

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 Revocable Trust Agreement of January 4, 2000, Timothy Taylor and Dorothy M. Taylor Grantors.

2. That the said Timothy Taylor and Dorothy M. Taylor were the original Trustees of the said Trust; that Timothy Taylor died on the 29th day of January, 2003; and, that Dorothy M. Taylor died on the 26th 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 held 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

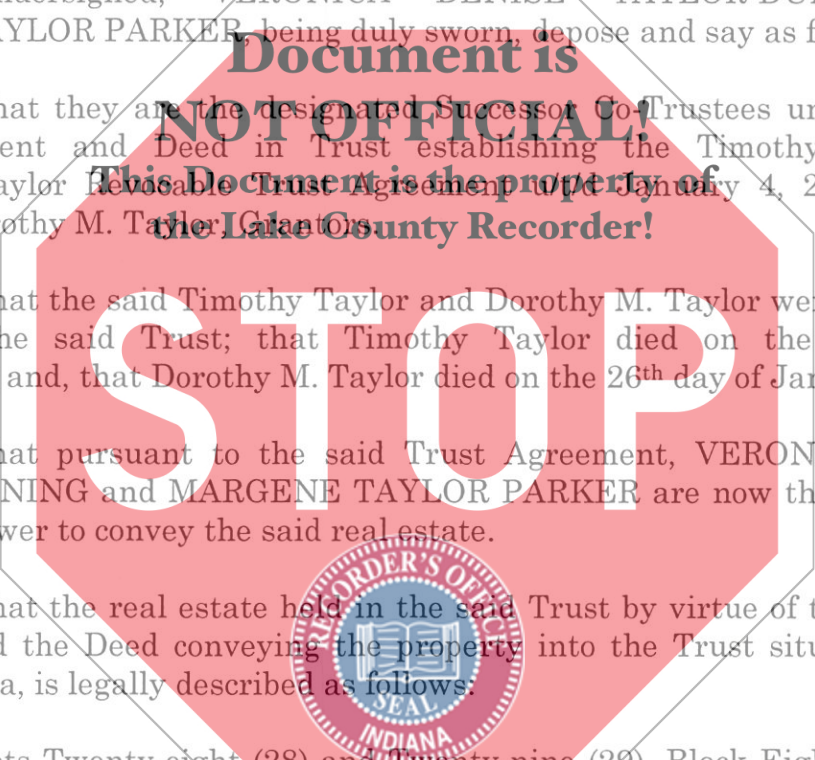
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APR 02 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

22439

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5. 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
VERONICA DENISE TAYLOR-DUNNING

Margene Taylor Parker
MARGENE TAYLOR PARKER

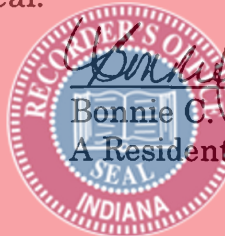
**This Document is the property of
the Lake County Recorder!**

STATE OF INDIANA)

)SS:

COUNTY OF LAKE)

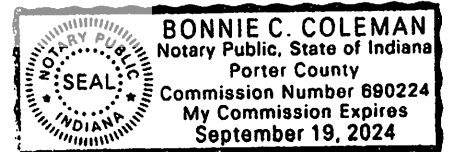
Before me, the undersigned, a Notary Public in and for said County and State, this 14th day of March, 2019, personally appeared VERONICA DENISE TAYLOR-DUNNING and MARGENE TAYLOR PARKER and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and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



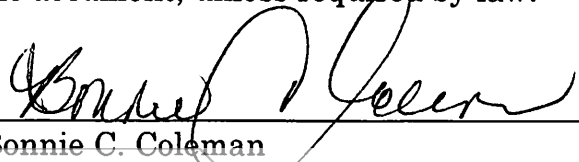
Bonnie C. Coleman
Bonnie C. Coleman, Notary Public
A Resident of Porter County

My Commission Expires:
September 19, 2024

My Commission Number:
690224



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.

