

Re-record to add Legal Exhibit A

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.

2019-03-31-2019
2019 037507

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2019 JUN 21 PM 1:28
MICHAEL B. BROWN
RECORDER

\$25.00
cash
CP

FILED

JUN 21 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

041901

050862

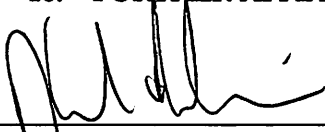
FILED

APR 08 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$25.00
cash
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.

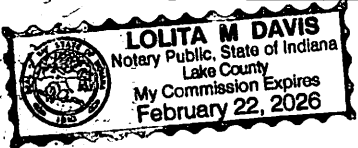


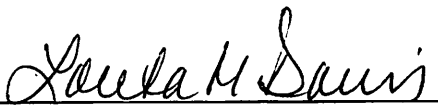
 Kelvin Robinson

STATE OF Indiana)
) 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 [REDACTED]		5a AGE—Last Birthday 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
DECEDENT	6 YEAR LAST SERVED A U.S. ARMY OFFICER? 1952		7a PLACE OF BIRTH (State only and See instructions) Benton, Mississippi		
	8 FACILITY NAME (If not including give street and number) St. Mary's Medical Center			9c CITY, TOWN OR LOCATION OF DEATH Gary	
PARENTS	10 MARRIAGE STATUS—Married Never Married Widowed Divorced (Specify) Married		11 SURVIVING SPOUSE (If wife give maiden name) Virgie Chatman		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use term "laborer") Laborer
	12b RESIDENCE—STATE IN		12c COUNTY Lake		12d STREET AND NUMBER 733 E. 15th Ave.
INFORMANT	13a INSIDE CITY LIMITS (Yes or No) Yes		13b ZIP CODE 46407		13c COUNTY OF DEATH Lake
	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15 RACE—American Indian, Black, White, etc. (Specify) Black		16 DECEDENT'S EDUCATION (Specify any highest grade completed) Elementary/Secondary (12) College (14 or 16)
DISPOSITION	17 FATHER'S NAME (First, Middle, Last) Frank Smith		18 MOTHER'S NAME (First, Middle, Maiden Surname) Clara Jones		
	19a INFORMANT'S NAME (Type, First, Middle, Last) 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
PRONOUNCING PHYSICIAN ONLY	20a MANNER OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> 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
	21a SIGNATURE OF FUNERAL DIRECTOR <i>Patricia Owen</i>		21b LICENSE NUMBER of License 8700298		21c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors Inc. 2959 W. 11th Ave. #3007704
SEE INSTRUCTIONS	22a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title		23a LICENSE NUMBER [REDACTED]		23b DATE SIGNED (Month, Day, Year)
	24 TIME OF DEATH M		25 DATE PRONOUNCED DEAD (Month, Day, Year)		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)
CAUSE OF DEATH	PART I Enter the disease, injury, or complication 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 Cause and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory Failure		a DUE TO OR AS A CONSEQUENCE OF Benign gastric Carcinoma (Stomach Cancer)		
SEE INSTRUCTIONS	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				27a WAS AN AUTOPSY PERFORMED? (Yes or No) No
	27b CERTIFIER (Check only one) <input checked="" type="checkbox"/> 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 cause(s) and manner as stated. <input type="checkbox"/> 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. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input 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 cause(s) and manner as stated.		27c DATE SIGNED (Month, Day, Year) 4/29/88		
HEALTH OFFICER	28 SIGNATURE AND TITLE OF CERTIFIER <i>Paul D. Cottle M</i>		28b LICENSE NUMBER 01032084		28c DATE SIGNED (Month, Day, Year) 4/29/88
	29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 21) (Type/print) 1400 Smith Lake Park Ave - Hobart, IN 46342				
CORONER OR MEDICAL EXAMINER USE ONLY	30 HEALTH OFFICER'S SIGNATURE <i>James W. Smith</i>		31 DATE FILED (Month, Day, Year) MAY 5 1988		
	32 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		33a DATE OF INJURY (Month, Day, Year)		33b PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)
		34a INJURY AT WORK? (Yes or No)		34b DESCRIPTION OF INJURY OCCURRED	
		34c PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d LOCATION (Street and Number or Rural Route Number, City or Town, State)	

