4

STATE OF INDIANA)
) SS: IN RE: CHARLES K. FITZHUGH, DECEDENT
COUNTY OF LAKE) JEANNINE FITZHUGH, DECEDENT

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on August 17, 1999, while domiciled in Lake County, Indiana.

2. That the above-named decedent died intestate on December 2, 2007, while domiciled in Lake County, Indiana.

3. That forty-five (45) days have elapsed since the death of the decedent.

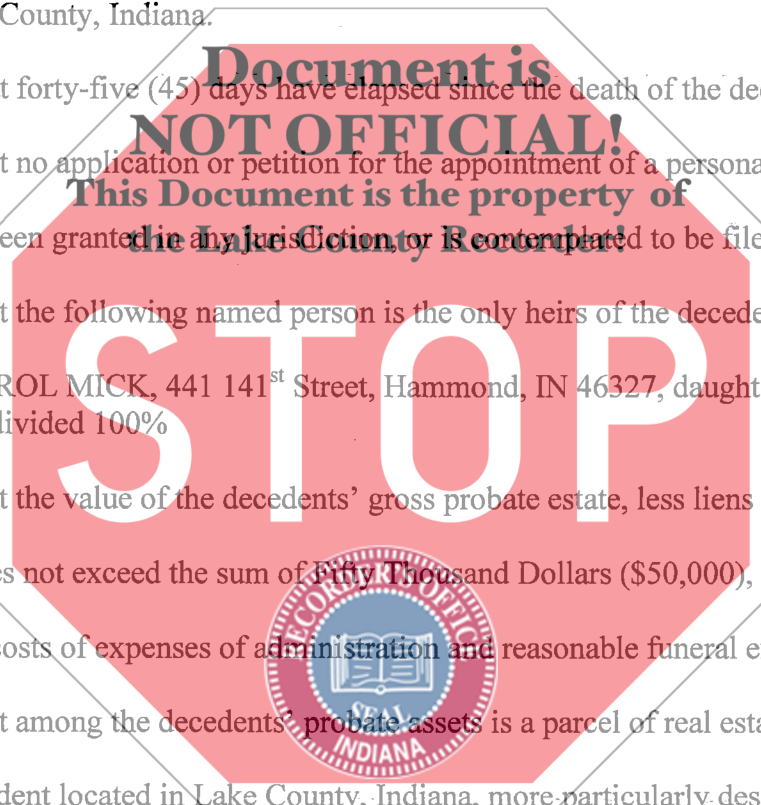
4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

5. That the following named person is the only heirs of the decedent:

CAROL MICK, 441 141st Street, Hammond, IN 46327, daughter of decedent, Undivided 100%

6. That the value of the decedents' gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars ($50,000), as provided under IC §29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

7. That among the decedents' probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:



2015 071893

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 OCT 13 AM 8:57
MICHAEL B. BROWN
RECORDER

Steel Manor Lot 6 Block 6 West 17 feet of Lot 7 Block 6

Parcel Number: 45-02-24-456-025.000-023

Commonly known as: 441 141st Street
Hammond, Indiana 46327

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: NONE

FILED
04962 OCT 21 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

$17
CK# 2445
E

8. That the individuals entitled to the real estate as a result of the decedent's death is as follows:

CAROL MICK, 441 141st Street, Hammond, IN 46327, daughter of decedent, Undivided 100%

9. That by reason of the above-stated matters, the affiant requests that the above-listed real estate of Charles K. Fitzhugh also known as Charles Keith Fitzhugh and Jeannine Fitzhugh be transferred to her pursuant to the laws of intestate distribution.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.

Carol Mick
CAROL MICK, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary in and for said County and State, this 7th day of October, 2015 personally appeared **CAROL MICK** and acknowledged the execution of the foregoing Affidavit for Transfer of Real Property. In witness whereof, I have hereto subscribed my name and affixed my officials seal.

