., Merrillville, IN 46410	Grandson
Mark Cannon	702 N. 712 W., Portage, IN 46368	Grandson
Darla Cannon-Filar	626 Oxford, Valparaiso, IN 46385	Granddaughter

6. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 29-27-1-1 the costs and expenses of administration and reasonable funeral expenses.

FILED
NOV 28 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

015573

FILED

AUG 20 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

19
AD
1 ref
ck-12563
non comp

25914

118
146
AD
ck-11660

The following are the sole assets held by the decedent at the time of death:

Anthem Refund Check: \$1,725.99

Real Property:

All of Lots 13 and 14, Block 30 in Southlands 3rd Subdivision, as recorded in the office of the Recorder, Lake County, Indiana.

Commonly known as 5420 Massachusetts St., Merrillville, IN 46410

Parcel Nos.: 45-12-03-104-016.000-031

45-12-03-104-017.000-031

\$31,000.00

TOTAL ESTATE ASSETS: \$32,725.99

That the debts of the decedent's estate are as follows:

Funeral Expenses - rees Funeral Home: \$7,285.70

Appraisal Fees: \$300.00

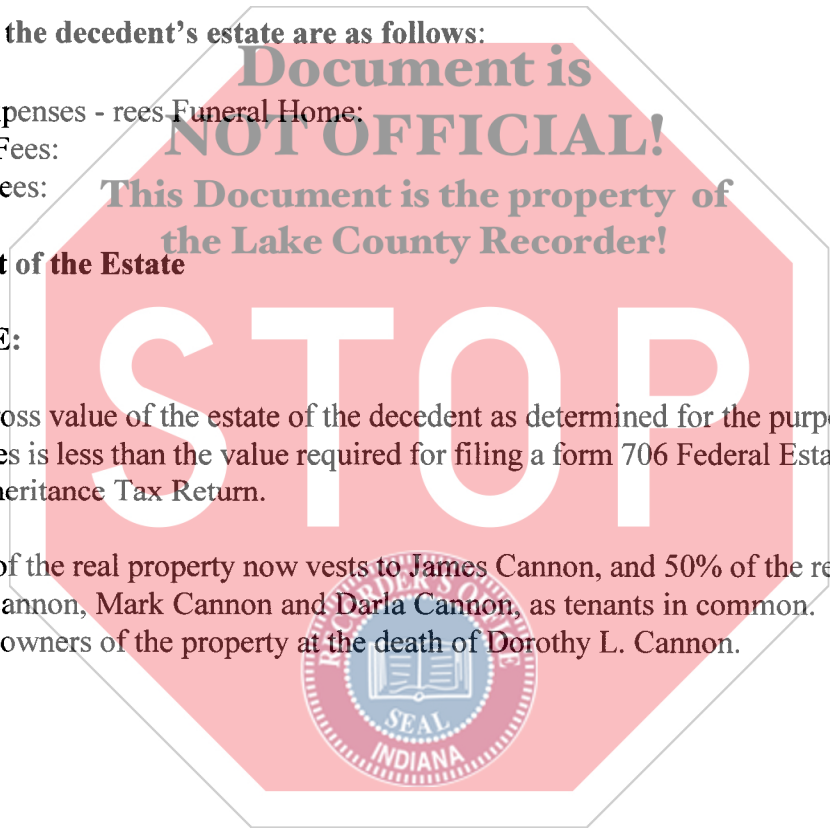
Attorney Fees: \$800.00

Total Debt of the Estate \$8,385.70

TOTAL ESTATE: \$24,340.29

7. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return and an Indiana Inheritance Tax Return.

8. That 50% of the real property now vests to James Cannon, and 50% of the real property now vests to David Cannon, Mark Cannon and Darla Cannon, as tenants in common. That they became the fee simple owners of the property at the death of Dorothy L. Cannon.



9. That this affidavit will hold the Assessor of Lake County harmless for its reliance on this affidavit.

Dated this 9 day of May, 2011.

James Cannon
James Cannon

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said county and state, personally appeared James Cannon, and being duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 9 day of May, 2011.

Patricia A. Rees
Patricia A. Rees, Notary Public
Resident of Lake County

My Commission Expires: 03/25/18

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Patricia A. Rees
Patricia A. Rees

This instrument Prepared by: Patricia A. Rees, Attorney At Law, 5341 Central Avenue, Portage, IN 46368 (219) 947-1692





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

Local No **000264**

EDR No **00000186871**

State No **010131**

1. Decedent's Legal Name (First, Middle, Last) DOROTHY LEE CANNON				1a. Maiden Name (if female) CLEM		2. Sex FEMALE	3. Time Of Death 04:30 AM	4. Date Of Death (Month/Day/Year) 03/04/2011	
5. Social Security Number [REDACTED]		6a. Age - Yrs 96	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) 05/30/1914		8. Birthplace (City and State or Foreign Country) MILAN, MO
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) GOLDEN LIVING CENTER FOUNTAINVIEW PLACE									
12. City Or Town, State, And Zip Code PORTAGE, IN, 46368					13. County Of Death PORTER			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 HOMEMAKER		17. Kind Of Business/Industry HOME
18. Residence - State INDIANA			18a. County PORTER			18b. City Or Town PORTAGE			
18c. Street And Number 3175 LANCER STREET						18d. Apt. No.	18e. Zip Code 46368	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 White			
22. Father's Name (First, Middle, Last) HERBERT CLEM				23. Mother's Name (First, Middle, Last) NORA CLEM			23a. Mother's Maiden Last Name UNAVAILABLE		
24. Informant's Name JAMES CANNON			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 2824 WHITTIER STREET, PORTAGE, IN 46368				
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME OLSON CHAPEL, 5341 CENTRAL AVE, PORTAGE, IN 46368						27a. Funeral Home License Number. FH83005613	
27b. Signature Of Indiana Funeral Service Licensee: JAMES T. BAILEY, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20100023					
28. Part I. Enter The <u>Chain Of Events</u> - 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. <u>COLON SURGERY</u>			Due to (Or As A Consequence Of):				1MONTH		
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. <u>DEMENCIA</u>			Due to (Or As A Consequence Of):				10 YEARS		
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		
ADVANCED AGE							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 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			
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: YASER ALOBEID, 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: YASER ALOBEID, 8300 BROADWAY # A1, MERRILLVILLE, IN 46410						44. License Number 01058415A		45. Date Certified 03/08/2011	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: GARY A. BABCOKE, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 08 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									