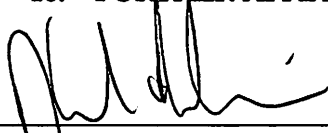


7. The decedent's estate was not subject to Indiana Inheritance Tax;
8. Your Affiant makes this affidavit in order to induce the Lake County Auditor to transfer said property into the names of Kelvin Robinson 50%, and Keith Washington 50%
10. FURTHER AFFIANT SAITH NOT.

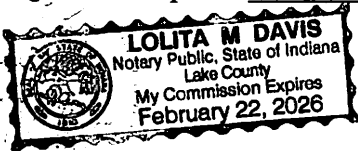



 Kelvin Robinson

STATE OF Indiana)
) SS
 COUNTY OF Lake)

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

Exhibit A

Parcel C - Georgia Street from 15th Avenue to the center line of Alley 15 South

All that part of Georgia Street in the City of Gary, Lake County, Indiana, described as beginning at the Northeast corner of Lot 6, Block 3, in Steven's First Subdivision; thence South on the East line of said Lot 6 to the center line of the alley immediately South of said Lot 6; thence East on the center line of said alley produced to the East line of Georgia Street; thence North on the West line of Lot 1, Block 4 in Steven's First Subdivision to the Northwest corner of Lot 1 in said Block 4; thence West to the place of beginning.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST
 James W. Smith

2 SEX Male 3 DATE OF DEATH (Mo., Day, Year)
 April 25, 1988

4 SOCIAL SECURITY NUMBER 428-05-8211 5a AGE—Last Birthday 76 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo., Day, Year) 4/28/1911 7 BIRTH PLACE (City and State or Foreign Country) Benton, Mississippi

8 YEAR LAST SERVED IN U.S. ARMED SERVICES? 1952 9a PLACE OF DEATH (Specify only one. See instructions) HOSPITAL Home Outpatient DCA OTHER Nursing Home Residence Other (Specify)

DECEASED

10 FACILITY NAME OF HOME (Give street and number) St. Mary's Medical Center 11 SURVIVING SPOUSE (If wife, give maiden name) Virgie Chatman 12a MARRIAGE STATUS—Married Never Married Widowed Divorced (Specify) Married 12b DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use term "laborer") laborer 12c KIND OF BUSINESS/INDUSTRY L.T.V. STEEL CORP.

13a RESIDENCE—STATE IN 13b COUNTY Lake 13c CITY, TOWN OR LOCATION Gary 13d STREET AND NUMBER 733 E. 15th Ave.

14 INSIDE CITY LIMITS (Yes or No) Yes 15a FARM No 15b ZIP CODE 46407 16 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No 17 RACE—American Indian, Black, White, etc. (Specify) Black 18 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (1-4 or 5 +)

PARENTS

19 FATHER'S NAME (First, Middle, Last) Frank Smith 20 MOTHER'S NAME (First, Middle, Maiden Surname) Clara Jones

F INFORMANT

21a INFORMANT'S NAME (Type, Print) Virgie Smith 21b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 733 E. 15th Ave. Gary, In 46407 21c Relationship Wife

DISPOSITION

22a MANNER OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) 22b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 30, 1988 Evergreen Cemetery 22c LOCATION—City or Town, State Hobart, Lake

23a SIGNATURE OF FUNERAL DIRECTOR *Patricia Owen* 23b LICENSE NUMBER 8700298 23c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors Inc. 2959 W. 11th Ave. #3007704

PRONOUNCING PHYSICIAN ONLY

24 TIME OF DEATH 25 DATE PRONOUNCED DEAD (Month, Day, Year) 26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)

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

SEE INSTRUCTIONS

27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as (cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. *Respiratory Failure* b. *Bronchogenic Carcinoma (lung cancer)*

28a WAS AN AUTOPSY PERFORMED? (Yes or No) No 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

SEE INSTRUCTIONS

29a CERTIFIER (Check only one) CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER CORONER 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 cause(s) and manner as stated.

30 SIGNATURE AND TITLE OF CERTIFIER *Paul G. Castele M* 31 LICENSE NUMBER 01032084 32 DATE SIGNED (Month, Day, Year) 4/29/88

33 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) (Type/print) 1400 Smith Lake Park Ave - Hobart, Ind 46342

