

2020-089148

2020 Dec 4

3:28 PM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

STATE OF INDIANA)
)
DECEDENT)
)

SS: IN RE: MARIE ROBERTS BROOKS JONES,
also known as MARIE ROBERTS BROOKS

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent, MARIE ROBERTS BROOKS JONES also known as MARIE ROBERTS BROOKS, died intestate on December 7, 2018 while domiciled in Gary, Indiana. (Exhibit A)

2. That seven (7) months have elapsed since the death of the decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

4. That the following named person is the only heir of the decedent:

a. Mark Geeter, son, 8350 Grant Circle, Apt. 216, Merrillville, IN 46410

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided under I.C. 29-1-8-3, the costs of expenses of administration and reasonable funeral expenses.

6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Legal description: LOT 19, BLOCK 9, JUNEDALE SUBDIVISION, CITY OF GARY, AS SHOWN IN PLAT BOOK 19, PAGE 3, in the Office of Recorder in LAKE COUNTY, INDIANA

Commonly known as: 4854 JEFFERSON STREET, GARY, INDIANA

Key No: 45-08-33-280-020.000-004



FILED
DEC 04 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor, so far as the same is known to the affiant: NONE.

8. That the individuals entitled to the real estate as a result of the decedent's death is:

b. Mark Geeter, son, 8350 Grant Circle, Apt. 216, Merrillville, IN 46410

9. That by reason of the above-stated matters, the affiant requests that the above-listed real estate MARIE ROBERTS BROOKS JONES also known as MARIE ROBERTS BROOKS to be transferred to:

c. Mark Geeter, son, 8350 Grant Circle, Apt. 216, Merrillville, IN 46410, 100% share pursuant to the laws of intestate distribution, in accordance with the provisions of I.C. 29-1-8-1, I.C. 29-1-8-2, and I.C. 29-1-8-3.



MARK GEETER, Affiant

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.

MARK GEETER, Affiant

IN RE: MARIE ROBERTS BROOKS JONES also known as MARIE ROBERTS BROOKS

STATE OF Indiana)

COUNTY OF Lake)

SS:

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Mark Geeter and on September 15, 2020, who acknowledged the execution of this Affidavit.

[Signature]
Notary Public
Residing in Lake County,

My Commission Expires: 3/12/2026

Document prepared by: Kenya A. Jones, 28992-45, The Jones Law Group, LLC 504 Broadway, Ste. 203, Gary, Indiana 46402, P: (219) 487-5589



Kenya A. Jones
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 711406
My Commission Expires March 12, 2026

"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: [Signature]

CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

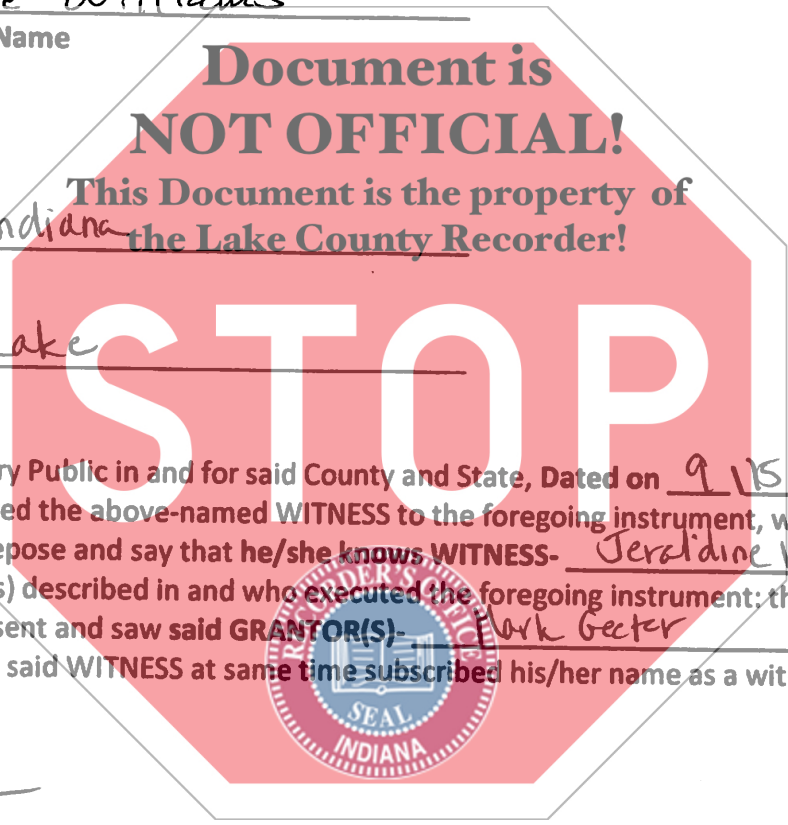
Jeraldine Williams
Witness Signature

Jeraldine Williams
Witness Printed Name

PROOF:

STATE OF Indiana

COUNTY OF Lake



Before me a Notary Public in and for said County and State, Dated on 9/15/2020, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Jeraldine Williams to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said GRANTOR(S)- Mark Geter execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

[Signature]
NOTARY PUBLIC SIGNATURE

Kenya A. Jones
NOTARY PRINTED NAME

Notary Name exactly as Commission
Notary Public- State of Indiana
Seal

My Commission Expires: March 12, 2024
Commission No: 711406



Kenya A. Jones
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 711406
My Commission Expires March 12, 2024



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

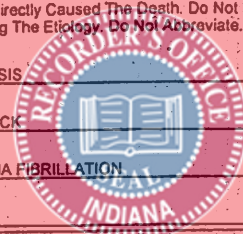
Tracking No. 179668

Local No 904202

EDR No 00000680318

State No

1. Decedent's Legal Name (First, Middle, Last) MARIE BROOKS				1a. Maiden Name (If female) BROWN		2. Sex FEMALE	3. Time Of Death 03:17 PM	4. Date Of Death (Month/Day/Year) 12/07/2018	
5. Social Security Number [REDACTED]		6a. Age - Yrs 84	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 02/23/1934		8. Birthplace (City and State or Foreign Country) CAMDEN, AR
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 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 <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name THOMAS L JONES			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation CUSTODIAL SERVICES		17. Kind Of Business/Industry PUBLIC SCHOOL	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY			
18c. Street And Number 4854 JEFFERSON STREET						18d. Apt. No.	18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 (First, Middle, Last) ANTHON BROWN				23. Parent's Name (First, Middle, Last) CARRIE BROWN			23a. Parent's Last Name Before First Marriage HENDERSON		
24. Informant's Name MARCUS GEETER			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 8350 GRANT CIRCLE APT 216, MERRILLVILLE, IN 46410				
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE			25c. Location - City, Town, And State CROWN POINT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL & CREMATION SERVICES, 7905 BROADWAY, MERRILLVILLE, IN 46410-5559					27a. Funeral Home License Number: FB40800005		
27b. Signature Of Indiana Funeral Service Licensee: RONALD J. MESARCH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01005912			
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. <u>SEPSIS</u> Due to (Or As A Consequence Of): B. <u>SHOCK</u> Due to (Or As A Consequence Of): C. <u>ATRIA FIBRILLATION</u> Due to (Or As A Consequence Of): D. <u>CVA</u> 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									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NONE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (Yes Or No) (e.g., Home, Construction Site, Restaurant, Wooded Area) THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS			
41. Signature Of Person Certifying Cause Of Death: ERIC FREDERICK SCHULTE, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ERIC FREDERICK SCHULTE, 7863 BROADWAY #140, MERRILLVILLE, IN 46410						44. License Number 01035203A	45. Date Certified 12/14/2018		
46. Additional Funeral Service Provider						47. *AKA: MARIE JONES			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) DEC 14 2018			