voluntary and there will be no penalty for release
Local No. 02-0812

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEDENT—NAME (Print Middle Last) Virgie Mae Smith		2. SEX Female		3a. TIME OF DEATH 7:30P.M.		3b. DATE OF DEATH (Month, Day, Year) December 26, 2002	
2a. AGE—Last Birthday (Year) 86		3c. MONTH, DAY, YEAR Month: _____ Day: _____ Year: _____		4. DATE OF BIRTH (Mo, Day, Yr) December 25, 1914		5. BIRTHPLACE (City and State or Foreign Country) Jackson, Mississippi	
6. YEAR LAST SERVED IN U.S. ARMED FORCES? No		7. HOSPITAL (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Other (Specify) <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Residence		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) Timberview Nursing Home				9b. CITY, TOWN, OR LOCATION OF DEATH Gary		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Check only one) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Home	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 733 East 15th Avenue	
15a. ZIP CODE 46407		15b. INDEED CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15c. CITIZEN OF WHAT COUNTRY? U.S.A.		15d. WAS DECEDENT 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		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (Specify 10, 11) <input type="checkbox"/> College (1, 2 or 3+) 12th		18. FATHER'S NAME (Print Middle Last) Burt Chapman		19. MOTHER'S NAME (Print Middle, Married Surname) Ella	
20a. INFORMANT'S NAME (Type Print) Jesse Washington		20b. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4156 Jefferson Street, Gary, Indiana 46408		20c. Relationship Son			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <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		22c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
23a. SIGNATURE OF FUNERAL DIRECTOR 		23b. LICENSE NUMBER of Licensed #08700298		23c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen, Funeral Directors, Inc. 930 West 11th Avenue Gary, Indiana 46404 #83007704			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

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

IMMEDIATE CAUSE (Type disease or condition resulting in death):
 a. **RESPIRATOR FAILURE**
 DUE TO OR AS A CONSEQUENCE OF:
 b. **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**
 DUE TO OR AS A CONSEQUENCE OF:
 c. **CHLAMYDIA**
 DUE TO OR AS A CONSEQUENCE OF:

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

27. WAS DECEDENT (Year or not) YES NO

28a. WAS AN AUTOPSY (Year or not) YES NO

28b. WERE AUTOPSY FINDINGS COMPLETED OR CAUSE OF DEATH (Year or not)

29a. CERTIFIER (Check only one)
 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the causes 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 causes as stated.
 CORONER On the basis of examination and/or investigation, my opinion, death occurred at the time, date, and place, and due to the causes and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

 29c. MEDICAL LICENSE NO.
01041856

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

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 25 (Type Print)
Paul C. DK Blocher, M.D., 2054 Grant St., Gary, IN 46404

31. HEALTH OFFICER'S SIGNATURE

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

33. MANNER OF DEATH

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

33b. TIME OF INJURY

33c. INJURY (Type or act)

33d. DESCRIBE HOW INJURY OCCURRED

Natural Pending Investigation
 Accident Could not be Determined
 Suicide Homicide

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

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

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

34d. 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)

Handwritten notes:
Kathleen & Jesse
QCD - St. Joseph



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. #08-522		State No.	
Deceased's Legal Name (Print, Middle, Last) Jesse Washington		Sex Male	
Maiden Last Name (If Female) NO		Time of Death 4:07 PM	
Date of Death (Month/Day/Year) October 9, 2008		Place of Death (City and State or Foreign Country) Jackson, Mississippi	
Date of Birth (Month/Day/Year) March 4, 1933		Place of Birth (City and State or Foreign Country) Jackson, Mississippi	
Age at Death (Years) 75		Cause of Death (List All Causes) 1. Vascular collapse 2. Due to arteriosclerotic heart and vascular disease	
Place of Death (City and State or Foreign Country) 733 East 15th Avenue Gary, Indiana		Manner of Death (Check One) <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Coronary <input type="checkbox"/> Emergency Department <input type="checkbox"/> Dead On Arrival <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home/Long Term Care Facility	
County of Death Lake		Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
Decedent's Usual Residence (City and State) Indians Lake		Decedent's Usual Occupation Home Inspector	
Decedent's Usual Residence (City and State) Indians Lake		Decedent's Usual Residence (City and State) Gary	
Decedent's Education 2 Years College		Decedent's Race Black	
Father's Name (Print, Middle, Last) Jesse Forbes		Mother's Name (Print, Middle, Last) Virgie Forbes	
Mother's Name (Print, Middle, Last) Chapman		Decedent's Usual Occupation Home Inspector	
Relationship to Decedent Son		Place of Disposition October 20, 2008 Evergreen Cemetery Hobart, Indiana	
Funeral Home (Name, Address, City, State, Zip Code) Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404		Funeral Home License Number 83007704	
Signature of Funeral Director <i>[Signature]</i>		License Number (If Licensed) 83007704	
Cause of Death (See Instructions and Examples) Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last. A Vascular collapse B Due to arteriosclerotic heart and vascular disease C D			
Approximate Interval: Cause To Death Unknown		Was There Any Pre-Existing Condition Contributing To Death? (Not Resulting In The Underlying Cause Given In Part I) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did Trauma Contribute To Death? <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Other		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Past Year	
33. Years of Injury 1		34. Name Of Injury (e.g., Decedent's Injury, Certification Site, Rehearsal, Unrest Area) 1	
35. City Of Town Indians Lake		36. Board & Number 1	
37. Age, Inc. 1		38. Zip Code 46404	
39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40. Certifier (Check One Only) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
41. License Number N/A		42. Date Certified Oct. 20, 2008	
43. Signature of Local Health Officer <i>[Signature]</i>		44. For Registration - Date Year Month Day OCT 21 2008	

Form 101-101-01 (Rev. 07-07) 4732702K-031478 The above document is being submitted to the state agency in order to obtain a death certificate. The state agency is not responsible for the accuracy of the information provided on this form. The information on this form is confidential under the Indiana State Records Act.