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STATE OF Indiana)
) SS
COUNTY OF Lake)

2019 020556

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 APR -8 AM 11:01

MICHAEL B. BROWN
RECORDER

HEIRSHIP AFFIDAVIT

Kelvin Robinson., being first duly sworn upon her oath, states as follows;

That he is the son of James Wesley Smith a.k.a. James W. Smith and Virgie Smith a.k.a Virgie Mae Smith they died intestate of Lake County Indiana.

1. That James Wesley Smith a.k.a. James W. Smith and Virgie Smith a.k.a Virgie Mae Smith (H/W) were the owners of the following described property:

Property Number: 45-08-10-190-003-000-004

Address Commonly Known As: 733 E. 15th Ave Gary, In 46407-1440

Lot No. Six (6) and the East 20 feet of Lot No. Five (5) in Block No. Three (3), as marked and laid down on the Recorded Plat of Stevens First Subdivision to the City of Gary, Lake County, Indian, as the same appears of Record in Plat Book 27, Page 40; in the Recorder's Office of Lake County, Indiana

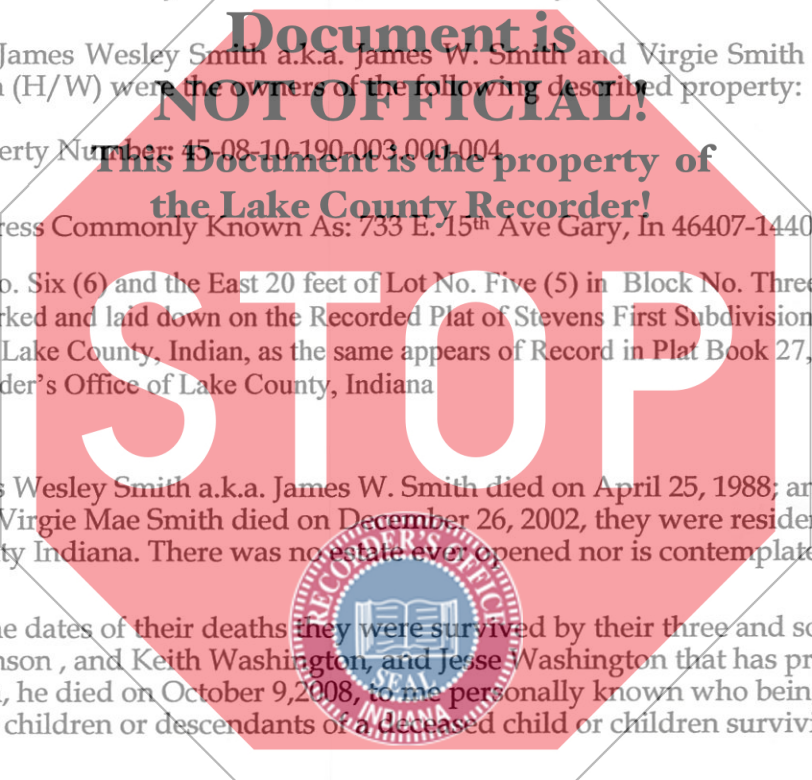
2. James Wesley Smith a.k.a. James W. Smith died on April 25, 1988; and Virgie Smith a.k.a Virgie Mae Smith died on December 26, 2002, they were residents of Lake County Indiana. There was no estate ever opened nor is contemplated.

3. On the dates of their deaths they were survived by their three and sons Kelvin Robinson , and Keith Washington, and Jesse Washington that has preceded them in death, he died on October 9,2008, to me personally known who being duly, and no other children or descendants of a deceased child or children surviving.

4. The Individuals are entitled to the real estate, undivided interest as a result of the decedent's deaths, Kelvin Robinson 50%, and Keith Washington 50%.

5. It appears the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following Fifty Thousand (50,000), the cost and expenses of administration and reasonable funeral expenses.

6. The gross value of the estate of the decedents, as determined for the purpose of Federal Estate Taxes, was less than the value required for filling of Federal Estate Tax Returns. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.



FILED

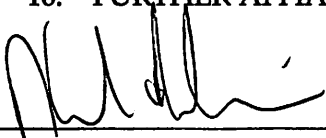
APR 08 2019

050862

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Handwritten notes: 2500 CC and CP

- 7. The decedent's estate was not subject to Indiana Inheritance Tax;
- 8. Your Affiant makes this affidavit in order to induce the Lake County Auditor to transfer said property into the names of Kelvin Robinson 50%, and Keith Washington 50%
- 10. FURTHER AFFIANT SAITH NOT.



 Kelvin Robinson

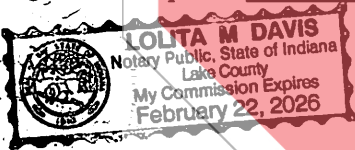
STATE OF Indiana
 COUNTY OF Lake



This Document is the property of
 the Lake County Recorder!

Before me, Lolita M. Davis (name of Notary) a Notary Public in and for said
 County Lake and State Indiana, this 6th day of April, 2019,
Kelvin Robinson acknowledges the execution of the foregoing Heirship Affidavit.

My Commission expires: _____





 Signature of Notary Public or Other

Lolita M. Davis

 Printed Name of Notary Public or Other

I AFFIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing
 Representations are true and correct to best of my knowledge and belief and no social
 Security number in this document, unless required by law. KR

Send Tax Bill: Kelvin Robinson 3450 N. 4th Street Minneapolis, MN 55412

Prepared by K. Robinson

Heirship affidavit

Local No. 88-0287

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST
 James W. Smith
 2 SEX Male
 3 DATE OF DEATH (Month, Day, Year) April 25, 1988
 4 SOCIAL SECURITY NUMBER
 5a AGE—Last Birthday 70
 5b UNDER 1 YEAR Months Days
 5c UNDER 1 DAY Hours Minutes
 6 DATE OF BIRTH (Month, Day, Year) 4/28/1911
 7 BIRTHPLACE (City and State or Foreign Country) Benton, Mississippi
 8 YEAR LAST SERVED A U.S. ARMY OFFICER?
 9a PLACE OF DEATH (Check only one. See instructions)
 HOSPITAL Home Other

DECEDENT

10 FACILITY NAME (If not available, give street and number) St. Mary's Medical Center
 11 CITY, TOWN OR LOCATION OF DEATH Gary
 12 COUNTY OF DEATH Lake
 13 MARRITAL STATUS—Married (Divorced, Widowed, Single, etc.)
 14 SURVIVING SPOUSE (If wife, give maiden name) Virgie Chatman
 15 DECEASED'S USUAL OCCUPATION (Give kind of work done during week of writing the certificate) Laborer
 16 KIND OF BUSINESS/INDUSTRY L.T.V. STEEL CORP.
 17a RESIDENCE—STATE IN
 17b COUNTY Lake
 17c CITY, TOWN OR LOCATION Gary
 17d STREET AND NUMBER 733 E. 15th Ave.
 18a INSIDE CITY LIMITS (Yes or No) Yes
 18b FARM No
 18c ZIP CODE 46407
 18d WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No
 18e RACE—American Indian, Black, White, etc. (Specify) Black
 18f DECEASED'S EDUCATION (Specify any highest grade completed) Elementary/Secondary 10 (2) College (1-4 or 5 +)

PARENTS

17 FATHER'S NAME (Full Middle Last) Frank Smith
 18 MOTHER'S NAME (Full Middle Last) Clara Jones

INFORMANT

19a INFORMANT'S NAME (Type blood relationship) Virgie Smith
 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 733 E. 15th Ave. Gary, IN 46407
 19c Relationship Wife

DISPOSITION

20a METHOD OF DISPOSITION (Check one)
 Burial Cremation Removal from State Donation Other (Specify)
 20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 30, 1988 Evergreen Cemetery
 20c LOCATION—City or Town, State Hobart, Lake

PRONOUNCING PHYSICIAN ONLY

21a SIGNATURE OF PRONOUNCING PHYSICIAN
 21b LICENSE NUMBER 8700298
 22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors Inc. 2859 W. 11th Ave. #3007704
 23 LICENSE NUMBER
 23a DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH
 25a PART I (Enter the time and date when death was first pronounced. Do not use "A.M." or "P.M.")
 25b PART II (Enter the time and date when death was first pronounced. Do not use "A.M." or "P.M.")
 26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)

