2019 037308

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2019 JUN 20 PM 3: 01

MICHAEL B. BROWN RECORDER

STATE OF INDIANA)				
		SS:	In RE:	LOIS COBB and FRAZIE	ER COBB
COUNTY OF LAKE)			(DECEDENTS)	

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

PATRICIA ISABELL, ("Affiant"), being first duly sworn upon her oath, states as follows:

This Document is the property of

- the Lake County Recorder!

 1. Affiant is the daughter of the above-named decedents, Lois Cobb and Frazier Cobb, and has personal knowledge of all facts stated herein.
- 2. Lois Cobb died intestate on October 1, 2012 while domiciled in Lake County, Indiana. Frazier Cobb died intestate on September 11, 2018, while domiciled in Lake County, Indiana. A true certified copy of their Certificate of Death, is attached as Exhibit A.
 - 3. More than forty-five (45) days have elapsed since the death of the decedents.
- 4. Affiant executed an Indiana Small Estate Affidavit on the 20th of June, 2019 for the intestate Estate of the decedents, Lors Cobb and Frazier Cobb. A true and accurate copy is attached as Exhibit B.
- 5. No application or petition for the hippointment of a personal representative pending or has been granted in any jurisdiction, or is contemplated to be filed.
 - 6. The following named persons are the only beneficiaries of the decedent:

1

Patricia Isabell (Daughter) 2208 Waite Street Gary, IN 46404

Bernice Grant (Daughter) 949 Farmington Trail Brownsburg, IN 46112

Tammy Swayne (Daughter)

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JOHN E. PETALAS LAKE COUNTY AUDITOR 25-

an

1701 Waite Street Gary, IN 46404

Minnie Lee Thomas (Mother of Frazier Cobb) 1532 Wilson Street Gary, IN 46404

- 7. The value of the decedents gross intestate assets, less liens and encumbrances, the costs and expenses of administration and reasonable funeral expenses does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under I.C. §29-1-8-3.
- 8. Among the decedents' probate assets is an interest in an improved parcel of real estate located in Lake County, Indiana as follows:

Legal Description: NOT OFFICIAL!

EAST PINC PROPERTIES EAST PROPERTY APÉ LOTS 9 & 10 BL.2 the Lake County Recorder!

Property No.: 45-08-07-427-023.000-004

together with any fixtures or appurtenances thereto, such property being commonly described as 1532 WILSON STREET GARY, IN 46404

- 9. Any known creditors of the decedents' estate have been notified of the decedents' estate by the Affiant.
- 10. The individuals entitled to the decedents' interest in said real estate under the laws of intestate succession, as provided under C. §29-12-1(d)(1), are the Affiant, Patricia Isabell, Bernice Grant, Tammy Swayne and Minute Lee Thomas (address and relationship to decedent stated above) children and mother of the decedent, each entitled to a undivided 1/4 of the decedents' interest of the real estate listed in paragraph. 8.
- 11. By a Quit-Claim Deed executed and delivered by Tammy Swayne, as grantor and Patricia Isabell, Minnie Lee Thomas and Bernice Grant as grantee on or about June 20, 2019, the affiant requests that the interest of the decedents Lois Cobb and Frazier Cobb in the real estate described in Paragraph 8 be transferred to Patricia Isabell, Minnie Lee Thomas and Bernice Grant in accordance with the provisions of I.C. §29-1-8-1, §29-1-8-2, and §29-1-8-3.
- 12. That the property tax notices should be mailed to PATRICIA ISBELL at 2208 Waite Street, Gary, IN. 46404.

FURTHER AFFIANT SAYETH NAUGHT.

Patricia Jabell

PATRICIA ISABELL (Affiant)

Notary Public

SEAL

My Commission Expires: april 25, 2027

Resident of Lake County

Document is NOT OFFICIAL

I affirm, under the penalties for perjuty, that the verken teasonable care to redact each Social Security pumber in this document, understregulated by taken Karyn Price



This instrument prepared by Karyn Price, Attorney at Law 128 S. East Street #50 Crown Point, IN 46307 219-488-9244; kjp@karynpricelaw.com

