STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 019182

2019 APR -2 AM 8:53

MICHAEL B. BROWN RECORDER

STATE OF INDIANA	)
	) SS
COUNTY OF LAKE	)

## **AFFIDAVIT**

The undersigned, VERONICA DENISE TAYLOR-DUNNING and MARGENE TAYLOR PARKER, being duly sworn, depose and say as follows:

- 1. That they are the designated Successor Co-Trustees under a certain Trust Agreement and Deed in Trust establishing the Timothy Taylor and Dorothy M. Taylor Revosable Trust Agreement with January 4, 2000, Timothy Taylor and Dorothy M. Taylor Grantorsunty Recorder!
- 2. That the said Timothy Taylor and Dorothy M. Taylor were the original Trustees of the said Trust; that Timothy Taylor died on the 29<sup>th</sup> day of January, 2003; and, that Dorothy M. Taylor died on the 26<sup>th</sup> day of January, 2019.
- 3. That pursuant to the said Trust Agreement, VERONICA DENISE TAYLOR-DUNNING and MARGENE TAYLOR PARKER are now the Co-Trustees in title with power to convey the said real estate.
- 4. That the real estate hold in the said Trust by virtue of the said Trust Agreement and the Deed conveying the property into the Trust situated in Lake County, Indiana, is legally described as follows:

Lots Twenty-eight (28) and Twenty-nine (29), Block Eight (8), East Englewood Addition to East Chicago, City of Gary, Lake County, State of Indiana.

Parcel No. 45-08-07-430-009.000-004

Commonly known as: 1777 Hendricks Street, Gary, IN 46404

FILED

APR 02 2019

22439

JOHN E. PETALAS LAKE COUNTY AUDITOR 25. J

That the purpose of this Affidavit is to perfect the rights of the Successor Co-Trustees to alienate and convey the said real estate.

VERONICA DENISE TAYLOR-DUNNING

This Document is the property of

STATE OF INDIANA the Lake County Recorder! )SS:

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State, this 14th day of March, 2019, personally appeared VERONICA DENISE TAYLOR-DUNNING and MARGENE TAYLOR PARKER and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

> Bonnie C. Coleman, Notary Public A Resident of Porter County

My Commission Expires: September 19, 2024

My Commission Number: 690224

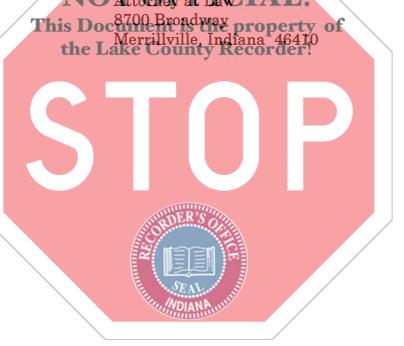
BONNIE C. COLEMAN Notary Public, State of Indiana **Porter County** Commission Number 690224 My Commission Expires September 19, 2024

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.

Bonnie C. Coleman

This instrument prepared by: Bonnie C. Coleman

405587.1 15,936-1



ATTENTION ESTATE: The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is oluntary and there will be no penalty for refusal.

Ocal No.

