

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2021-043406

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

11:19 AM 2021 Jun 21

STATE OF INDIANA)
)
COUNTY OF LAKE)

IN RE: The Estate of Dorothy Mayfield,)
Deceased)

SMALL ESTATE AFFIDAVIT

On behalf of the distributees listed below, the undersigned, upon personal knowledge and belief, makes these statements.

1. Dorothy Mayfield, deceased, died on April 25, 2021, testate, while domiciled in Lake County, Indiana.
2. No petition for the appointment of a personal representative for the decedent has been granted and none is contemplated.
3. More than forty-five (45) days have elapsed since the death of the decedent.
4. The value of the gross probate estate, wherever located, less liens, encumbrances and funeral expenses, does not exceed \$50,000.
5. The distributees listed below are entitled to have the following property transferred without administration, subject to any liens and encumbrances, as follows:

<u>Name and address of distributee</u>	<u>Property to be transferred</u>	<u>Basis for distributee entitlements</u>
Wes Mayfield	Silverware, antique sewing machine, blond bedroom set, tools, trains, Navy coffee cup collection, White Castle cups, frying pans, glass coffee table, and ceramics collection. Any remaining personal property.	Specific bequest.
Marian Rindoks	Dining room table, chairs and buffet, and library table.	Specific bequest.
Melanie Wojno	Brass living room lamps, Hipplewhite desk, all of settlor's jewelry, credenza, silver platter, antique buggy, Longaberger baskets, crystal, Ann Dresnek floor lamp, and Vermont Bears collection.	Specific bequest.

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6. The undersigned notified each distributee identified in this affidavit that this affidavit is to be presented.

7. The undersigned is entitled to receive the property on behalf of each distributee identified in the affidavit.

AFFIRMED UNDER PENALTIES FOR PERJURY THIS 18 DAY OF JUNE 2021, THE FOREGOING REPRESENTATIONS ARE TRUE.


Wes Mayfield



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 279223

Local No 001940

EDR No 000011097736

State No 2021-025961

1. Decedent's Legal Name (First, Middle, Last) Dorothy A Mayfield			1a. Maiden Name (if female) Drezynek		2. Gender Female		3. Time of Death 02:43 AM		4. Date of Death (Month/Day/Year) 04/25/2021		
5. Social Security Number [REDACTED]		6a. Age - Yrs 90		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) 12/04/1930			8. Birthplace (City and State or Foreign Country) Toledo, Ohio								
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) Franciscan Health Hammond											
12. City Or Town, State, And Zip Code Hammond, Indiana 46320						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				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Social Security Representative		17. Kind Of Business/Industry Social Security Administral	
18. Residence - State IN			18a. County Lake			18b. City Or Town Hammond					
18c. Street And Number 1100 170th Street			18d. Apt. No.			18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education Some college, but no degree				20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) John Drezynek						23. Parent's Name (First, Middle, Last) Ann Drezynek			23a. Parent's Last Name Before First Marriage Jaracz		
24. Informant's Name Melanie Wojno				24a. Relationship To Decedent Daughter				24b. Mailing Address (Street And Number, City, State, Zip Code) 1107 Greeley Drive, New Lenox, IL, 60451			
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Solan Pruzin Crematory				25c. Location - City, Town, And State Schererville, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility Solan-Pruzin Funeral Service Inc. Dba Solan-Pruzin 14 Kennedy Avenue, Schererville, Indiana, 46375						27a. Funeral Home License Number: FH10200037		
27b. Signature Of Indiana Funeral Service Licensee: John S Pruzin Jr						Electronically Signed			27c. License Number (Of Licensee): FD29600199		
Cause of Death (See Instructions And Examples)											
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)										Approximate Interval: Onset To Death	
A. [REDACTED] <small>Due to (or As A Consequence Of)</small>										few days	
B. [REDACTED] <small>Due to (or As A Consequence Of)</small>										few days	
C. [REDACTED] <small>Due to (or As A Consequence Of)</small>										few days	
D. [REDACTED] <small>Due to (or As A Consequence Of)</small>										few hours	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Overlying Cause (Event In Part I)											
29. Long standing hypertension											
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT											
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 43 Days To 1 Year Preceding <input type="checkbox"/> Pregnant Within Past Year <input type="checkbox"/> Pregnant 43 Days To 1 Year Preceding			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			35a. Place Of Injury (E.G., Decedent's Home)			35b. Street & Number			35c. Apt. No.		
36. Location Of Injury - State			36a. City Or Town			36b. Zip Code			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Other/Driver <input checked="" type="checkbox"/> NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: Filthun L Zekarias						Electronically Signed			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: Filthun L Zekarias 5454 Hohmann Ave, Hammond, IN 46320						44. License Number 01068138A			45. Date Certified 05/12/2021		
46. Additional Funeral Service Provider:						47. Date:					
48. Signature of Local Health Officer: Chandana Varivala						Electronically Signed			49. For Registrar Only - Date Filed (Month/Day/Year): 05/13/2021		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											