RECORDER'S OFFICE SEAL INDIANA

My commission expires: 12-28-2016 Signature Janet M Weaver

Resident of Lake County Printed Janet M. Weaver, Notary Public

Robert L. Lewis, 10070-45
ROBERT L. LEWIS & ASSOCIATES
2148 West 11th Avenue
Gary, Indiana 46404
219) 944-2755-phone

JANET M. WEAVER
NOTARY PUBLIC
SEAL
STATE OF INDIANA
My Comm. Expires December 23, 2016

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

Janet M. Weaver
Affiant

Tracking No. 51412

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

Local No. 649

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): Charles Keith Fitzhugh
2. SEX: Male
3a. TIME OF DEATH: 11:36 AM
3b. DATE OF DEATH (Month Day, Yr): August 17, 1999
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): August 25, 1926
7. BIRTHPLACE (City and State or Foreign Country): Greenville KY
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
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): St. Margaret Mercy Hospital North Campus
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Jeannine Watkins
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Railroad Switchman
12b. KIND OF BUSINESS/INDUSTRY: Railroad
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d. STREET AND NUMBER: 441 141st St.
13e. ZIP CODE: 46327
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
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

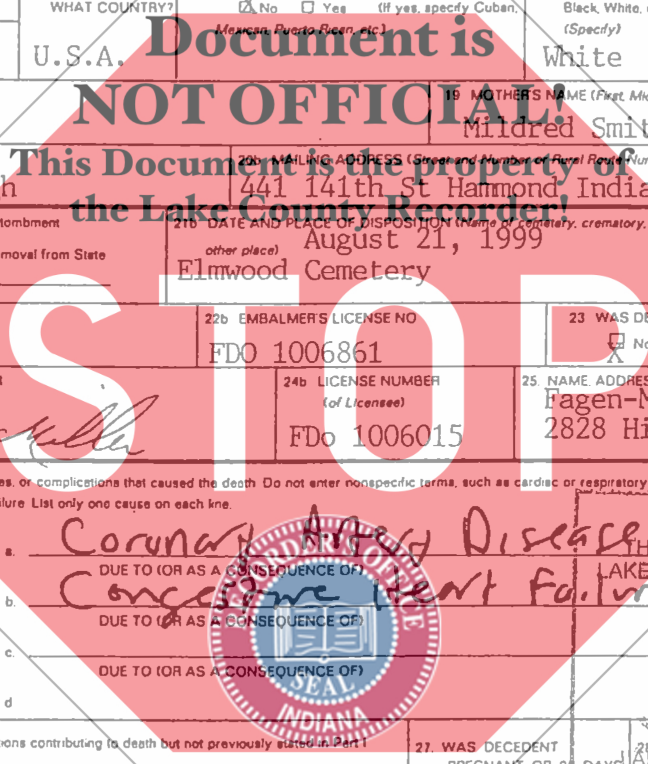
18. FATHER'S NAME (First, Middle, Last): Lennie Fitzhugh
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mildred Smith

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Jeannine Fitzhugh
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 441 141th St Hammond, Indiana 46327
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 21, 1999 Elmwood Cemetery
21c. LOCATION—City or Town, State: Hammond Indiana
22a. EMBALMER'S NAME: Scott J. Prewitt
22b. EMBALMER'S LICENSE NO: FDO 1006861
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FDo 1006015
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Fagen-Miller Funeral Home 2828 Highway Ave Highland In 46322



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. Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF):
b. Congestive Heart Failure
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

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

APR 22 2015

LAKE COUNTY HEALTH OFFICER

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

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): 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]
29c. MEDICAL LICENSE NO: 01034808
29d. DATE SIGNED (Month Day, Year): NOT WALD UNLESS 8/9/99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 1720 Grant Street Gary IN — ANTHONY B. LEWIS M.D.

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Bermuda M.D.
32. DATE FILED (Month, Day, Year): August 20, 1999

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.

