

STATE OF INDIANA)
COUNTY OF LAKE)

LAKE SUPERIOR COURT TWO
DIVISION ROOM TWO
EAST CHICAGO, INDIANA

SS: **Filed in Open Court**

March 27, 2019

IN THE MATTER OF THE SUPERVISED
ESTATE OF BENJAMIN CANNON
DECEASED

Henry Arredondo
CLERK LAKE SUPERIOR COURT

CAUSE NUMBER 45D02-1411ES-00090

2019 018511

CORRECTED ORDER TRANSFERRING REAL PROPERTY

3

Comes now, Charles D. Brooks, Jr., attorney for substituted Personal Representative, SHELLEY HOBSON, and files Motion to correct Order transferring Real Property owned by the Decedent to his three (3) children, Brittany Cannon, Brian Cannon and Jackie McGhee, in the following words and figures, to-wit:

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And the Court having examined said Motion, and being fully advised in the premises, now finds that the Motion should be granted and the Order entered transferring such property be corrected. The Court finds that Benjamin Cannon, now deceased, was, at the time of his death, the owner in fee simple of the following described real estate in Lake County, Indiana, more particularly described as follows:

Lots 27 and 28, Block 10, East Englewood Addition to East Chicago, in the City of Gary, as shown in Plat Book 2, page 26, Lake County, Indiana.

Property No. 45-08-07-453-011.000-004

Commonly known as: 1981 Wallace Street, Gary, IN 46404

The Court further finds that Benjamin Cannon and Betty J. Cannon, aka Betty Jean Cannon, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 8th day of May 1978, and recorded in the Office of the Lake County Recorder.

The Court further finds that the marital relationship which existed between Benjamin Cannon and Betty J. Cannon aka Betty Jean Cannon continued unbroken from the time they so acquired title to said real estate until the death of

STATE OF INDIANA
LAKE COUNTY
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JOHN E. PETALAS
LAKE COUNTY AUDITOR

040841

Betty J. Cannon, aka Betty Jean Cannon, his wife, on the 20th day of July, 1993, at which time Benjamin Cannon, Decedent, acquired title as surviving tenant by the entirety.

The Court further finds that, no children were born to Benjamin Cannon and Betty J. Cannon aka Betty Jean Cannon during their marriage, and pursuant to Indiana Code IC 29-1-2-1(c) then in effect, said property vested immediately in the children of Benjamin Cannon at the date of his death, July 31, 1999, subject only to a one-third (1/3) life estate of his surviving then wife Sylvia Cannon aka known as Sylvia Cannon Clark, who died on June 26, 2016, at which time her life estate interest in the property terminated.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED by the Court that, pursuant to Indiana Code IC 29-1-2-1(c) then in effect, the property described above, having vested at once in the children of Decedent upon his death subject only to a one-third (1/3) life estate of his then surviving spouse, Sylvia Cannon aka Sylvia Cannon Clark now deceased, be, and hereby is, ordered transferred to said children of Decedent, in equal shares, with each said child receiving an undivided 1/3rd interest in said property, as tenants in common, namely:

| | <u>Name</u> | <u>Age</u> | <u>Relationship</u> | <u>Address</u> | <u>Interest</u> |
|----|-----------------|------------|---------------------|--|-----------------|
| a. | Brittany Cannon | Adult | Child | 1981 Wallace St. Gary, IN 46404 | 1/3 |
| b. | Brian Cannon | Adult | Child | Incarcerated in prison Mansfield Ohio | 1/3 |
| c. | Jackie McGhee | Adult | Child | Address unknown | 1/3 |

All of which is Ordered this _____ day of March 27, 2019 2019.

**Calvin D. Hawkins, Judge
Lake Superior Court Room Two**



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Jul 28, 1993
Date Issued *Franklin S. Remuda*
Hammond Health Commissioner

No. *624*

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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|---|--|--|--|--|---|--|
| 1 DECEASED—NAME (First Middle Last) Betty J. Cannon | | | | 2 SEX Female | 3a TIME OF DEATH 2:45 p.m. | 3b DATE OF DEATH (Month Day Year) July 20, 1993 |
| 4 SOCIAL SECURITY NUMBER <i>[Redacted]</i> | 5a AGE—Last Birthday (Years) 41 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo Day Yr) Feb. 7, 1952 | 7 PLACE OF BIRTH (City and State or Foreign Country) EAST CHICAGO, INDIANA Chicago, Illinois | |
| 8a WAS DECEDENT A US VETERAN? No | 8b YEAR LAST SERVED IN US ARMED FORCES? N/A | 9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | 9b FACILITY NAME (If not institution give street and number) St. Margaret Hospital | | |
| 10 MARITAL STATUS (Specify) Married | 11 SURVIVING SPOUSE (If wife give maiden name) Benjamin Cannon | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use "I tried") Fork Lift Driver | | 12b KIND OF BUSINESS/INDUSTRY Ball, Inc. | | |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY TOWN OR LOCATION Gary | | 13d STREET AND NUMBER 1981 Wallace Street | | |
| 13e ZIP CODE 46404 | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14 CITIZEN OF WHAT COUNTRY? U.S.A. | 15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc) | 16 RACE—American Indian Black White etc (Specify) Afro Amer | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary; Secondary (12); College (1-4 or 5+) 2 | |
| 18 FATHER'S NAME (First Middle Last) George Willie | | 19 MOTHER'S NAME (First Middle Maiden Surname) Thelus Rachel E. JACKSON | | 20a INFORMANT'S NAME (Type/Print) Benjamin Cannon | | |
| 20b MARITAL ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 1981 Wallace St., Gary, Indiana 46404 | | | | 20c Relationship Husband | | |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | | | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 28, 1993 Fern Oaks Cemetery | | 21c LOCATION—City or Town State Griffith, Indiana |
| 22a EMBALMER'S NAME Sherman G. Banks III | | 22b EMBALMER'S LICENSE NO FDO 1016254 | | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | | | 24b LICENSE NUMBER (of Licensee) FDO 1042607 | | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell Warner & Son 4209 Grant Street Gary, Indiana 46401 PH89900011 |
| 29 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 Post operative Hypotension Cardiac Arrest Disease Coronary artery Disease | | | | | | |
| 29 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I | | | | | | |
| 29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <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 <input type="checkbox"/> 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 | | | | | | |
| 27b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | | | 29c MEDICAL LICENSE NO 20603 | 29d DATE SIGNED (Month Day Year) July 22, 1993 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) J. Greenwald, M. D. 222 Douglas Street, Hammond, Indiana 46320 | | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | | | 32 DATE FILED (Month Day Year) July 22, 1993 |
| 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 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 | | | | |