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Loc	al No ()	<u>00388</u>		EDR No 0000	0028244	1 2		State No	0435	18	
1. Decedent's Legal Name	(First, Middle, I	Last)		1a. Maiden Nan	e (if female)		2. Sex	3. Time		4. Date Of Death (Mon	th/Day/Year)
LOIS COBB				ELZIE			FEMA	LE 08:	30 AM	10/01/20	12
5. Social Security Number	6a, Aga-Yr	s 6b, Under	1 Year 6c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date o	Birth (Month			and State or Foreign Cou	
	73	Months	Days	Hours	Minutes	(08/10/193	39 M	IDWAY, AI		
9. Ever in U.S. Armed Force		Death Occurred I	n A Hospital;		10a. If Death Occur	red Somew	vhere Other Th	nan A Hospital			
Yes No Unk				patient Dead on Arrival	Hospice Facility Other (Specify)	⊠ Dec	cedent's Home	P	lome/Long-term	Care Facility	
11. Facility Name (If Not In 1532 WILSON STI	REET	Street and Numbe	er)		1.60						
12. City Or Town, State, An	id Zip Code				13. County C	or Death				s At Time Of Death	
GARY, IN, 46404					LAKE			-	☐ Widowed	Married, But Separated Never Married	Unknown
15. Surviving Spouse's Nar	ne			15a. (If Wife)Give Maide	Last Name			's Usual Occupati		17. Kind Of Business/In	dustry
FRAZIER COBB								L SERVICE	SCASE	IOCDITAL	
18. Residence - State			18a. County	L	18b. City Or Tow	n IC	COORDIN	VATOR	!	IOSPITAL	
INDIANA			LAKE		GARY					•	•
_18c; Street And Number		,					1	8d. Apt. No.	18e. Zip Co	ode 18f. Inside	City Limits?
1532 WILSON ST	REET					•			4640)4 ⊠ Yes	□ No
HIGH SCHOOL G	RADUATE	E OR GED	20. Decedent Of	Hispanic Origin	mente	ecedent's R	Race				
COMPLETED			NOT HISPA	NIC	Black	or Afric	an Americ	san			
22. Father's Name (First, Mi	ddle, Last)			$\mathbf{O} \mathbf{I} \mathbf{O} \mathbf{I}$	23. Mother's Name (F	irst, Middle	, Last)		23a. Mo	ther's Maiden Last Name	ı
S D ELZIE			This	looument	CHARLIE MAI	ELZIE		of	PATTI	ERSON	
24. Informant's Name				ship To Decedent	CHARLIE MAI 24b. Mailing Address	(Street An	d Number, Cit	y, State, Zip Code)		
FRAZIER COBB			HUSBAR	Lake Co		STRE	EC, GAR	Y, IN 46404			
25a, Method Of Disposition		12	25b. Place Of Disposition	25. Place on (Name Of Cemetery, Cre	e Of Disposition matory, Other Place)	25c. Loc	ation - City, To	own, And State			
☑ Burial ☐ Cremation ☐ Removal From State	Donation 🔲	Entombment									
Other (Specify):		F	ERN OAKS CI	EMETERY		GRIFE	FITH, IN				
26. Was Coroner Contacted		27. Name And C	omplete Address Of Fu	neral Facility						27a. Funeral Home Lice	nse Number.
Yes No	(CHICAGO.	WILLIAMS FUI IN 46312	VERAL HOME, IN	C. (LAKE), 485	9 ALEX	ANDER	AVE, EAST		FH83001520	
27b. Signature Of Indiana F TRACY CHERI WII	uneral Service LLIAMS .	Licensee: BY ELECTI	RONIC SIGNA	URF			27c.	Ucense Number	Of Licensee):	1.0000.020	
	-			Cause Of Death (See	Instructions And E	(amples)				Approx	imate