HEALTH OFFICER

34 SIGNATURE *James W. Smith* 35 DATE FILED (Month, Day, Year) MAY 5 1988

36 MANNER OF DEATH Natural Pending investigation Accident Suicide Could not be determined Homicide 37a DATE OF INJURY (Month, Day, Year) 37b PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 37c INJURY AT WORK? (Yes or No) 37d MISCROW INJURY OCCURRED 38 LOCATION (Street and Number or Rural Route Number, City or Town, State)

voluntary and there will be no penalty for refusal

Local No. 02-0812

CERTIFICATE OF DEATH

State No. _____

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Virgie Mae Smith		2. SEX Female	34. TIME OF DEATH 7:30P.M.	36. DATE OF DEATH (Month, Day, Year) December 26, 2002
4. SOCIAL SECURITY NUMBER 428-05-8211	26. AGE—Last Birthday (Year) 86	16. YEARS 1928 Month Day Year	18. LENGTH OF MARRIAGE Years Months	8. DATE OF BIRTH (Month, Day, Year) December 25, 1916
64. WAS DECEASED A U.S. VETERAN? No	66. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	38. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Assistance		9. BIRTHPLACE (City and State or Foreign Country) Jackson, Mississippi
30. FACILITY NAME (If not institution, give street and number) Timberview Nursing Home			39. CITY, TOWN, OR LOCATION OF DEATH Gary	35. COUNTY OF DEATH Lake
10. MARITAL STATUS (Check one) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12. DECEASED'S USUAL OCCUPATION (Give kind of work during the major part of working life. Do not use contract) Homemaker		13. KIND OF BUSINESS/INDUSTRY Home
14a. RESIDENCE—STATE Indiana	14b. COUNTY Lake	14c. CITY, TOWN, OR LOCATION Gary	14d. STREET AND NUMBER 733 East 15th Avenue	
15a. ZIP CODE 46407	15b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	17. CITIZEN OF WHAT COUNTRY? U.S.A.	19. WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black
18. FATHER'S NAME (First, Middle, Last) Burr Chapman		19. MOTHER'S NAME (First, Middle, Last) Eliza		
32a. INFORMANT'S NAME (Type Print) Jesse Washington		32b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4156 Jefferson Street, Gary, Indiana 46408		32c. Relationship Son
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Cemetery, December 31, 2002		21c. LOCATION—City or Town, State Hobart, Indiana
22a. EMBALMER'S NAME Rosenwald Allen Jr.		22b. EMBALMER'S LICENSE NO. #29700070	22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. SIGNATURE OF FUNERAL DIRECTOR 		24a. LICENSE NUMBER of Licensee #08700298	24b. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc., 959 West 11th Avenue, Gary, Indiana 46404 #83007704	

DECEDENT

PARENTS
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

26. PART I. Enter the diseases, injuries or complications that caused the death. Do not leave any space blank, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
RESPIRATOR FAILURE
DUE TO OR AS A CONSEQUENCE OF:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE
DUE TO OR AS A CONSEQUENCE OF:
CHRONIC BRONCHITIS
DUE TO OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (Listing the underlying cause first):

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEASED A MOTOR VEHICLE DRIVER?
 Yes No

28. WAS AN AUTOPSY PERFORMED?
 Yes No

29. WERE AUTOPSY FINDINGS COMPLETED?
 Yes No

25a. CERTIFIER (Check only one)
 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated.
 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 cause(s) as stated.
 CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) as stated.

25b. SIGNATURE AND TITLE OF CERTIFIER

Paul C. DK Blocher, M.D.

25c. MEDICAL LICENSE NO.
01041856

25d. DATE SIGNED (Month, Day, Year)
1-29-03

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26 (Type Print)
Paul C. DK Blocher, M.D., 2054 Grant St., Gary, IN 46404

31. HEALTH OFFICER'S SIGNATURE

32. DATE RECD (Month, Day, Year)
JAN 31 2003

33. MANNER OF DEATH

Natural Pending Investigator
 Accident Could not be Determined
 Suicide Homicide

33a. DATE OF INJURY (Month, Day, Year)

33b. TIME OF INJURY

33c. INJURY AT WORK? (Yes or No)

33d. DESCRIBE HOW INJURY OCCURRED

34. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)

34. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34. DATE PRONOUNCED DEAD (Month, Day, Year)

