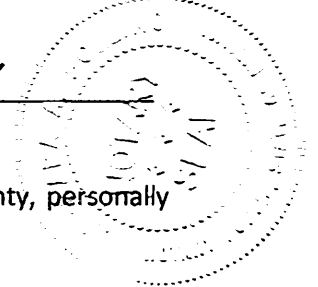


7. That the persons listed in Paragraph 5 above are each entitled to a 1/6 undivided interest in the real property described in Paragraph 2 above as a result of Decedent's death pursuant to the laws of intestacy in this State of Indiana, specifically Indiana Code § 29-1-2-1(c).

8. That a 1/6 undivided interest in the real property listed in Paragraph 2 of the Decedent, OLAVELT HAWKINS, be transferred to the each of the following heirs: PATRICIA A. JONES; VANESSA ROBINSON; CLYDE O. HAWKINS JR.; PAMELA CLARK; CHANDRA L. LOVE; and TONYA JOHNSON as joint tenants with rights of survivorship pursuant to the laws of the State of Indiana as provided in accordance with provisions of Indiana Code § 29-1-8-3, et. Seq.

Vanessa Robinson

Vanessa Robinson, Affiant

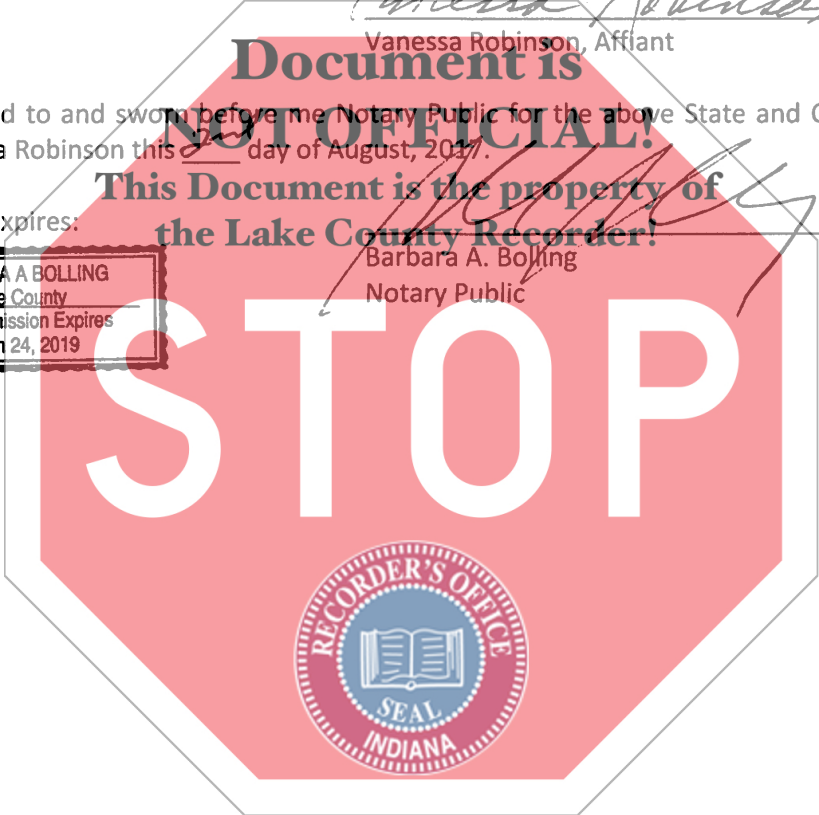
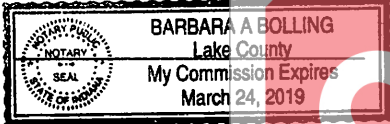


Subscribed to and sworn before me Notary Public for the above State and County, personally appeared Vanessa Robinson this 27 day of August, 2017.

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My Commission Expires:

Barbara A. Bolling
 Barbara A. Bolling
 Notary Public



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



#08-438

State No.

Local No.

1. Decedent's Legal Name (First, Middle, Last) **Olavett Hawkins** 1a. Maiden Last Name (if Female) **Adkins** 2. Sex **Female** 3. Time Of Death **8:30 a.m** 4. Date Of Death (Month/Day/Year) **August 21, 2008**

5. Social Security Number **[REDACTED]** 6a. Age - Yrs **81** 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date Of Birth (Month/Day/Year) **October 18, 1926** 8. Birthplace (City And State Or Foreign Country) **Opelika, Alabama**

9. Ever In U.S. Armed Forces? Yes No Unknown 10. If Death Occurred In A Hospital: Inpatient Emergency Department Outpatient Dead On Arrival Hospice Facility Decedent's Home Nursing Home/Long-Term Care Facility Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number) **Timberview Healthcare**

12. City Or Town, State, And Zip Code **Gary, Indiana** 13. County Of Death **Lake** 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **N/A** 15a. (If Wife) Give Maiden Last Name **N/A** 16. Decedent's Usual Occupation **Librarian** 17. Kind Of Business/Industry **Gary Community School**

18. Residence - State **Indiana** 18a. County **Lake** 18b. City Or Town **Gary**

18c. Street And Number **1340 Carolina Street** 18d. Apt. No. 18e. Zip Code **46407** 18f. Inside City Limits? Yes No

19. Decedent's Education **4 years of college** 20. Decedent's Hispanic Origin No Yes 21. Decedent's Race **Black**

22. Father's Name (First, Middle, Last) **Roosevelt Adkins** 23. Mother's Maiden Last Name **Heard**

24. Informant's Name **Tonya Hawkins-Johnson** 24a. Relationship To Decedent **Daughter** 24b. Mailing Address (Street And Number, City, State, Zip Code) **5332 Bolder Avenue Portage, Indiana 46368**

25a. Method Of Disposition: Burial Cremation Donation Entombment Removal From State Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **Evergreen Memorial Park** 25c. Location - City, Town, And State **Hobart, Indiana**

August 27, 2008

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility **Guy & Allen Funeral Directors, Inc** 27a. Funeral Home License Number: **83007704**

2959 West 11th Avenue Gary, Indiana 46404

27b. Signature Of Indiana Funeral Service Licensee: *Carmelita Perry* 27c. License Number (Of Licensee): **#29700070**

28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Or, 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. **Acute Myocardial Infarction** Due To (Or As A Consequence Of):

B. **Atrial Fibrillation** Due To (Or As A Consequence Of):

C. **Cerebral Vascular Accident** Due To (Or As A Consequence Of):

D. **Dementia** Due To (Or As A Consequence Of):

Approximate Interval: Onset To Death

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I **Leg Wounds, Debility**

29. Was An Autopsy Performed? Yes No 30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown

32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Natural Homicide Accident Pending Investigation Suicide Could Not Be Determined

33. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide 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? Yes 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: Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: *[Signature]* 42. Certifier (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **Adolphus A. Anekwe, M.D. 3195 Broadway, Gary, IN 46409** 44. License Number **010-36654** 45. Date Certified **08-29-08**

46. Additional Funeral Service Provider: 47. *AKas: 48. Signature of Local Health Officer: *[Signature]* 49. For Registrar Only - Date Filed (Month/Day/Year): **SEP 05 2008**



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