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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 010505

2017 FEB 17 PM 12:43

MICHAEL B. BROWN
RECORDER

SMALL ESTATE AFFIDAVIT

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 DEC 22 PM 12: 26

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

45-03-28-383-010.000-024
4825 Melville Avenue

IN RE: Phyllis Gamble Robinson, decedent

SMALL ESTATE AFFIDAVIT

I, Veritian T. Riddle, pursuant to I.C. §29-1-8-3, state:

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FILED
FEB 17 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

1. Phyllis Gamble Robinson died on September 27, 2007 and was a resident of Lake County, State of Indiana, at the time of her death. (See death certificate attached hereto as Exhibit "A.")

2. That the following named persons are the only heirs of the decedent:

- a. Veritian T. Riddle, daughter of decedent, 17215 Epsilon Place, Derwood, MD 20855; and
- b. Maria M. Robinson, daughter of decedent, 2104 Lituenica Avenue, East Chicago, IN 46312.

3. The value of the entire estate, wherever located (less liens and encumbrances), does not exceed Fifty Thousand Dollars (\$50,000.00).

4. At the time of decedent's death, all the decedent's personal property had already been distributed.

5. That there were no creditors of the estate.

6. Forty-five (45) days have elapsed since the death of the decedent.

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

8. The Affiant herein requests that the Lake County Recorder or any other proper party transfer of title as to the following described real estate in East Chicago, Lake County, in the State of Indiana:

Legal Description: LOT 46, BLOCK 16, SUBDIVISION OF SOUTHWEST QUARTER OF SECTION 28, TOWNSHIP 27 NORTH, RANGE 9 WEST OF THE 2ND P.M., IN THE CITY OF EAST CHICAGO, AS SHOWN IN PLAT BOOK 2, PAGE 25, IN LAKE COUNTY, INDIANA.

Commonly Known as: 4825 Melville Avenue, East Chicago, Indiana 46312

FILED
DEC 22 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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RE-RECORD TO CORRECT HEIN'S NAME BY 3

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ATTENTION ESTATE: The Social Security Administration is requesting that the state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

City Of East Chicago
East Chicago, IN 46312

10/4/07

Local No. 226

State No. 016566

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-4-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

PRECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

INFA-20

1. DECEASED—NAME (First Middle Last) Phyllis G. Robinson		2. SEX Female	3. TIME OF DEATH 9:30P.	3a. DATE OF DEATH (month, day, year) September 27, 2007
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years, Days, Hours, Minutes) 66	6. DATE OF BIRTH (Month, Day, Year) May 28, 1941	7. PLACE OF BIRTH (City and State or Foreign Country) East Chicago, Indiana
8. A U.S. VETERAN? No		9. YEAR LAST SERVED IN U.S. ARMED FORCES* N/A		
10. FACILITY NAME (If not institution, give street and number) Regency Hospital		11. CITY, TOWN, OR LOCATION OF DEATH East Chicago		12. COUNTY OF DEATH Lake
13. MARITAL STATUS (Specify) Widow		14. SURVIVING SPOUSE (If wife, give maiden name) N/A		15. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use codes) Postal Clerk (retired)
16. RESIDENCE—STATE Indiana		17. RESIDENCE—CITY, TOWN, OR LOCATION East Chicago		18. STREET AND NUMBER 2104 Lituania Avenue
19. ZIP CODE 46312		20. RACE—American Indian, Black, White, etc. (Specify) Black		21. DECEASED'S EDUCATION (Specify only highest grade completed) 4yrs
22. FATHER'S NAME (First Middle, Last) Merritt		23. MOTHER'S NAME (First Middle, Maiden Surname) Maile Morris		
24. INFORMANT'S NAME (Type and name) Marie M. Robinson		25. MAILING ADDRESS (Street and Number or Rural Route, P.O. Box, City or Town, State, Zip Code) 2104 Lituania Ave. East Chicago, IN 46312		26. Relationship Daughter
27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		28. DATE AND PLACE OF DISPOSITION (Month, day, year, and city or town) October 3, 2007		29. LOCAL CH.—City or Town, State
30. EMBALMERS NAME Tracy Cheri Williams		31. WAS TESTIFIED TO BY DECEASED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
32. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		33. LICENSE NUMBER (If Licensee) FD08600238		
34. PART I: State the disease, 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. 1. Atrial fibrillation 2. CVA 3. Multiple organ failure 4. Obesity		35. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 9714		
36. PART II: Other significant conditions - Conditions contributing to death but not primarily causal in Part I.		37. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		38. WAS AN AUTOPSY PERFORMED? (Yes or no) No
39. CERTIFIER (Circle only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge and belief, I certify that the facts stated on this certificate are true and correct, and that the cause of death is as stated. <input type="checkbox"/> HEALTH OFFICER On a basis of personal or professional investigation, in my opinion, the death occurred at the time, date, and place stated and the cause of death is as stated. <input type="checkbox"/> CORONER On the basis of my personal or professional investigation, in my opinion, the death occurred at the time, date, and place stated and the cause of death is as stated.		40. MEDICAL LICENSE NO. 010031772		
41. SIGNATURE AND TITLE OF CERTIFIER <i>James</i>		42. DATE (Month, Day, Year) 10/2/07		
43. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 23) Cassidy Dwyer, 2016 Columbus Drive, East Chicago, IN 46312		44. DATE (Month, Day, Year) 10/2/07		
45. HEALTH OFFICER'S SIGNATURE <i>Paul Brown</i>		46. DATE (Month, Day, Year) 10/2/07		
47. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accurate <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		48. DATE OF INJURY (Month, Day, Year) OCT - 4 2007	49. TIME OF INJURY (Hour, Minute) 10:00 AM	50. DEGREE HOW INJURY OCCURRED FILED
51. PLACE OF INJURY—All forms, fill in street, factory, office, building, etc. (Specify) REGENCY HOSPITAL		52. LOCATION (Street and Number or Rural Route, P.O. Box, City or Town, State) LAKE COUNTY AUDITOR		
53. DATE PHONICALLY DEAD (Month, Day, Year)		54. MOTOR VEHICLE ACCIDENT (If involved, specify date, time, location, and driver's name)		

24-30-0622-0006
Prairie Park Unit 2
lot 6 Block 7

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OCT - 4 2007

REGENCY HOSPITAL
LAKE COUNTY AUDITOR

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT