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

	THE RECORDS IN THIS S	EDIES ADE CONS	INENTIAL DE	DIC 16 27 1 10							
	1. DECEASED—NAME (First, M		IDENTIAL PE	K IC 10-37-1-10		2. SEX	CONTRACTOR DESCRIPTION		In		
YPE/PRINT	Timothy	iliggie. Cast)	Tav	lor		Male	e.		1 2 2 2 2 2 2		
IN	,	Se ACE_	Last Birthday	5b. UNDER 1 YEAR	5c UNDER						
ERMANENT	4. *SOCIAL SECURITY NUMBER	(Years)		Months Days					1		
BLACK INK		Bb YEAR LAST S									oama
	8a WAS DECEDENT A U.S. VETERAN?	US ARMED F		HOSPITAL D'Inpa		9a	1				
	NO	N/A			Outpatient 🔲 D		OTHER		☐ Other (Spe	ecify)	
	9b. FACILITY NAME (If not institut	tion, give street and n	umber)	LI ER/C			OWN, OR LOCA		9d COL	INTY OF DEATH	
ECEDENT	Metho	odist Hos	spital	Southlake			Merril	lville			
	10. MARITAL STATUS	11. SURVIVING S	POUSE		12a DECEDEN	IT'S USUAL	OCCUPATION	N (Give kind of work	125 KIND	anuary 29, 2003  IPLACE (City and State or Foreign Country)  Sman, Alabama  Uctions)  (Specify)  COUNTY OF DEATH  Lake  KIND OF BUSINESS/INDUSTRY  Amoco 0il  cks Street  17. DECEDENT'S EDUCATION (Specify only highest grade completed)  Irty/Secondary (0-12)  College (1-4 or 5 +  th  College (1-4 or 5 +  th  ATION—City or Town. State  Hobart, Indiana  ORONER?  Approximate Interval Between Conset and Death  Approximate Interval Between Conset and Death  Or DEATH? (Yes or no)  College (1-4 or 5 +  College (1-4 o	DUSTRY
	Married	Dorot r	y M. G	riffin	done durin	g most of we	Handle	ot use retired)			DOSINI
	13a RESIDENCE—STATE	13b COUNTY		13c CITY TOWN OR				H (Mo. Day. Yr)  5,1916  Lisman, Alabama  ATH (Check only one See instructions)  Nursing Home   Other (Specify)  Residence  ATION OF DEATH  I Ville   Lake  (Give kind of work of use retired)  The STREET AND NUMBER  1777 Hendricks Street  Amoco Oil  STREET AND NUMBER  1777 Hendricks Street  American Indian.  (Specify only highest grade comply)  Elementary/Secondary (0-12)  College  4th  The string of Town State. Zip Code)  ATY. Indiana 46404  Wife  MICHAEL FUNCTION—City or Town. State  Hobart, Indian  (ASDEATH REPORTED TO CORONER?  The street of the cause(s) as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause(s) and manner as stated  Signatory  Application of the cause of the			
				700000 04 10 00 00 00 00 00 00 00 00 00 00 00 00	The second secon						
	134 ZIR CODE 131 INSIDE CIT				OF HISPANIC C	BIGIN?	NE BACE				
	□ No {			Ø 400 0	Yes (If yes, s	pecify Cubar	n. Black.	White, etc.		그리는 점점 경험 전환 경험 이번 시간이 다	
-	40404		SA	Mexicsa-Ruerzo A		it is	(Speci	fy)	Elementary/Se	econdary (0-12)	College (1-4 or 5 + )
		Yes					Bla				
ARENTS				ТОІ					Surnama)		
							Mary R				
FORMANT			nis Do	cument	S ASSPESSION	· Privo	perty	rute Number. City or	Town, State, Zip	Code) 20c. R	elationship
	THE RESIDENCE PROPERTY AND ADDRESS OF THE PARTY OF THE PA	aylor	the I	1777	Hendric	ks St	reet G	Cary, Indi	ana 46	404 [	Vife
		Entombment	CIIC A					matory, or	LOCATION	N—City or Town, S	itate
			State	other place) F	ebruary	3, 2	003				
		fy)			vergree	n Cem					diana
SPOSITION							23 V	****	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	NER?	
	248 SIGNATURE OF FUNERAL D	RECTOR		The second secon	The second secon	R	GUV &	Allen Fune	ense number ral Dire	OF FUNERAL HOP	ME IC 83007704
	(2)			1		8					
ļ											
					ter nonspecific te	rms such as	cardiac or res	piratory			
	arrest, snock, o	Tradit randia List on	C	o / NO		-	M A	1.4	-1		Onset and Death
	IMMEDIATE CAUSE (Final	a	0115 70 (0)		LK M		11114	PU	)		
	resulting in death)		005 10 (0)	0 6 1	CAN	#~~	~				
EATH	Conditions, if any, which gave	0	DUE TO (O	R AS A CONSEQUENC	E OF)	5					
