

Chicago Title Insurance Company

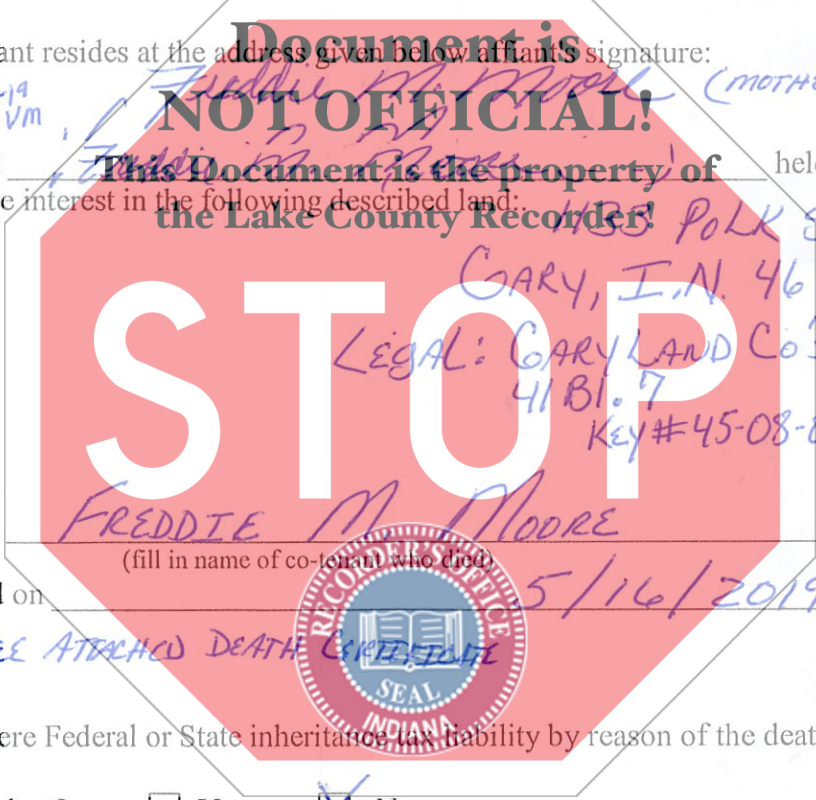
AFFIDAVIT

On this 7-18-2019 before me personally appeared Vernon L. Moore
1133 Polk St. Gary, I.N. 46407

2019 043977
2019-043977

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
7-18-19 VM Freddie M. Moore (MOTHER)
- That This Document is the property of the Lake County Recorder! held a life estate interest in the following described land:



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2019 JUL 18 PM 4:03
MICHAEL BERGMAN
RECORDER

- Said FREDDIE M. MOORE
(fill in name of co-tenant who died)
died on 5/16/2019
SEE ATTACHED DEATH CERTIFICATE
- Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ N/A

The taxes due are paid or unpaid..

FILED

JUL 18 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

26662

\$25.00
JTB
Cash

5. Affiant's relationship to the deceased was Son
Signature: Vernon L. Moore
Printed Name VERNON L. MOORE
Address: 1133 POLK ST
GARY, IN 46407

Subscribed and sworn to before me by the affiant

This July 18, 2019
(insert date) **Document is NOT OFFICIAL!**

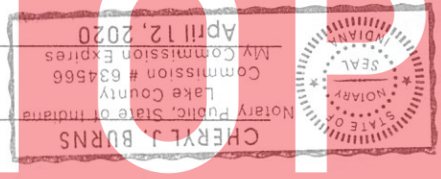
Cheryl Burns
Notary Public **This Document is the property of the Lake County Recorder!**

Printed Name Cheryl Burns

My County of Residence is: _____

In the State of _____

My Commission Expires _____



This instrument prepared by Vernon L. Moore



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: _____



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

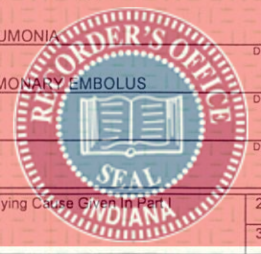
Tracking No. 196146

Local No 901835

EDR No 00000711105

State No 024983

Form fields including: 1. Decedent's Legal Name (FREDDIE M MOORE), 2. Sex (FEMALE), 3. Time Of Death (20:10), 4. Date Of Death (05/16/2019), 5. Social Security Number, 6a. Age - Yrs (84), 7. Date of Birth (03/06/1935), 8. Birthplace (MEMPHIS, TN), 11. Facility Name (ST MARY MEDICAL CENTER INC), 12. City Or Town, State, And Zip Code (HOBART, IN, 46342), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Widowed), 15. Surviving Spouse's Name, 15a. Last Name Before First Marriage, 16. Decedent's Usual Occupation (PRESSER), 17. Kind Of Business/Industry (CLEANERS), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (GARY), 18c. Street And Number (1133 POLK STREET), 18d. Apt. No., 18e. Zip Code (46407), 18f. Inside City Limits? (Yes), 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. Parent's Name (FRED NELOMS), 23a. Parent's Last Name Before First Marriage (UNKNOWN), 24. Informant's Name (VERNON MOORE), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (EVERGREEN MEMORIAL PARK), 25c. Location - City, Town, And State (HOBART, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404), 27a. Funeral Home License Number (FH10800011), 27b. Signature Of Indiana Funeral Service Licensee (BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE), 27c. License Number (FD09200084), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (PNEUMONIA, PULMONARY EMBOLUS), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Natural), 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? (No), 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: (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (AMY COENE BALES, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (AMY COENE BALES, 1400 S. LAKE PK. AVE. #400, HOBART, IN 46342), 44. License Number (01053920A), 45. Date Certified (05/20/2019), 46. Additional Funeral Service Provider, 47. *Akas, 48. Signature of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (MAY 22 2019)



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

MAY 23 2019

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)