III INSTRUCTIONS

IMMEDIATE CAUSE (Event, disease or condition resulting in death)
 Separately list conditions if any leading to immediate cause. ENTER UNDERLYING CAUSE (Disease or injury that started events resulting in death) LAST
 DUE TO (OR AS A CONSEQUENCE OF)
 Bernice Jones Calcemia (Very Curable)
 DUE TO (OR AS A CONSEQUENCE OF)
 DUE TO (OR AS A CONSEQUENCE OF)

CAUSE OF DEATH

PART II (Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I)
 27a WAS AN AUTOPSY PERFORMED? (Yes or No)
 27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

SEE INSTRUCTIONS

28a CERTIFIER (Check one)
 CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 21. To the best of my knowledge, death occurred due to the causes and manner as stated)
 PRONOUNCING AND CERTIFYING PHYSICIAN (Physician pronouncing death and certifying cause of death). To the best of my knowledge, death occurred due to the causes and manner as stated.
 MEDICAL EXAMINER CORONER (On the basis of examination and investigation, as in my opinion, death occurred in the time, date, and place, and due to the causes and manner as stated)

CERTIFIER

29 SIGNATURE AND TITLE OF CERTIFIER
 29a LICENSE NUMBER 01032084
 29b DATE SIGNED (Month, Day, Year) 4/25/88

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 21) (Type name)
 1400 Smith Ave. Peabody, MO
 31 HEALTH OFFICER'S SIGNATURE
 31a DATE FILED (Month, Day, Year) MAY 5 1988

CORONER OR MEDICAL EXAMINER USE ONLY

32 MANNER OF DEATH
 Natural Pending investigation
 Accident Suicide Could not be determined
 Homicide
 33a DATE OF INJURY (Month, Day, Year)
 33b PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)
 33c INJURY AT WORK (Yes or No)
 34 LOCATION (Street and Number or Rural Route Number, City or Town, State)

