

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 037308

2019 JUN 20 PM 3:01

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

SS: In RE: LOIS COBB and FRAZIER COBB  
(DECEDENTS)

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

**Document is NOT OFFICIAL!**

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

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

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 20<sup>th</sup> of June, 2019 for the intestate Estate of the decedents, Lois Cobb and Frazier Cobb. A true and accurate copy is attached as Exhibit B.
5. No application or petition for the appointment 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:

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

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

Tammy Swayne (Daughter)

**FILED**

JUN 20 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25-440

RM

25579

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:

EAST ENGLEWOOD ADD. EAST CHICAGO ALL LOTS 9 & 10 BL.2

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 I.C. §29-1-2-1(d)(1), are the Affiant, Patricia Isabell, Bernice Grant, Tammy Swayne and Minnie 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 ISABELL (Affiant)

SUBSCRIBED and SWORN to before me, a duly appointed Notary Public in and for said county and state, on this 20<sup>th</sup> day of June, 2019.

Lynette J. Cusack  
Notary Public S E A L

My Commission Expires: April 15, 2027  
Resident of Lake County



**Document is NOT OFFICIAL!**

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, as required by law. **the Lake County Recorder!** 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](mailto:kjp@karynpricelaw.com)*





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 000388

EDR No 00000282442

State No 043518

1. Decedent's Legal Name (First, Middle, Last) LOIS COBB
1a. Maiden Name (If female) ELZIE
2. Sex FEMALE
3. Time Of Death 08:30 AM
4. Date Of Death (Month/Day/Year) 10/01/2012
5. Social Security Number
6a. Age - Yrs 73
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 08/10/1939
8. Birthplace (City and State or Foreign Country) MIDWAY, AL
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) 1532 WILSON STREET
12. City Or Town, State, And Zip Code GARY, IN, 46404
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name FRAZIER COBB
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation SURGICAL SERVICES CASE COORDINATOR
17. Kind Of Business/Industry HOSPITAL
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town GARY
18c. Street Number 1532 WILSON STREET
18d. Apt. No.
18e. Zip Code 46404
18f. Inside City Limits?
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. Father's Name (First, Middle, Last) S D ELZIE
23. Mother's Name (First, Middle, Last) CHARLIE MAE ELZIE
23a. Mother's Maiden Last Name PATTERSON
24. Informant's Name FRAZIER COBB
24a. Relationship To Decedent HUSBAND
24b. Mailing Address (Street And Number, City, State, Zip Code) 1532 WILSON STREET, GARY, IN 46404
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) FERN OAKS CEMETERY
25c. Location - City, Town, And State GRIFFITH, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312
27a. Funeral Home License Number: FH83001520
27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08600238
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIORESPIRATORY FAILURE
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. METASTATIC SARCOMA
C. MULTI ORGAN FAILURE
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. SARCOMA
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work?
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:
41. Signature, Of Person Certifying Cause Of Death: MATTHEW ARNOLD RAMOS LIBIRAN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MATTHEW ARNOLD RAMOS LIBIRAN, 100 W. CHICAGO AVENUE, EAST CHICAGO, IN 46312
44. License Number 01059738A
45. Date Certified 10/02/2012
46. Additional Funeral Service Provider:
47. \*Akas:
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): OCT 05 2012



Exhibit A



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 170777

Local No 903062

EDR No 00000664907

State No

Form containing fields for decedent information (Frazier Cobb), social security number (78), date of birth (09/14/1939), residence (Dyer, IN 46311), occupation (Pipefitter), cause of death (Cardiopulmonary Arrest), and certifying physician (Alexander A Stemer).



NOT VALID UNLESS

STATE OF INDIANA     )  
                                  )  
COUNTY OF LAKE     )     SS:

**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 ¼ 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 Isbell*  
PATRICIA ISBELL

STATE OF INDIANA )  
 ) SS:  
LAKE COUNTY )

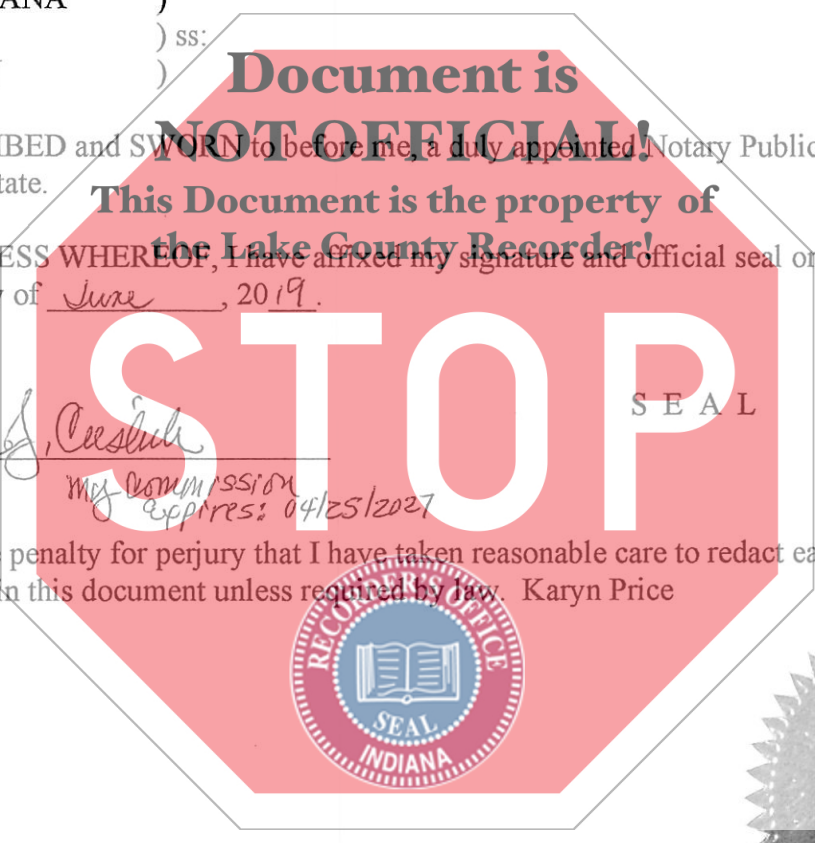
SUBSCRIBED and SWORN to before me, a duly appointed Notary Public in and for said county and state.

IN WITNESS WHEREOF, I have affixed my signature and official seal on this 20<sup>th</sup> day of June, 2019.

*Suzette J. Ceschke*  
Notary Public

My Commission Expires: 04/25/2027

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



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