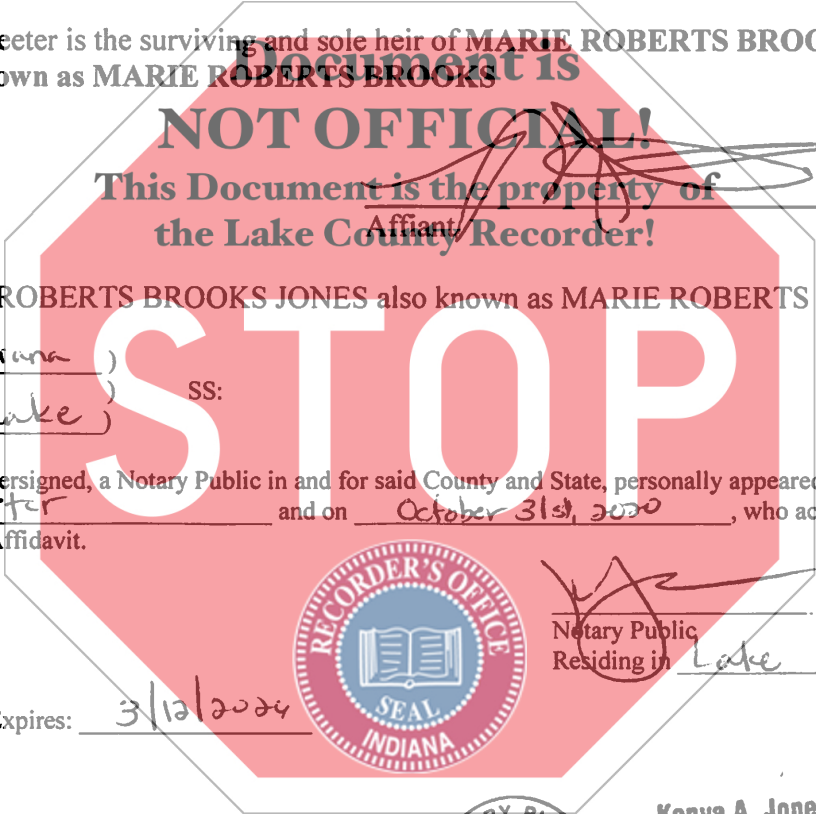
DEC 14 2018

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

ADDENDUM TO REAL ESTATE TRANSFER AFFIDAVIT FOR

RE: MARIE ROBERTS BROOKS JONES, also known as MARIE ROBERTS BROOKS

- 1. Thomas Lee Jones and Marie Roberts Brooks Jones also known as Marie Roberts Brooks were married until her death on December 7, 2018, and there were no children born of their marriage.
- 2. Thomas Lee Jones died on July 3, 2020, and between. (Exhibit B).
- 3. Mark Geeter is the surviving and sole heir of ~~MARIE ROBERTS BROOKS JONES~~, also known as ~~MARIE ROBERTS BROOKS~~



IN RE: MARIE ROBERTS BROOKS JONES also known as MARIE ROBERTS BROOKS

STATE OF Indiana)
COUNTY OF Lake)

SS:

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Mark Geeter and on October 31st, 2020, who acknowledged the execution of this Affidavit.

Notary Public
Residing in Lake County,

My Commission Expires: 3/12/2024



Kenya A. Jones
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 711406
My Commission Expires March 12, 2026

CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

Jeraldine Williams
Witness Signature

Jeraldine Williams
Witness Printed Name

PROOF:

STATE OF Indiana **Document is NOT OFFICIAL!**
This Document is the property of the Lake County Recorder!