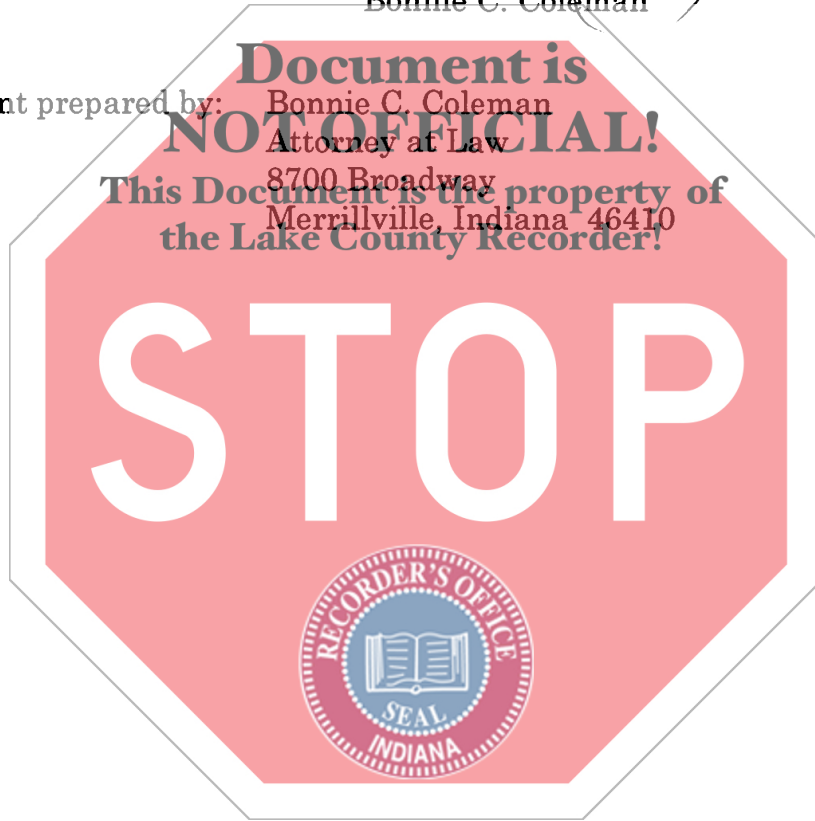


Bonnie C. Coleman

This instrument prepared by:

Document is NOT OFFICIAL!
Bonnie C. Coleman
Attorney at Law
8700 Broadway
Merrillville, Indiana 46410
This Document is the property of the Lake County Recorder!

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15,936-1



INDIANA STATE DEPARTMENT OF HEALTH

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

CERTIFICATE OF DEATH

State No.

Local No. 440-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

Form with fields for DECEASED NAME (Timothy Taylor), SEX (Male), TIME OF DEATH (1:10 PM), DATE OF DEATH (January 29, 2003), SOCIAL SECURITY NUMBER, AGE (86), BIRTH DATE (October 5, 1916), BIRTHPLACE (Lisman, Alabama), FACILITY NAME (Methodist Hospital Southlake), CITY/TOWN (Merrillville), COUNTY (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Dorothy M. Griffin), OCCUPATION (Barrel Handler), BUSINESS/INDUSTRY (Amoco Oil), RESIDENCE (Indiana, Lake, Gary, 1777 Hendricks Street), FATHER'S NAME (Jim Taylor), MOTHER'S NAME (Mary Ruffin), INFORMANT'S NAME (Dorothy M. Taylor), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (February 3, 2003, Evergreen Cemetery), EMBALMER'S NAME (Rosenwald D. Allen Jr.), SIGNATURE OF FUNERAL DIRECTOR, IMMEDIATE CAUSE OF DEATH (Sudden cardiac death), PART II (Other significant conditions), CERTIFIER (A. Keel), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Kawamleh), HEALTH OFFICER'S SIGNATURE, MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.



TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 800038

EDR No 00000690047

State No

Form fields including: 1. Decedent's Legal Name (DOROTHY MAE TAYLOR), 2. Sex (FEMALE), 3. Time Of Death (04:07 PM), 4. Date Of Death (01/26/2019), 5. Social Security Number, 6a. Age - Yrs (94), 7. Date of Birth (05/21/1924), 8. Birthplace (CANTON, MS), 11. Facility Name (1777 HENDRICKS STREET), 12. City Or Town, State, And Zip Code (GARY, IN, 46404), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Widowed), 15. Surviving Spouse's Name, 15a. Last Name Before First Marriage, 16. Decedent's Usual Occupation (HOMEMAKER), 17. Kind Of Business/Industry (HOME), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (GARY), 18c. Street And Number (1777 HENDRICKS STREET), 18d. Apt. No., 18e. Zip Code (46404), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (Black or African American), 22. Parent's Name (JOHN GRIFFIN), 23. Parents Name (ANNA GRIFFIN), 23a. Parent's Last Name Before First Marriage (SHERRILL), 24. Informant's Name (MARGENE PARKER), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (1777 HENDRICKS STREET, GARY, IN 46404), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (EVERGREEN MEMORIAL PARK), 25c. Location - City, Town, And State (HOBART, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404), 27a. Funeral Home License Number (FH83007704), 27b. Signature Of Indiana Funeral Service Licensee (CARMELITA V. PERRY), 27c. License Number (FD29700070), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (BREAST CANCER, LUNG CANCER), 28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (BREAST CANCER METASTASIZED TO LUNGS), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Natural), 34. Date Of Injury, 35. Time Of Injury, 36. Place Of Injury, 37. Injury At Work? (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), 41. Signature, Of Person Certifying Cause Of Death (PAULA BENCHIK-ABRINKO), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394), 44. License Number (01045436A), 45. Date Certified (02/06/2019), 46. Additional Funeral Service Provider, 47. *Akas:, 48. Signature of Local Health Officer (REUBEN C. RUTLAND), 49. For Registrar Only - Date Filed (FEB 07 2019)