	rise to the immediate cause.	UNERAL DRECTOR  24b LICENSE NUMBER (of Licensee)  408700298  25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME GLTY & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue Gary, Indiana 46404  Approximate Interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)									
	cause last		DUE TO (O	25 NAME ADDRESS AND LICENSE NUMBER (of Licensee)  #08700298  25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME GLY & Allen Funeral Directors, Inc 83007704  2959 West 11th Avenue Gary, Indiana 46404  Approximate Interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF)  TO GRAS A CONSEQUENCE OF)  To death but not previously stated in 2 still  27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTURY?  PREGNANT OR 90 DAYS POSTPARTURY?  (Yes or 100)  COMPLETION OF CAUSE OF DEATH 2019 OF CAUSE OF DEATH 20							
				Year W	DIANA	<u> </u>		THE MAN DEPARTMENT OF COURSE AND LICENSE NOW IN A STREET AND NUMBER OF FOREIGN CONTROL OF DEATH STREET OF CONTROL OF DEATH STREET AND NUMBER OF TOWN STATE OF COMPLETION OF DEATH STREET AND NUMBER OF TOWN STATE OF			
	PART II. Other significant conditions	s - Conditions contrib	uting to death bu	it not previously stated	2						
						(Yes or	no) NO	NO		OF DEATH	? (Yes or no)
	~*V V	,							January 29, 2003  7 BIRTHPLACE (City and State or Foreign Count Lisman, Alabama  One See instructions)  10 Other (Specify)  11		
ARENTS  18 FATHERS NAME (First Model: Last)  Jim Taylor  20s: INFORMANTS NAME (Type) Print)  Dorothy M. Taylor  21s: METHOD OP DISPOSITION  EXCRETE!  Dorothy M. Taylor  21s: METHOD OP DISPOSITION  Removal from Slate  Position  22s: EMBALMERS NAME  RosenWald D. Allen Jim 22s EMBALMERS LICEN  RosenWald D. Allen Jim 22s EMBALMERS LICEN  RosenWald D. Allen Jim 22s EMBALMERS LICEN  24s SIGNATURE OF FUNERAL DIRECTOR  25s: EMBALMERS LICEN  RosenWald D. Allen Jim 22s EMBALMERS LICEN  26s: PART I. Enter the diseases injuries of conclusions what caused the death. Do not enter non arrest, shock, or heart failure List only one cause on each line  IMMEDIATE CAUSE (Final diseases or condition)  AUSE OF  AUSE OF  AUSE OF  PART II. Other significant conditions. Conditions contributing to delph but not previously station and prince significant conditions. Conditions contributing to delph but not previously station. In my conditions are stating the underlying cause last  29s. CERTIFIER  (Check only one)   HEALTH OFFICER On the basis of examination and/or investigation   CORONER On the basis of examinati											
	One)										
ļ			asis of examinati	ion and/or investigation.	in my opinian, de	eath occurred					
	296 SIGNATURE AND TITLE OF C	CERTIFIER					29c.	MEDICAL LICENSE	NO	1 ) / /	IED (Month, Day, Year)
	MA						Carrier Control	and the same		227	-03
						o In	diana	46410			
-		nitell 007	- Droa	are of L	No VIII	, III	diana	40410		22 DATE SUED	(Mart Car Vara)
ALIH	31 HEALTH OFFICERS SIGNATU	HE.				40.0			Fol	32 DATE FILED	/-
	22 MANINES OF BELT!	1 24: 5	ATE OF IN ILLOW	245 7145 05	3/- 11	JURY AT W	OBK?	34d DESCRIBE HO	W IN ILIRY OC	CUBBED	37,2003
	33 MANNER OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				s or no)	THIS CE	RTIFIES THE ABI	OVE IS A TRU	JE AND	
1						Broke	AL 100 1 2 1 1 1 1	ON FILE WITH TH	E CERTIFICA E LAKE COLL	TE OF	
	Accident Investigation	-	ACE OF IN 110	V—At home form are	et factory office	- 1	JEHL M	1 (In (J) )			r Town State)
					. ractory, ornice		Jan LOCAT			out ramber. City o	Jan. Juner
	☐ Homicide					1		FFR 24	2003	DUNTY OF DEATH Lake  DOF BUSINESS/INDUSTRY  MOCO Oil  (S Street  17. DECEDENT'S EDUCATION DECIfy only highest grade completed)  Secondary (0-12)  College (1-4 or 5 + )  Comparison of the completed of the comple	
	34g DATE PRONOUNCED DEAD	(Month Day Year)	34h MOTOR	VEHICLE ACCIDENT	(Yes or no) If	yes specify	driver, passen	ger pedestrian etc		4	
						Casa			200		