28. Part I. Enter The Cha Such As Cardiac Arrest,	ain Of Events Respiratory A	Diseases, Inju Arrest, Or Ventric	iries, Or Complication ular Fibrillation Witho	s - That Directly Caused ut Showing The Etiology.	The Death. Do Not En Do Not Abbreviate. E	nter Termi Inter Only	nal Events One Cause (On		Interva To Dea	l: Onset
A Line. Add Additing Li	ies ii ivecessi	віу.		TILL	CD2C						
Immediate Cause (Final	Disease Or C	ondition	ng in Death)	A. <u>CARDIRESPIRATO</u>	NY FAILURE	Due to (Or As A	Consequence Of):			DAYS_	
Sequentially List Condition	ons, If Any, Le	eading To The C	suse Listed On	B. METASTATIC SARC	OMA OF					MONTH	s
Sequentially List Condition Line A. Enter The Under The Events Resulting In I	lying Cause (Death) Last	Disease Or Injur		~	= = ; ` ` =	Oue to (Or As A	Consequence O():				 -
The Events (County 11)	Deality Last			C. MULTI ORGAN FAIL	URE	Due to (Or As A	Consequence Of):				····
				0.	EAL						
Part II. Enter Other Sign fican	t Conditions Co	ontributing to Deat	th But Not Resulting In	The Underlying Cause Givin	111111111111111111111111111111111111111		n Autopsy Per		☐ Yes	⊠ No	
SARCOMA						30. Were A		g Available To Co	·	e Of Death?	□ No
31. Did Tobacco Use Contrib		lısı,	f Female: Iol Pregnani Within Pasi Year	Pregnant At Time Of Death	Not Pregnant, But Pregnant	i With 42 Day		33. Manner Of De		ident Pending Inves	
☐ Yes ☐ Probably ☑ N		" <u> </u>	lot Pregnant, But Pregnant 43 (Pays To 1 year Before Oeath	Unknown If Pregnant Within	The Past Year	, i	Suicide 🔲 Co	uld Not Be Deter	_	-ngauore
34. Date Of Injury (Month/Da	y/Year)	35.	Time Of Injury	36. Place	Of Injury (E.G., Deced	ent's Home	, Construction	Sito, Restaurant,	Wooded Area)	37. Injury At Work	
38. Location Of Injury - State		38a	City Or Town	38b Strr	et & Number			·	20a Aat Na		□ No
				}	or a riginati				38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Occ	urred							O If Transportati	a lalina Canali		
	-1100						jč	Driver/Operator	on injury, Specify Passanger Pedest	inen Other (Specify)	
41. Signature, Of Person Ce	rtifying Cause (Of Death:					42. Certifier	(Check Only On	e)		
MATTHEW ARNOL 43. Name, Address And Zip (D RAMOS	S LIBIRAN , n Certifylng Cause	, BY ELECTRO	NIC SIGNATURE				ng Physician 44. License	☐ Coroner	Heath Officer 45. Data Certified	
•								TH. CICOIISC	vatine	45. Date Certified	
MATTHEW ARNOL 48. Additional Funeral Service	D RAMOS e Provider:	S LIBIRAN	, 100 W. CHIC	AGO AVENUE, E	AST CHICAGO), IN 46	312	0105973 47. *Akas:	BA .	10/02/20	12
						···					i
48. Signature of Local Health ROLAND H WALKE		FCTRONIC	C SIGNATURE			49	. For Regist	rar Only - Date F			
CONTACT I AND FUE	V 1/1 Jul			MENT TO CERTIFICATE	OF DEATH (ENTRY	OR ORIO	GINAL)		OCT 05 201	14	
	····						·······				
5: 10/2/2012 3:02:58 PM 9: 04-OCT-12				· ·							.
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Anta Carre Coppe				<u> </u>	$y_1 + t$	<u> </u>					