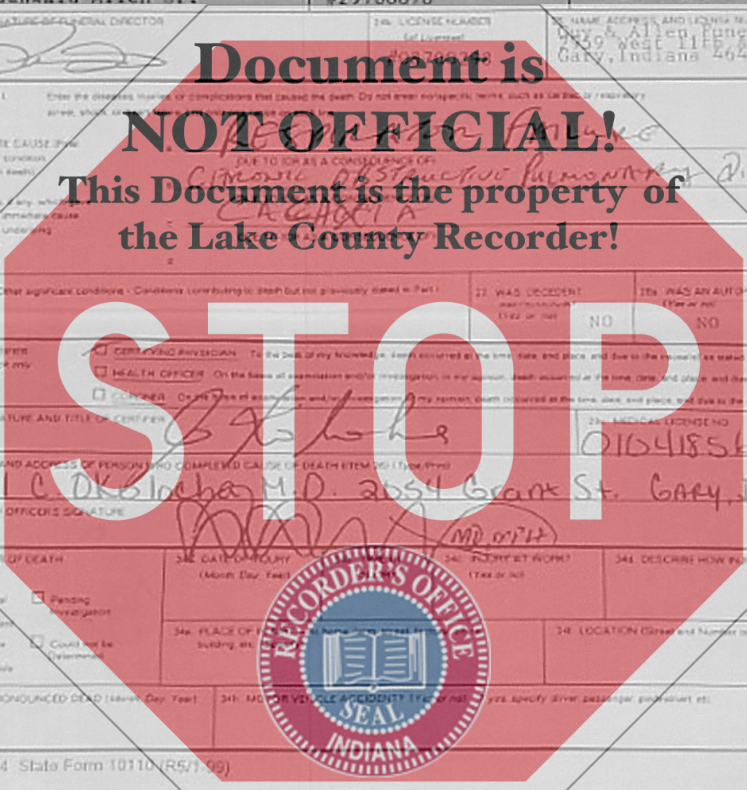


THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER I.C. 15-37-10

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME (Print Name Last, First, Middle Initial) Virgie Mae Smith		2. SEX Female	3a. TIME OF DEATH 7:30P.M.	3b. DATE OF DEATH (Month, Day, Year) December 26, 2002
	4. FEDERAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 86	6. TIME PER YEAR Months Days Hours Minutes	7. DATE OF BIRTH (Month, Day, Year) December 25, 1914
DECEDENT	8. YEAR LAST SERVED IN U.S. ARMED FORCES No		9. PLACE OF BIRTH (City and State or Foreign Country) Jackson, Mississippi		
	10. MARRITAL STATUS (Specify if widowed) Widowed		11. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		
PARENTS	12a. RESIDENCE—STATE Indiana		12b. COUNTY Lake		12c. CITY/TOWN OR LOCATION Gary
	13a. ZIP CODE 46407		13b. INSIDE CITY LIMITS (No Yes) Yes		13c. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
INFORMANT	14. FATHER'S NAME (Print Name Last) Burr Chapman		15. MOTHER'S NAME (Print Name, Married Surname) Eliza		
	16. INFORMANT'S NAME (Type/Print) Jesse Washington		17. MAKING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4156 Jefferson Street, Gary, Indiana 46408		18. Relationship Son
DISPOSITION	19. METHOD OF DISPOSITION (Check one) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		20. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Cemetery, December 31, 2002		21. LOCATION—City or Town, State Hobart, Indiana
	22. EMBALMER'S NAME Rosenwald Allen Jr.		23. EMBALMER'S LICENSE NO. #29700070		24. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
CAUSE OF DEATH	25. SIGNATURE OF FUNERAL DIRECTOR 		26. LICENSE NUMBER of Licensee #833007704		27. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gary & Allen Funeral Directors, Inc., Gary, Indiana 46404
	28. PART I: Enter the disease, injury, or condition that caused the death. Do not enter nonspecific terms such as "natural" or "respiratory arrest." Specify cause of death as far as possible. CHRONIC OBSTRUCTIVE PULMONARY DISEASE				
CERTIFIER	29. PART II: Other significant conditions - Conditions contributing to death but not gravely stated in Part I.		30. WAS DECEASENT (Male or female) (Date of birth) NO		31. WAS AN AUTOPSY (Yes or no) (Date of death) NO
	32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, facts occurred at the time, date, and place, and due to the disease, as stated. <input checked="" 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 disease, as stated. <input type="checkbox"/> CHANGED On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the disease, as stated.		33. SIGNATURE AND TITLE OF CERTIFIER 		
HEALTH OFFICER	34. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 28 (Type/Print) Paul C. D. K. Lochman, M.D., 2054 Grant St., Gary, IN 46404		35. MEDICAL LICENSE NO. 01641856		36. DATE SIGNED (Month, Day, Year) 1-29-03
	37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		38. DATE OF HOUR (Month, Day, Year) JAN 31 2003		39. DESCRIBE HOW INJURY OCCURRED
34. DATE PROCLAIMED DEAD (Month, Day, Year)		35. MOTOR VEHICLE ACCIDENT? (Yes or no) (Yes specify driver, passenger, pedestrian, etc.)			

SDH06-004 State Form 10110 (R5/1-00)

SBH06-004 State Form 10110 REV. 10-01 DEATHFD-1



Handwritten notes at the bottom of the page:
 Given to Jesse Washington
 QOO - 2003



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. #08-522 State No. _____

1. Name of Deceased: **Jesse Washington** 2. Sex: **Male** 3. Time of Death: **4:07 PM** 4. Date of Death (Month/Day/Year): **October 9, 2008**

5. Date of Birth (Month/Day/Year): **March 4, 1933** 6. Birthplace (City and State or Foreign Country): **Jackson, Mississippi**

7. Cause of Death (See Instructions and Examples):
 A. **Vascular collapse**
 B. **Due to arteriosclerotic heart and vascular disease**
 C. _____
 D. _____

8. Immediate Cause (Final Disease or Condition Resulting in Death): _____

9. Underlying Cause (If Any, Leading to the Cause Listed on Line A. Enter the Unifying Cause (Disease or Injury That Initiates the Events Resulting in Death) Last): _____

10. Manner of Death: Natural Accidental Homicide Suicide Unknown

11. Signature of Person Certifying Cause of Death: *Jeffrey R. Wells*
 Name and Address and Zip Code of Person Certifying Cause of Death: **Jeffrey R. Wells, Chief Deputy, 900 West 93rd Avenue, Crown Point, Indiana 46307**

12. Signature of Local Health Officer: *R. Williams*
 Date: **OCT 21 2008**



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