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	800038	E	EDR No 0000	00690047	s	tate No	340	
1. Decedent's Legal Name (First, M	iddle, Last)		1a. Maiden Nam	e (If female)	2. Sex	3. Time Of Death	The second second	Of Death (Month/Day/Year)
DOROTHY MAE TAYLO	)B	L. L. L.	GRIFFIN		FEMALE	04:07 PM	1.4.4	01/26/2010
5. Social Security Number   6a. Ag		1 Year   6c. Under 1 M	onth 6d. Under 1 Day	6e. Under 1 Hour 7. D	ate of Birth (Month/Day/		(City and State	01/26/2019 or Foreign Country)
	, h							TANK I
9. Ever in U.S. Armed Forces?	Months 10. If Death Occurred in		Hours	Minutes  10a. If Death Occurred So	05/21/1924	CANTO	N, MS	
9. Ever in 0.5. Aimed Poices?	io. ii Deaul Occurred ii	II A Hospital.	- Pilita	1.4		Hospital  Nursing Home/Long	a-term Care Faci	lity
☐ Yes ☒ No ☐ Unknown	☐ Inpatient ☐ Emer	gency Department Outpa	tient 🔲 Dead on Arrival	Other (Specify)	-			
11. Facility Name (If Not Institution		er)	11, 101				6, 114	
1777 HENDRICKS STR			31 - 22 - 1	140.0			100	151
12. City Or Town, State, And Zip Co	ide			13. County Of Deal	tn		al Status At Time	
GARY, IN, 46404	THE PERSON			LAKE		₩ Wido	wed Nev	But Separated Divorced Property Divorced Divorced
15. Surviving Spouse's Name			15a. Last Name Before F	1111	16. Dacadent's Us	ual Occupation	17. Kind	Of Business/Industry
A Report	****		the state of	-; PA.		Vii		
4.564			3,35.1		HOMEMAKE		HOME	
18. Residence - State		18a. County		18b. City Or Town		A Marie		
INDIANA	ribe.	LAKE	T. T.	GARY		1 lig. 1		
18c. Street And Number	1.174			100	18d. /	Apt. No. 18e.	Zip Code	18f. Inside City Limits?
ATTE LIEUDDIONO OTO	<u> </u>			3, 40, 11,				⊠ Yes □ No
1777 HENDRICKS STR	EEH"		/				46404	16 16 P. C.
19. Decedent's Education HIGH SCHOOL GRADU	ATE OR GED	20. Decedent Of H	Ispanic Organ		ents Race	displan		A LC 11 A
COMPLETED	AIL ON GLD	NOT HISPAN	VIC	Black or A	African American			
22. Parent's Name (First, Middle, La	st)	F.10 18 (4)	OTO	23. Parentis Name (First, M		2	3a. Parent's Las	t Name Before First Marriage
		1	O I O	TITOI	ALL:			
JOHN GRIFFIN	A STATE OF	/ Distant	Dromanan oan	ANNA GRIFFIN	O SOLO SOLO SOLO SOLO SOLO SOLO SOLO SO	IS	HERRILL	, in Hallan
24. Informant's Name	a de la la	24al Kelauonsi		24b Sailing Admess (Stre	<b>.</b>			
MARGENE PARKER	. 摇动" /	DAUGHT	RLake Co	1777 HENDRICK	S STREET GAR	RY, IN 46404		
25a. Method Of Disposition		OS's Flore Of Dissertion	25. Place (Name Of Cemetery, Cre	ce Of Disposition	a Lanation City Town	And State		
Burial Cremation Dona		250. Place Of Disposition	(Name Of Cemetery, Cre	ematory, Other Place) 25	c. Location - City, Town,	And State		
Removal From State						1000		1
Other (Specify):			EMORIAL PARK	H	OBART, IN	a Boy and		-
26. Was Coroner Contacted?	27. Name And C	Complete Address Of Fun	eral Facility	- Allia		te i i i	27a. Fu	neral Home License Number:
☐ Yes ☒ No	OUX O ALL	EN EUNEDAL	DIRECTORS 20	EO MESTIANTH A	VENUE CARV	101 46404	ELIOS	007704
27b. Signature Of Indiana Funeral		EN FUNERAL	DIRECTORS, 29	59 WEST 11TH A		nse Number (Of Licen		007704
CARMELITA V. PERRY		ONIC SIGNATUR	RE <sub>Max</sub>	<b>科特性</b>	FD297		-	i la
G L L				Instructions And Exam				Approximate