COUNTY OF Lake

Before me a Notary Public in and for said County and State, Dated on 10/30/2020, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Jeraldine Williams to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said GRANTOR(S)- Mark Geeter execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

[Signature]
NOTARY PUBLIC SIGNATURE

Kenya A. Jones
NOTARY PRINTED NAME

Notary Name exactly as Commission
Notary Public- State of
Seal

My Commission Expires: 3/12/2024
Commission No: 711406



Kenya A. Jones
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 711406
My Commission Expires March 12, 2028

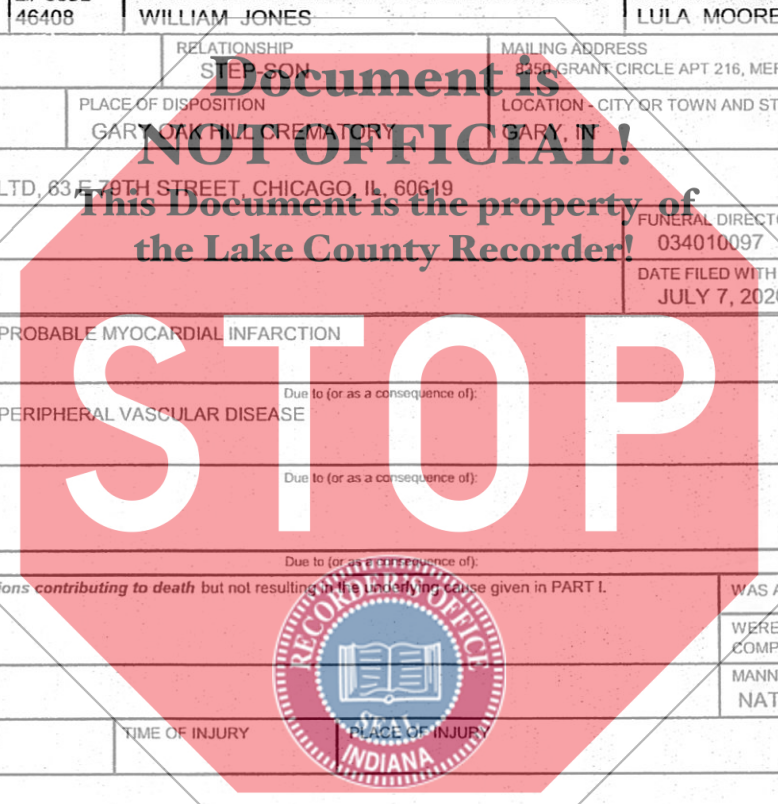
CERTIFICATION OF DEATH RECORD

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2020 0063298

DATE ISSUED 7/13/2020

DECEDENT'S LEGAL NAME THOMAS LEE JONES				SEX MALE	DATE OF DEATH JULY 03, 2020
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS		DATE OF BIRTH SEPTEMBER 20, 1932		
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME HINES VETERAN ADMINISTRATION FACILITY			
PLACE OF DEATH INPATIENT					
BIRTHPLACE GOODLETTSVILLE, TN	SOCIAL SECURITY NUMBER ██████████	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 4854 JEFFERSON STREET		APT. NO.	CITY OR TOWN GARY		INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46408	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM JONES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LULA MOORE	
INFORMANT'S NAME MARK GEETER		RELATIONSHIP SON	MAILING ADDRESS 8350 GRANT CIRCLE APT 216, MERRILLVILLE, IN, 46410		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION GARY OAK HILL CREMATORY	LOCATION - CITY OR TOWN AND STATE GARY, IN	DATE OF DISPOSITION JULY 09, 2020	
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619					
FUNERAL DIRECTOR'S NAME CHARLES B TAYLOR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010097		
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS			DATE FILED WITH LOCAL REGISTRAR JULY 7, 2020		
CAUSE OF DEATH		PART I. PROBABLE MYOCARDIAL INFARCTION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):		
		b.	PERIPHERAL VASCULAR DISEASE		
		c.	Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?		
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 16, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:25 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 06, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JA SUN KANG, 5000 SOUTH 5TH AVENUE, BLDG 217, HINES, ILLINOIS, 60141				PHYSICIAN'S LICENSE NUMBER 036135403	



1431174

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough
 Cook County Clerk