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 170777

	al Na	903	3062			EDF	i No Ol	იიი	006649	07		Sta	ite No			
1. Decedent's Legal Name (7002						(If female)	<u> </u>	2. Sex		3. Time (of Death	4. Date (Of Death (Month/Day/Yea
FRAZIER COBB											МА	LE	08:	0 PM		09/11/2018
5. Social Security Number	6a, Age	• Yrs	6b. Under 1	Year	6c. Under 1	Month	6d, Under 1	1 Day	6e. Under 1 Hour	7. Dat	e of Birth (Mo	nth/Day/Ye	ar) 8. 6	Birthplace (Ci	ly and State	or Foreign Country)
	78	3	Months		Days		Hours		Minutes	<u> </u>	09/14/1			JRTSBO	RO, AL	
9. Ever in U.S. Armed Force	es? 10	0.71 Deat	n Occurred In	A Hosp	ital:				10a (f Death Occu	_	newhere Other Decedent's Ho			ome/Long-ter	m Care Faci	lity
Yes No Unkr	nown 🗀	Inpatie	nt 🔲 Emerg	ency De	partment Outp	atient	☐ Dead on	Arrival	Other (Specify)							
11. Facility Name (If Not In: SYMPHONY OF D		ive Street	t and Number)												
12. City Or Town, State, An	d Zip Code	9			-				13. County	Of Death				4. Marital St		
DYER, IN, 46311									LAKE					∐ Married [☑ Widowed		lut Separated Divorder Married Unknown
15. Surviving Spouse's Nam	ia .					15a.	Last Name B	Before Fir			16. Deced	lent's Usual	Occupation	n	17. Kind	Of Business/Industry
											PIPEFIT	TER			INLANI	D STEEL
18. Residence - State				18a. C	County	<u></u>			18b. City Or Tox	wn			·		•	
INDIANA			1,	LAKE	:				GARY							
18c. Street And Number												18d. Apt.	No.	18e. Zip	Code	18f. Inside City Limits
1532 WILSON STR	REET					_								46	404	⊠'Yes □ No
19. Decedent's Education	245114	TE O	B OED	20.	Decedent Of	lispani	c Origin		21, 0	ecedent'	s Rase					
HIGH SCHOOL GF	KADUA	(IE O	K GED	NO	T HISPA	NIC	JOC				ican Ame	rican				
22. Parent's Name (First, Mic	idie, Last)				NI		T		23. Parent's Name (First, Mid	dle, Lasi)			23a. P	arent's Last	Name Before First Marria
JOHN COBB					11	U	1 (MINNIE THO						ERSON	
24. Informant's Name			/		24a, Relation	ship To	Decedent	n1	24b. Mailing Address	TOT	nertw	Of				
PATRICIA ISABEL	<u>L</u>				DAUGHT				2208 WATTE			Y, 1N 46	404			
25a, Method Of Disposition				b. Place					natory, Other Place)		ocation - City,	, Town, And	State			
⊠ Burial ☐ Cremation ☐ ☐ Removal From State	Donation	Ento	embment													
Other (Specify):		T 44 .			OAKS CE					GRI	FFITH, IN	1			1 27a Euro	eral Home License Number
28. Was Coroner Contacted?					Address Of Fun			E. INC	. (LAKE), 48	59 ALI	EXANDE	R AVE.	EAST		, , , , , , ,	Star Hottle Clostop (Valle)
☐ Yes ⊠ No		CHI	CAGO, II						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Of Licensee):	FH830	01520
27b. Signature Of Indiana Fu TRACY CHERI WIL	LIAMS	B, BY	SELECTR	ONIC	SIGNAT	URE	Ξ				F	008600				
28. Part I. Enter The Cha	in Of Ever	ats - Dis	eases Injuri	ies Or	Complication:	s - Tha	t Directly Ca	aused Ti	nstructions And E he Death. Do Not E	Inter Ter	minal Events					Approximate Interval: Onset
Such As Cardiac Arrest, F A Line, Add Additional Li	Respirator	ry Arrest,	Or Ventricu	lar Fibri	illation Withou	ul Show	wing The Eti	iology. C	o Not Abbreviate.	Enter Or	nly One Caus	e On				To Death
Immediate Cause (Final D		_	ion Resulting	ı In Dea	ith) /	۹. <u>C</u>	ARDIOPULI	MONAR	Y ARREST							
						,	É	TO D	ER'S ON	Due to (Ot)	As A Consequence	Oi)		.)		
Sequentially List Condition Line A. Enter The Underly	ying Caus	se (Disea	g To The Ca ise Or Injury	use Lis That In	ted On ^t itiated	o,	ES	9	TELE	Due to (Or /	As A Consequence	00)				
The Events Resulting In C	lealh) Las	st			(D	_[≥			Oue to (Or A	As A Consequence	00;				
)		Į L								
Part II. Enter Other Significant	Conditions	s Contribu	iting to Death	But No	Resulting In	The Un	derlying Caus	se Given			s An Autopsy F			☐ Yes	⊠ No	
. 31. Did Tobacco Use Contribu	do To Doo		32 1/1	Female;	$\overline{}$			$\langle v_i \rangle$	DIANA	30. Wer	e Autopsy Fin		ner Of De		use of Dear	n' ☐ Yes ☐ No
☐ Yes ☐ Probably ☐ No	_		☐ No	t Pregnant	Within Past Year	_	gnant At Time GF	_	Not Pregnant. But Pregna			Natur	al 🗌 Ho	micide 🔲 A		Pending Investigation
34. Date Of Injury (Month/Day				regnant, me Of I	But Fregnant 43 D: NjUTY	aya io i T			of Injury (E.G., Dece					uld Not Be De Wooded Area		Injury At Work?
	,			•												☐ Yes ☐ No
38. Location Of Injury - State			38a. C	ity Or To	own		36	3b. Stree	l & Number				T	38c. Apt. No), 38d	. Zip Code
			ļ													
39. Describe How Injury Occur	rred											40. If Tra	nsportatio	n Injury, Spec	ily: Nythin Pope	ÜNLESS
41. Signature, Of Person Cert	ifvina Cau	se Of Dea	ath:								42. Certi	fier (Check			VALIL	UNLE, 33
ALEXANDER A STE	MER,	BY E	LECTRO	NIC :	SIGNATE			a	• • • • • • • • • • • • • • • • • • • •	<u> </u>		fying Physic		Coroner		ealth Officer Date Certified
43. Name, Address And Zip Co							AK P.D.			:			;	•		
LEXANDER A STE		<u>, 761 4</u>	45TH ST	REE	ŗ,MUŅŞ	rer.	IN 4632	<u>?1 </u>	 	,, ')25591 *Akas:	Α		09/13/2018
•					į				····	·	49. For Reg			ed (Month/)	ay/Year)	·
18. Signature of Local Health C CHANDANA VAVILA		A ELE	CTRON	IC SI	GNATUR	<u>E</u> :								EP 13.20	- · · · · · · · · · · · · · · · · · · ·	
					AMEND	MENT.	TO.CERTIF	ICATE O	OF DEATH (ENTR	Y OR:OF	RIGINAL)		-			
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STATE OF INDIANA)	
)	SS:
COUNTY OF LAKE)	

