

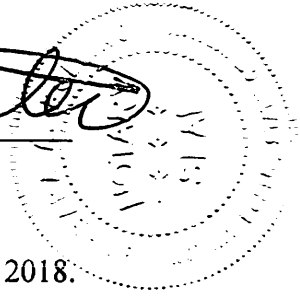
8. The decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of fifty thousand dollars (\$50,000), less the costs and expenses of administration, and reasonable funeral expenses.

9. That there is no known creditor of the estate.

10. The individual entitled to a fee simple interest in the real property listed in paragraph 3 above, as a result of the decedent's death is his daughter, MOZELLA ANN ROYSTER.

Mozella Ann Royster

MOZELLA ANN ROYSTER



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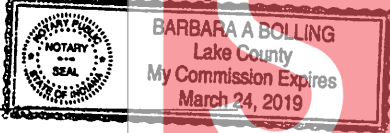
Subscribed and sworn before me, a Notary Public, this 20th day of Nov., 2018.

**This Document is the property of
the Lake County Recorder!**

[Signature]

NOTARY PUBLIC

My commission expires:



"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."
PREPARED BY: *[Signature]*



INDIANA STATE BOARD OF HEALTH

Local No. 1000-89

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

ANNOUNCING PHYSICIAN ONLY

THIS 24-26 MUST BE COMPLETED BY SON WHO ANNOUNCES DEATH

INSTRUCTIONS

USE OF PATH

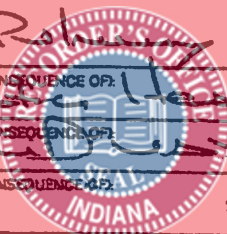
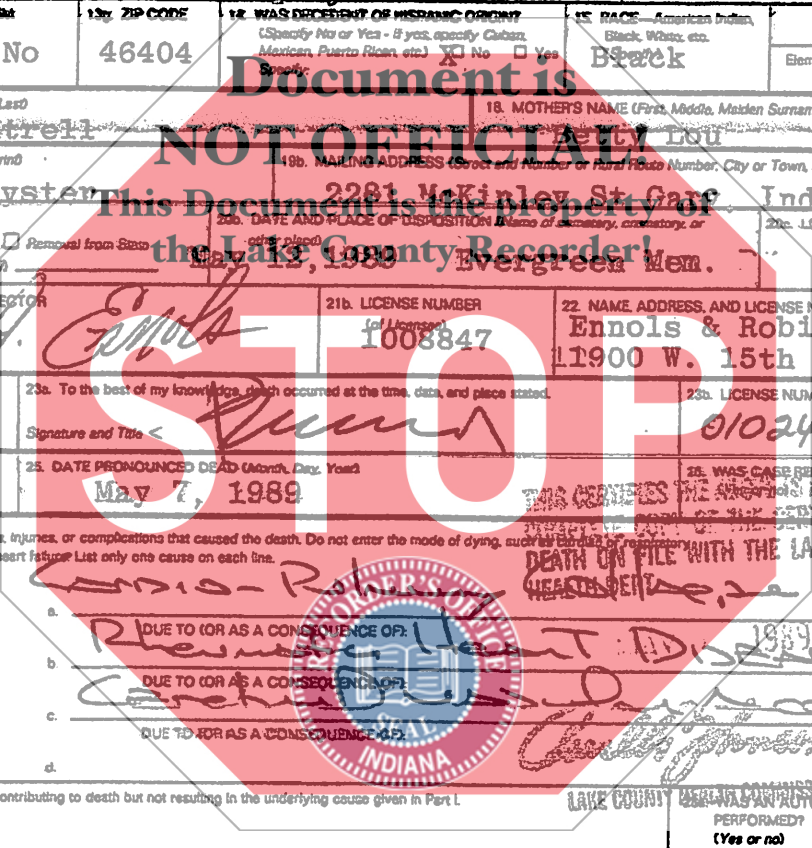
INSTRUCTIONS

