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2020-089150

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

2020 Dec 4

3:48 PM

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**REAL ESTATE AFFIDAVIT**

Cynthia E. Grice, being first duly sworn upon her oath deposes and says the following:

1. Artrice M. Champion died on April 28, 2020, while domiciled in Lake County, Indiana.
2. More than seven (7) months have elapsed since the death of Artrice M. Champion, the decedent.
3. No letters testamentary or letters of administration have been issued to a court appointed personal representative for the decedent within the time limits specified under section 29-1-7-15.1(d)
4. A probate court has not issued findings and an accompanying order preventing the limitations in section 29-1-7-15.1(b) from applying to the decedent's real property.
5. At the time of her death, the decedent was the owner of the following real property located in Lake County, Indiana, described as follows:  
  
Lots 37 and 38, Block 1 in Fairmount Park Addition to Gary, as shown in Plat Book 10, page 21 in Lake County, Indiana, commonly known as 2153 Ellsworth Street, Gary, IN 46404.  
  
Parcel No. 45-08-17-129-014.000-004.
6. The most recent instrument recorded in the Lake County Recorder's Office relating to this property and the most recent instrument responsible for conveying title to the real estate was a Quitclaim Deed from George Champion to Artrice M. Champion recorded on May 13, 1996 as Document No. 96031632.
7. The sole heir of the decedent is Cynthia E. Grice, daughter, who resides at 2425 W. 21st Avenue, Gary, IN 46404 and is entitled to a fee simple interest in said property by intestate transfer pursuant to IC 29-1-2-1.

Further, affiant says not.

*Cynthia E. Grice*  
\_\_\_\_\_  
Cynthia E. Grice

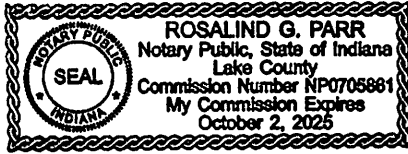
Subscribed and sworn to before me a notary public this 3rd day of December, 2020.

**FILED**

**DEC 04 2020**

**JOHN E. PETALAS  
LAKE COUNTY AUDITOR**

25.00  
CS  
AR



*Rosalind G. Parr*  
Rosalind G. Parr, Notary Public  
Lake County Resident

I affirm under penalty of perjury that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

*Rosalind G. Parr*  
Rosalind G. Parr

**Document is  
NOT OFFICIAL!**

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

This document was prepared by Rosalind G. Parr, Attorney at Law, P.O. Box 2474, Gary, IN 46403, (219) 267-1960.

**STOP**



**CERTIFICATE OF PROOF**

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

*Frederick C. Neal*  
Frederick C. Neal

**PROOF:**

STATE OF INDIANA

COUNTY OF LAKE

**Document is NOT OFFICIAL!**

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

Before me a Notary Public in and for said County and State, Dated on 12/3/20 personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that she knows WITNESS **Frederick C. Neal** to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said AFFIANT **Cynthia E. Grice** execute the same and the said WITNESS at the same time subscribed his name as a witness thereto.



*Rosalind G. Parr*  
Rosalind G. Parr, Notary Public  
Lake County Resident

My Commission Expires: 10/2/25



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **000234**

EDR No **00000776128**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>ARTRICE CHAMPION</b>				1a. Maiden Name (if female) <b>MIXON</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>05:15 AM</b>	4. Date Of Death (Month/Day/Year) <b>04/28/2020</b>		
6. Social Security Number		8a. Age - Yrs <b>89</b>	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) <b>02/08/1931</b>		8. Birthplace (City and State or Foreign Country) <b>JACKSON, MS</b>	
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) <b>METHODIST HOSPITAL NORTHLAKE</b>						12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</b>		13. County Of Death <b>LAKE</b>		
14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			15. Surviving Spouse's Name			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>TEACHER</b>		17. Kind Of Business/Industry <b>GARY SCHOOL</b>
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18c. Street And Number <b>2425 WEST 21ST AVENUE</b>	18d. Apt. No.	18e. Zip Code <b>46404</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>		22. Parent's Name (First, Middle, Last) <b>DIAMOND MIXON</b>		23. Parent's Last Name Before First Marriage <b>HUNTER</b>		
24. Informant's Name <b>CYNTHIA GRICE</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2425 WEST 21ST AVENUE, GARY, IN 46404</b>		25. Place Of Disposition <b>EVERGREEN MEMORIAL PARK CEMETERY HOBART, IN</b>		25a. Funeral Home License Number: <b>FH10500021</b>		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408</b>				27c. License Number (Of Licensee): <b>FD21700002</b>				
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.										
Cause Of Death (See Instructions And Examples)										
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>ASYSTOLE</u>		Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death		<b>MINUTES</b>		
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. <u>CARDIOPULMONARY FAILURE</u>		Due to (Or As A Consequence Of):				<b>HOURS</b>		
		C. <u>BILATERAL LOWER LOBE PNEUMONIA</u>		Due to (Or As A Consequence Of):				<b>DAYS</b>		
		D. <u>COVID 19 VIRAL INFECTION</u>		Due to (Or As A Consequence Of):				<b>WEEKS</b>		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE SYSTOLIC CONGESTIVE HEART FAILURE ATRIAL FIBRILLATION WITH RAPID VENTRICULAR RESPONSE CEREBRAL VASCULAR DISEASE</b>						28. 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 (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Location Of Injury - State		
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)				
41. Signature, Of Person Certifying Cause Of Death: <b>ALBERT REYNOLDS, BY ELECTRONIC SIGNATURE</b>						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: <b>ALBERT REYNOLDS, 600 W GRANT ST, GARY, IN 46402</b>						44. License Number <b>01051168A</b>		45. Date Certified <b>04/29/2020</b>		
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 30 2020</b>				