INDIANA SMALL ESTATE AFFIDAVIT

PATRICIA ISABELL ("affiant"), being first duly sworn upon his oath states:

- 1. I am an adult resident of Lake County, State of Indiana, at the address stated below. I have personal knowledge of all facts stated herein.
- 2. I am the surviving child and one of the intestate heirs of LOIS COBB who died in the city of Gary, Lake County, Indiana on October 1, 2012. At the time of her death she was the owner of real estate in the town of Gary, Lake County, Indiana. That I am the surviving child and one of the intestate heirs of FRAZIER COBB who died in the city of Dyer, Lake County, Indiana on September 11, 2018. At the time of his death he was the owner of real estate in the town of Gary, Lake County, Indiana. That FRAZIER and LOIS were husband and wife.
- 3. The value of the gross probate estate of said decedent is, wherever located (less liens and encumbrances), does not exceed fifty thousand dollars (\$50,000).
 - 4. More than forty-five (45) days have elapsed since the deaths of the decedents.
- 5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 6. I and the three other persons listed below are the sole persons entitled to the property of the decedents as their intestate heirs at law, in equal shares. The names, relationship and percentage interest of each to the decedent are as follows:

Patricia Isabell (Daughter / undivided interest)
2208 Waite Street
Gary, IN 46404

Bernice Grant (Daughter ¼ undivided interest) 849 Farmington Trail Brownsburg, IN 46112

Tammy Swayne (Daughter ¼ undivided interest) 1701 Waite Street Gary, IN 46404

Minnie Lee Thomas (Mother of Frazier Cobb ¼ undivided interest)
1532 Wilson Street
Gary, IN 46404

Exhibit B

7. The affiant has notified each of the above-named persons of her intent to present this affidavit. The affiant, Minnie Lee Thomas and Bernice Grant are entitled to the payment or delivery of decedent's property on behalf of the persons identified above pursuant to I.C. §29-1-8-1 (a) and (b).

FURTHER AFFIANT SAITH NAUGHT.
Patricia Jakel
PATRICIA ISBELL
STATE OF INDIANA)
LAKE COUNTY Document is
SUBSCRIBED and SWORN to before me, a duly appointed Notary Public in and for said county and state.
I ms Document is the property of
IN WITNESS WHEREOF, Lawe affixed my signature and official seal on this 2019.
Notary Public My Commission SEAL
I affirm under the penalty for perjury that I have taken reasonable care to redact each Social
Security number in this document unless required by law. Karyn Price
DINS DE LA SANTE.

This Instrument prepared by Karyn Price, Attorney at Law, 128 S. East Street #50 Crown Point, IN 46307 219-484-9244; kjp@karynpricelaw.com