28. Part I. Enter The Chain Of Such As Cardiac Arrest, Respir	<u>-vents</u> - Diseases, Inj atory Arrest. Or Ventri	uries, Or Complications cular Fibrillation Withou	s - That Directly Caused at Showing The Etiology.	The Death. Do Not Enter . Do Not Abbreviate. Enter	Terminal Events r Only One Cause On			Interval: Onset To Death
A Line. Add Additional Lines If				THILLIAN TO SERVICE THE PARTY OF THE PARTY O	, but	(The control of the c		
Immediate Cause (Final Diseas	e Or Condition Result	ing In Death)	A. BREAST CANCER	DER'S	(Or As A Consequence Of):	Ab .		YEARS
			EQ.		(Or As A Consequence Oi).			
Sequentially List Conditions, If	Any, Leading To The	Cause Listed OII	B. LUNG CANCER	H - H C due to	(Or As A Consequence Of):			MONTHS
Line A. Enter The Underlying ( The Events Resulting In Death)	Last	ary mat initiated						. No. 24 No. 2
The Events Resulting In Death	(a. [1		THE T	gue to	O (Or As A Consequence Of):			7/1
9.81,74				SEAL S		A an A		
Part II. Enter Other Significant Cond	itions Contributing to De	ath But Not Resulting In	The Underlying Cause Giv	PAN A 29.	Was An Autopsy Perform	ned?	Yes 🗵 N	0
BREAST CANCER METASTASIZ	ED TO LUNGS	1.0	*	30.	Were Autopsy Finding A	vailable To Compl <b>ete</b>		
31. Did Tobacco Use Contribute To	Death? 32.	If Female:		1, 1971		Manner Of Death:		
☐ Yes ☐ Probably ☒ No ☐	Unknown	and the same and t	Pregnant At Time Of Death	Not Pregnant, But Pregnant With				Pending Investigation
34. Date Of Injury (Month/Day/Yea	E Alban	Not Pregnant, But Pregnant 43 D . Time Of Injury		Unknown If Pregnant Within The ce Of Injury (E.G., Decedent'		Suicide Could Not te Restaurant Woode		37. Injury At Work?
in the second se		. Time of injury	pighting.	ile job		S. C.		☐ Yes ☐ No
20 1 0/1 0/1	200	a. City Or Town	20h C	treet & Number		380	Apt. No.	38d. Zip Code
38. Location Of Injury - State	300	a. City Or Town	300. 3	neer or inditibel	3	11, 11	Apr. 140.	30d. Zip Code
		31 18 18 18 18 18 18 18 18 18 18 18 18 18			: j <sup>ij</sup> b <sub>i</sub>	130.5		
39. Describe How Injury Occurred	1146	1.5		18 Aug	40.	If Transportation Injuration Injuration Passenge	ry, Specify: Pedestrian	Other (Specify)
	escent in Table	8,38	-					The Part of the P
41. Signature, Of Person Certifying PAULA BENCHIK-ABR		CTRONIC SIGN	ATURE	1. 基本等	42. Certifier (  Certifying	Check Only One)	oroner .	☐ Health Officer
43. Name, Address And Zip Code			ATOKL Plan	di ita	M Cerulying	44. License Number		45. Date Certified
14 T 1 T 14		and the second of the second o	15 T.			10 mm		0010010010
PAULA BENCHIK-ABR		19TH STREET, A	WHITING, IN 463	94		01045436A		02/06/2019
46. Additional Funeral Service Pro-	/ider:		(E)			47. *Akas:		
48. Signature of Local Health Offic		1 10		A design	49. For Registra	r Only - Date Filed (I	Month/Day/Year	):
REUBEN C. RUTLAND	, VIA ELECTRO	ONIC SIGNATUR	RE	11 194 154		FEB	07 2019	F & A
1	P <sub>ak</sub> Ngg yelf	AMEN	DMENT TO CERTIFICA	TE OF DEATH (ENTRY O	OR ORIGINAL)			1. 地影
F-19	F.A.		96 T Sa			sign :		
		-14	1000	71 HW		1.5		**
P		31436	481			100 100		

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED, ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.