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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 088350

2015 DEC 30 PM 2: 24

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**INDIANA SMALL ESTATE AFFIDAVIT AFFECTING
TITLE TO REAL ESTATE**

I, MARY BAYLOR, on oath state:

1. (a) My post office address is: 4425 W. 19TH AVENUE
GARY, IN 46404

(b) My residence address is: SAME

2. The decedent's name is: MILDRED EGGERSON, an unmarried female.

3. I am a child of the decedent and have personal knowledge of the facts stated herein.

4. The date of the decedent's death was OCTOBER 31, 2015, and I have attached a copy of the death certificate hereto.

5. The decedent's place of residence immediately before her death was 4425 W. 19TH AVENUE, GARY, IN 46404.

6. Forty-five (45) days have elapsed since the death of the decedent. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses.

7. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

8. Decedent was the sole owner of the following described real estate located in Lake County, Indiana:

LOT 3, BLOCK 3, TARRYTOWN FIRST SUBDIVISION, IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 30, PAGE 13, IN LAKE COUNTY, INDIANA.

PARCEL NO.: 45-08-07-352-003.000-004

23900

FILED

The address of such real estate is commonly known as:

DEC 30 2015

4425 W. 19TH AVENUE, GARY, IN 46404

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Accordingly, at the time of her death, MILDRED EGGERSON, held a fee simple interest in the above described parcels of real estate.

9. During her lifetime MILDRED EGGERSON had three (3) children, namely: BETTY J. LEWIS, MARY BAYLOR and BRENDA D. COOPER, all of whom are living, competent adults and under no legal disability. No other children were born to or adopted by MILDRED EGGERSON.

AMOUNT \$ 15.00
CASH _____ CHARGE _____
CHECK# 2557
OVERAGE 1-
COPY _____
NON-CONF _____
DEPUTY CP

10. Therefore the name and address of each person that is entitled to a share of the property and the part of the property to which each person is entitled is as follows:

BETTY J. LEWIS - ONE-THIRD UNDIVIDED INTEREST AS A TENANT IN COMMON
1053 BASSWOOD CIRCLE
BLOOMINGTON, IN 47403

MARY BAYLOR - ONE-THIRD UNDIVIDED INTEREST AS A TENANT IN COMMON
4425 W. 19TH AVENUE
GARY, IN 46404

BRENDA D. COOPER - ONE-THIRD UNDIVIDED INTEREST AS A TENANT IN COMMON
327 LOS ANGELES PLACE
SAN DIEGO, CA 92114

11. The claimant has notified each person identified in this affidavit of the claimant's intention to present this affidavit.

12. No Indiana inheritance taxes, inheritance taxes from other states or countries, federal estate taxes, or other taxes accruing as a result of her death are owed by reason of the Decedent's death.

*the foregoing statement is made under the penalties of perjury.

Affiant: Mary Baylor
MARY BAYLOR

Before me, a notary public in and for said county and state residing in ^{Lake}~~Marion~~ County, Indiana, personally appeared Mary Baylor, and acknowledged the execution of the foregoing document, and who, having been sworn, stated that the representations therein contained are true.

Witness my hand and notarial seal this 16th day of December, 2015.



David G. Clark
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. - David G. Clark

PREPARED BY, RECORD and RETURN TO:

MAIL TAX BILLS TO: (Owner's Address)

David G. Clark, Attorney No: 15397-45
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

Mary Baylor
4425 W. 19th Avenue
Gary, IN 46404



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **000506**

EDR No **000000478521**

State No

1. Decedent's Legal Name (First, Middle, Last) MILDRED EGGERSON			1a. Maiden Name (If female) SMITH		2. Sex FEMALE	3. Time Of Death 04:11 AM	4. Date Of Death (Month/Day/Year) 10/31/2015	
5. Social Security Number [REDACTED]	6a. Age - Yrs 81	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) 07/01/1934		8. Birthplace (City and State or Foreign Country) TRAYLAKE, MS
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 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 BEAUTY SALON	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY				
18c. Street And Number 4425 WEST 19 AVENUE					18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American				
22. Father's Name (First, Middle, Last) CLEMON SMITH			23. Mother's Name (First, Middle, Last) LUDORA BINGHA			23a. Mother's Maiden Last Name WINTERS		
24. Informant's Name MARY BAYLOR		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 4425 WEST 19 AVENUE, 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) EVERGREEN MEMORIAL PARK			25c. Location - City, Town, And State HOBART, 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			
Cause Of Death (See Instructions And Examples)								Approximate Interval: Onset To Death
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) A: PNEUMONIA Due to (Or As A Consequence Of):								
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 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: NATHANIEL TURNER ROSS, 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: NATHANIEL TURNER ROSS, 1619 W. 5TH AVE., GARY, IN 46404					44. License Number 01052287A		45. Date Certified 11/11/2015	
45. 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): NOV 12 2015			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

WARNING: ORIGINAL DOCUMENT MUST BE DOUBLED BACK OR UNDOUBLED BACK ON WHITE SECURITY PAPER AND BE REPRODUCED ON THE STATE OF INDIANA (ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED). ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.