34. MOTOR VEHICLE ACCIDENT? (Yes or No) - If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R5/1-99)

SBH06-004 State Form 10110 Rev. 10/87 DEATH PD 1

Handwritten notes:
Kathleen & Jesse
QCD - Washington



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. #08-522		State No.	
1. Decedent's Legal Name (Print Surname, First, Middle, Last) Jesse Washington		2. Sex Male	
3. Maiden Last Name (If Female) NO		4. Time of Death 4:07 PM	
5. Date of Death (Month/Day/Year) October 9, 2008		6. Birth Date (Month/Day/Year) March 4, 1933	
7. Birthplace (City, State, or Foreign Country) Jackson, Mississippi		8. Date of Birth (Month/Day/Year) March 4, 1933	
9. Birthplace (City, State, or Foreign Country) Jackson, Mississippi		10. Date of Birth (Month/Day/Year) March 4, 1933	
11. Date of Birth (Month/Day/Year) March 4, 1933		12. Birthplace (City, State, or Foreign Country) Jackson, Mississippi	
13. Date of Birth (Month/Day/Year) March 4, 1933		14. Birthplace (City, State, or Foreign Country) Jackson, Mississippi	
15. Place of Death (City, State, and Zip Code) Gary, Indiana			
16. Cause of Death (List All Causes) Lake			
17. Manner of Death (Check One) <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Pending Investigation			
18. Decedent's Usual Residence (City, State, and Zip Code) City of Gary			
19. Decedent's Usual Occupation Home Inspector			
20. Decedent's Education 7 Years College			
21. Decedent's Race Black			
22. Father's Name (Print Middle Last) Jesse Forbes		23. Mother's Name (Print Middle Last) Virgie Forbes Chapman	
24. Decedent's Relationship to Deceased Son		25. Place of Disposition Evergreen Cemetery	
26. Decedent's Date of Disposition October 20, 2008		27. Location - City, Town, and State Hobart, Indiana	
28. Decedent's Date of Disposition October 20, 2008		29. Location - City, Town, and State Hobart, Indiana	
30. Decedent's Date of Disposition October 20, 2008		31. Location - City, Town, and State Hobart, Indiana	
32. Decedent's Date of Disposition October 20, 2008		33. Location - City, Town, and State Hobart, Indiana	
34. Decedent's Date of Disposition October 20, 2008		35. Location - City, Town, and State Hobart, Indiana	
36. Decedent's Date of Disposition October 20, 2008		37. Location - City, Town, and State Hobart, Indiana	
38. Decedent's Date of Disposition October 20, 2008		39. Location - City, Town, and State Hobart, Indiana	
39. Decedent's Date of Disposition October 20, 2008		40. Location - City, Town, and State Hobart, Indiana	
41. Decedent's Date of Disposition October 20, 2008		42. Location - City, Town, and State Hobart, Indiana	
43. Decedent's Date of Disposition October 20, 2008		44. Location - City, Town, and State Hobart, Indiana	
45. Decedent's Date of Disposition October 20, 2008		46. Location - City, Town, and State Hobart, Indiana	
47. Decedent's Date of Disposition October 20, 2008		48. Location - City, Town, and State Hobart, Indiana	
49. Decedent's Date of Disposition October 20, 2008		50. Location - City, Town, and State Hobart, Indiana	
51. Decedent's Date of Disposition October 20, 2008		52. Location - City, Town, and State Hobart, Indiana	
53. Decedent's Date of Disposition October 20, 2008		54. Location - City, Town, and State Hobart, Indiana	
55. Decedent's Date of Disposition October 20, 2008		56. Location - City, Town, and State Hobart, Indiana	
57. Decedent's Date of Disposition October 20, 2008		58. Location - City, Town, and State Hobart, Indiana	
59. Decedent's Date of Disposition October 20, 2008		60. Location - City, Town, and State Hobart, Indiana	
61. Decedent's Date of Disposition October 20, 2008		62. Location - City, Town, and State Hobart, Indiana	
63. Decedent's Date of Disposition October 20, 2008		64. Location - City, Town, and State Hobart, Indiana	
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67. Decedent's Date of Disposition October 20, 2008		68. Location - City, Town, and State Hobart, Indiana	
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73. Decedent's Date of Disposition October 20, 2008		74. Location - City, Town, and State Hobart, Indiana	
75. Decedent's Date of Disposition October 20, 2008		76. Location - City, Town, and State Hobart, Indiana	
77. Decedent's Date of Disposition October 20, 2008		78. Location - City, Town, and State Hobart, Indiana	
79. Decedent's Date of Disposition October 20, 2008		80. Location - City, Town, and State Hobart, Indiana	
81. Decedent's Date of Disposition October 20, 2008		82. Location - City, Town, and State Hobart, Indiana	
83. Decedent's Date of Disposition October 20, 2008		84. Location - City, Town, and State Hobart, Indiana	
85. Decedent's Date of Disposition October 20, 2008		86. Location - City, Town, and State Hobart, Indiana	
87. Decedent's Date of Disposition October 20, 2008		88. Location - City, Town, and State Hobart, Indiana	
89. Decedent's Date of Disposition October 20, 2008		90. Location - City, Town, and State Hobart, Indiana	
91. Decedent's Date of Disposition October 20, 2008		92. Location - City, Town, and State Hobart, Indiana	
93. Decedent's Date of Disposition October 20, 2008		94. Location - City, Town, and State Hobart, Indiana	
95. Decedent's Date of Disposition October 20, 2008		96. Location - City, Town, and State Hobart, Indiana	
97. Decedent's Date of Disposition October 20, 2008		98. Location - City, Town, and State Hobart, Indiana	
99. Decedent's Date of Disposition October 20, 2008		100. Location - City, Town, and State Hobart, Indiana	

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