RAISED SEAL AFFIXED

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

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

Local No. 750

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Dec. 4, 2007 — Date Issued — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED–NAME (First, Middle, Last)	JEANNINE FITZHUGH
2. SEX	FEMALE
3a. TIME OF DEATH	4:05 P M
3b. DATE OF DEATH (Month, Day, Year)	DECEMBER 2, 2007
4. *SOCIAL SECURITY NUMBER	[redacted]
5a. AGE – Last Birthday (Years)	78
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	DECEMBER 20, 1928
7. BIRTHPLACE (City and State or Foreign Country)	POWDERLY, KENTUCKY
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)	ST. MARGARET MERCY - NORTH
9c. CITY, TOWN, OR LOCATION OF DEATH	HAMMOND
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name)	N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY	OWN HOME
13a. RESIDENCE — STATE	INDIANA
13b. COUNTY	LAKE
13c. CITY, TOWN, OR LOCATION	HAMMOND
13d. STREET AND NUMBER	441 141 ST
13e. ZIP CODE	46327
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
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+)	12

PARENTS

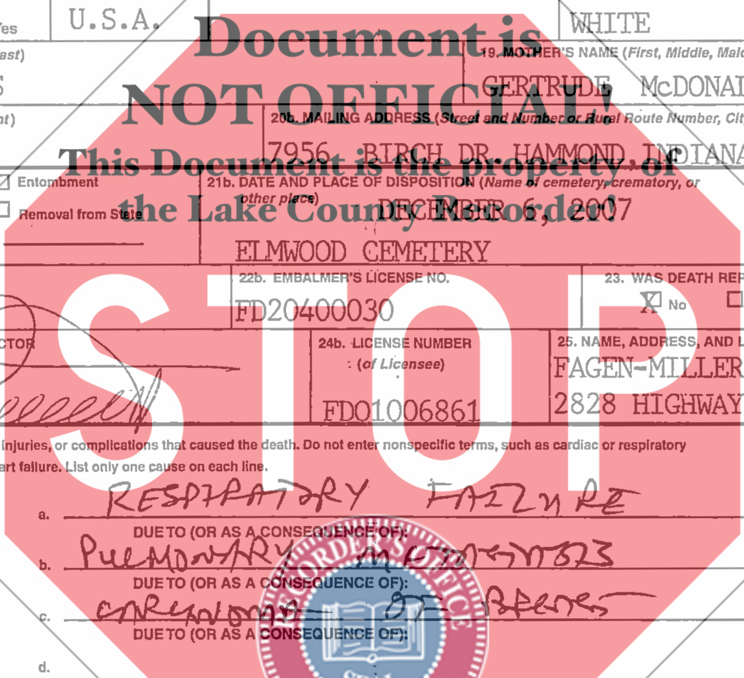
Field	Entry
18. FATHER'S NAME (First, Middle, Last)	FRANK WATKINS
19. MOTHER'S NAME (First, Middle, Maiden Surname)	GERTRUDE McDONALD

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	TONY DILLON
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)	7956 BIRCH DR. HAMMOND, INDIANA 46324
20c. Relationship	GRANDSON

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	DECEMBER 6, 2007 ELMWOOD CEMETERY
21c. LOCATION—City or Town, State	HAMMOND, INDIANA
22a. EMBALMER'S NAME:	RICK MILLER
22b. EMBALMER'S LICENSE NO.	FD20400030
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD01006861
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	FAGEN-MILLER FUNERAL HOME FH83003035 2828 HIGHWAY AVE. HIGHLAND, IN. 46322



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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	RESPIRATORY FAILURE	IMMEDIATE
DUE TO (OR AS A CONSEQUENCE OF): b.	PULMONARY METASTASES	TWO YEARS
DUE TO (OR AS A CONSEQUENCE OF): c.	CARCINOMA OF BREAST	ELEVEN YEARS
DUE TO (OR AS A CONSEQUENCE OF): d.		

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

Field	Entry
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I	PLEURAL EFFUSION LOCAL CHEST WALL RECURRENCE
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)	- 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature] M.D.
29c. MEDICAL LICENSE NO.	01029974A
29d. DATE SIGNED (Month, Day, Year)	12-3-2007 (December)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr Mahendra M. Shah 5500 Hohman Ave Suite 2F Hammond IN 46320

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature] MD
32. DATE FILED (Month, Day, Year)	December 4, 2007

Field	Entry
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.	

SDH06-004 State Form 10110 (R5/1-99)