CERTIFIER

ALTH OFFICER

DRONER OR DICAL MINER USE Y

1. DECEASED—NAME FIRST: Monzel MIDDLE: Cantrell LAST: Cantrell					2. SEX Male	3. DATE OF DEATH (Mo. Day, Yr) May 7, 1989
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 76	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Month Day, Year) Dec 4, 1912	7. BIRTHPLACE (City and State or Foreign Country) Springfield, Tenn
8. YEAR LAST SERVED IN U.S. ARMED FORCES		9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9a. FACILITY NAME (If not institution, give street and number) Methodist Southlake			9c. CITY, TOWN, OR LOCATION OF DEATH Merriville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS—Married, Never Married, Widowed, Widowed		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retiree) Security Gaurd City of Gary		12b. KIND OF BUSINESS/INDUSTRY
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 2281 McKinley Street	
13e. INSIDE CITY LIMITS? (Yes or no) Yes	13f. FARM No	13g. ZIP CODE 46404	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE—American Indian, Black, White, etc. Black	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12
17. FATHER'S NAME (First, Middle, Last) Doc Cantrell			18. MOTHER'S NAME (First, Middle, Maiden Surname) Leola Cantrell			
19a. INFORMANT'S NAME (Type/Print) Mozella Royster		19b. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2281 McKinley St, Gary, Indiana		19c. Relationship Daughter		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 12, 1989 Evergreen Mem.		20c. LOCATION—City or Town, State Hobart, Indiana		
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Russell A. Ennols</i>		21b. LICENSE NUMBER (of License) f008847	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ennols & Robinson Mem Chapel 11900 W. 15th Ave Gary, IN 3002495			
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: <i>[Signature]</i>		23b. LICENSE NUMBER 01024744	23c. DATE SIGNED 5/8/89			
24. TIME OF DEATH 5:12PM M		25. DATE PRONOUNCED DEAD (Month, Day, Year) May 7, 1989		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? NO		
27. PART I Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as "Heart Failure" or "Respiratory Arrest, shock, or heart failure." List only one cause on each line. Cardio-Renal Failure a. Cardio-Renal Failure b. Renal Failure c. Cardio-Renal Failure d. Cardio-Renal Failure						
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			28a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> 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) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER Dr Brian Weiss		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Dr Brian Weiss 202 E. 36th Place Merriville, Indiana						
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					32. DATE FILED (Month, Day, Year) May 9, 1989	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> 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) Exhibit A			



Last Will and Testament of

MONZELL CANTRELL, Widower not remarried

This Document and Will witnesseth; that I, MONZELL CANTRELL a widower, not remarried, of the age of 65 years, and being of sound and disposing mind and memory and understanding and mindful of the uncertainties of this life, do hereby make, publish and declare this and this only to be my Last Will and Testament, hereby revoking any and all other Wills by me at any time heretofore made, it being expressly understood and agreed that the provisions hereof are to be binding on me, and my respective testamentary disposition herein made by me is made in consideration of the premises.



I direct that my debts and funeral expenses be promptly paid. I direct my Executor to treat as an obligation all of my estate and to pay without any apportionment thereof, all estate, inheritance and other death duties or taxes imposed and made payable to my estate by reason of my death by the laws of the United States or of any State Territory or Country. If any other person shall pay any such taxes, my Executor shall reimburse such person.

SECOND

I give, devise and bequeath to my beloved daughter, Mozella Ann Royster of Gary, Lake County, Indiana my real estate located at 2281 McKinley Street, Gary, Indiana to have and to hold forever.

Last Will and Testament of

MONZELL CANTRELL, widower, not remarried

THIRD

I hereby give, devise and bequeath to my beloved daughters, MOZELLA ANN ROYSTER, BERTHA MAE BROWN and PORTIA MARIE WALTON, of Gary, Lake County, Indiana, any interest I may have in property located in Springfield, Tennessee, to share in equal shares.

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FOURTH

This Document is the property of the Lake County Recorder!

I hereby give, devise and bequeath, to my beloved daughter, MOZELLA ANN ROYSTER, of Gary, Indiana, my personal property including my household furnishings, the 1977 Ford automobile in my name and the 1976 Chevy Impala in my name, my clothing and personal effects, for her own personal use, to have and to have forever.



I hereby give, devise and bequeath to my beloved daughters, MOZELLA ANN ROYSTER, BERTHA MAE BROWN AND PORTIA MARIE WALTON, of Gary, Lake County, Indiana, any funds that I may have in the Gary National Bank, checking and savings accounts to divide equally among each of them, along with any funds I may have in the City of Gary Credit Union and any other financial institution.

SIXTH

I hereby give, devise and bequeath all the rest, remainder, and residue not disposed to my beloved daughters, MOZELLA ANN ROYSTER, BERTHA MAE BROWN and PORTIA MARIE WALTON, of Gary, Indiana, to share and share alike.

Last Will and Testament of

MONZELL CANTRELL, widower, not remarried

SEVENTH

I hereby request that I wish to be buried in the Evergreen Memorial Cemetery alongwise my beloved wife.

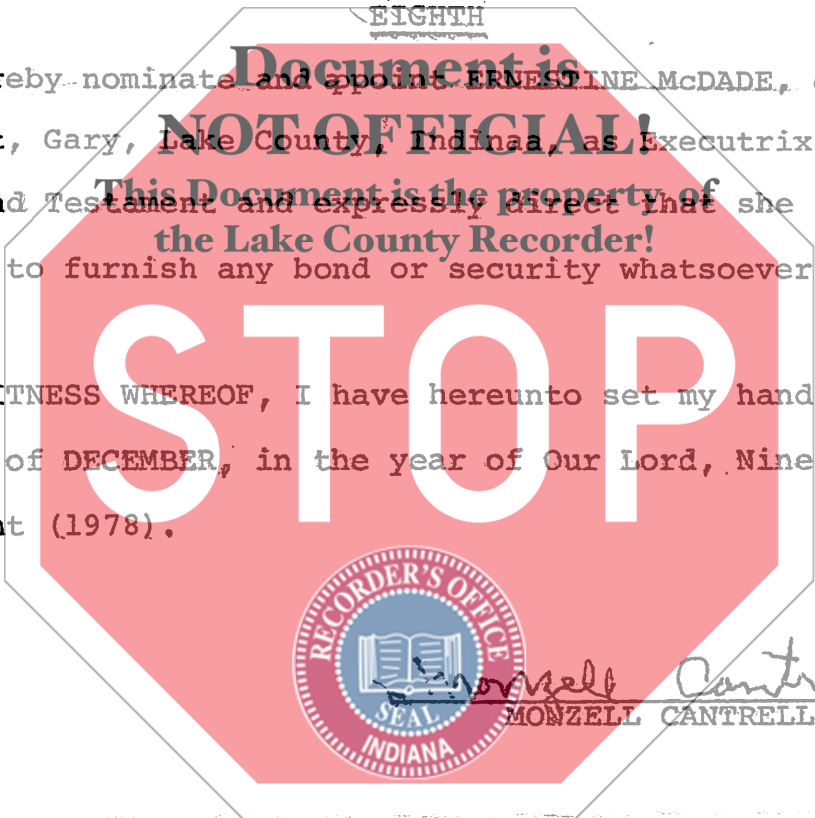
EIGHTH

I hereby nominate and appoint ERNESTINE McDADE, of 1328 Waite Street, Gary, Lake County, Indiana, as Executrix of this my Last Will and Testament and expressly direct that she shall not be required to furnish any bond or security whatsoever.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of DECEMBER, in the year of Our Lord, Nineteen hundred Seventy-Eight (1978).



Monzell Cantrell
MONZELL CANTRELL, Testator



Last Will and Testament of

MONZELL CANTRELL, widower not remarried

This instrument was signed, sealed, published, and declared by the Testator, MONZELL CANTRELL, in the presence of us and each of us, all present at the same time, who at the request of said Testator in his presence and in the presence of each other, all present at the same time, have hereunto subscribed our names as witnesses on the day on the date of said instrument, we do further certify that we believe said Testator, MONZELL CANTRELL, to be of sound mind and memory, and under no constraint or restraint, and that no fraud, compulsion or other improper conduct was exercised upon said Testator to the best of our knowledge and belief.



Diane Terry residing at 2369 Buchanan St
Gary, Indiana
Cathy Heathurst residing at 2902 W. 10th Pl
Gary, Indiana



This instrument prepared by: **TERRY C. GRAY**
ATTORNEY AT LAW
2210 West 11th Avenue
Gary, Indiana 46404
Tel. (219) 944-2655

CHRONOLOGICAL CASE SUMMARY
CASE SUMMARY
CASE NO. 45D03-9301-ES-000006

In Re: the Estate of Monzell Cantrell

§
§
§
§
§

Location: Lake Superior Court, Civil Division 3
Judicial Officer: Svetanoff, Gerald N
Filed on: 01/08/1993
Legacy System Number: 45D03-9301-ES-00006

CASE INFORMATION

Statistical Closures
04/06/2010 Closed

Case Type: ES - Estate, Supervised

Case Status: 04/06/2010 Decided

DATE

CASE ASSIGNMENT

Current Case Assignment

Case Number	45D03-9301-ES-000006
Court	Lake Superior Court, Civil Division 3
Date Assigned	01/08/1993
Judicial Officer	Svetanoff, Gerald N

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PARTY INFORMATION

Decedent

Cantrell, Monzell

DATE

EVENTS & ORDERS OF THE COURT

INDEX

03/14/2000	Converted Event <i>Filed Order Determining Inheritance Tax Due for Indiana Resident.</i>	1 pages
02/23/2010	Converted Event <i>Pursuant to Trial Rule 41(E), Personal Representative is ordered to appear before this Court on April 6, 2010, at 1:30 P.M. OPF.</i>	1 pages
04/06/2010	Converted Event <i>Court enters Order of Dismissal Without Release. OPF.</i>	1 pages
04/06/2010	Converted Event <i>Closed.</i>	1 pages



Exhibit C