

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
)SS:
 COUNTY OF LAKE)
 IN THE MATTER OF:)
 THOMAS COBB JR.,)
 DECEASED)

GINA PIMENTEL
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

2021-044451

2:17 PM 2021 Jun 28

AFFIDAVIT OF HEIRSHIP

THOMAS COBB III, being duly sworn upon his oath deposes and states as follow:

1. THOMAS COBB JR., the above named decedent died intestate on the 19th day of June, 2019 while residing in Lake County, Indiana. (A certified copy of Thomas Cobb Jr.'s Death Certificate is attached as Exhibit "A" and made a part hereof).
2. No petition for appointment of personal representative is pending in any court in this state and forty-five days have elapsed since the death of the decedent.
3. The affiant, Thomas Cobb III, residing at 2745 Jefferson Street, Gary, Indiana 46407, is the surviving son of the decedent.
4. The only heirs of the decedent are as follows:

ROSIA FAITH COBB – surviving adult daughter resides at 2003 Lisa Walk Drive, Indianapolis, Indiana 46227.

TALAHYA LATOYA COBB – surviving adult daughter resides at 10228 Ironway Drive, Indianapolis, Indiana 46239.

THOMAS COBB III – surviving adult son

"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: TR

FILED
 JUN 28 2021
 JOHN E. PETALAS
 LAKE COUNTY AUDITOR

Handwritten signature: *Casey*

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5. The value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 29-1-8-1 and expenses of administration and reasonable funeral expenses.
6. Among the decedent's assets is a home located at 505 E. 149th Place, East Chicago, Indiana, 46312. The Legal description is "ANDREW SIMKOS ADD.L.18."
7. There is a balance owed of approximately \$26,000, which the affiant is willing to pay to lender (SPS Select Portfolio Servicing) and the lender has agreed to allow affiant to continue making the monthly payments and assume the loan.
8. Thomas Cobb Jr., the decedent, purchased the property from Bynetta Landrum in 2003.
9. The affiant has no knowledge of any other creditors of the estate.
10. The affiant's two surviving siblings have no interest in the property and are in favor of the affiant assuming the loan on the property. (A copy of their Letter of Authorization are attached as Exhibits B)
11. A LETTER OF AUTHORIZATION from each of Thomas Cobb Jr.'s daughter's has been sent and is attached to this document.
12. The gross value of the estate of decedent, THOMAS COBB JR., as determined for purposes of Federal taxes was less than the value required for the filing of a Federal Estate Tax Return and decedent's estate was not subject to Federal Estate or Indiana Inheritance Tax.

NOT AN OFFICIAL DOCUMENT

I, Thomas Cobb III, swear that all statements in this Affidavit are true to the best of my knowledge.

[Signature]
THOMAS COBB III (Signature)

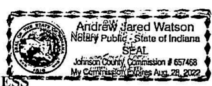
6-26-21
DATED:

Thomas Cobb III
Printed Name

Sworn before me a Notary Public this 26 day of June, 2021.

[Signature]
Notary
Aug 28, 2022

My Commission Expires:



WITNESS

I am only a witness to the signing of this document. I have no interest in the property or any assets of the estate of Thomas Cobb Jr. I am competent and over eighteen years of age.

[Signature]
Witness Signature

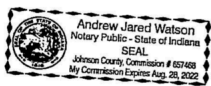
6-26-2021
DATED

Kendall Andrews
Witness Name Printed

Sworn before me a Notary Public this 26 day of June, 2021.

[Signature]
Notary
Aug 28, 2022

My Commission Expires:



PREPARED BY:
Thomas Cobb III
Assisted by
Online Legal Help

LETTER OF AUTHORIZATION

I, ROSIA FAITH COBB -reside at 2003 Lisa Walk Drive, Indianapolis, Indiana 46227. I, an Inherit of property owned by Thomas Cobb Jr., authorize Thomas Cobb III to obtain full ownership of property located at 505 East 149th Place, East Chicago, Indiana 46312. The legal description is: ANDREW SIMKOS ADD. L.18. I have read the Affidavit of Heirship and am in agreement to all statements made therein. I am relinquishing all entitlements of said property to my brother, Thomas Cobb III.

[Signature]
Rosia Faith Cobb (Signature)

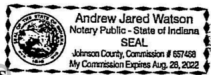
6/26/2021
DATED:

Rosia Cobb
Printed Name

Sworn before me a Notary Public this 21 day of June, 2021.

[Signature]
Notary
Aug 29 2022

My Commission Expires:



WITNESS

I am only a witness to the signing of this document. I have no interest in the property or any assets of the estate of Thomas Cobb Jr. I am competent and over eighteen years of age.

[Signature]
Witness Signature

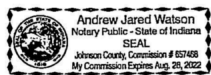
6-26-2021
DATED

Kendall Andrews
Witness Name Printed

Sworn before me a Notary Public this 21 day of June, 2021.

[Signature]
Notary
Aug 28 2022

My Commission Expires:



LETTER OF AUTHORIZATION

I, **TALAHYA LATOYA COBB** – surviving adult daughter resides at 10228 Ironway Drive, Indianapolis, Indiana 46239. I, an Inherit of property owned by Thomas Cobb Jr., authorize Thomas Cobb III to obtain full ownership of property located at 505 East 149th Place, East Chicago, Indiana 46312. The legal description is: ANDREW SIMKOS ADD. L. 18. I have read the Affidavit of Heirship and am in agreement to all statements made therein. I am relinquishing all entitlements of said property to my brother, Thomas Cobb III.

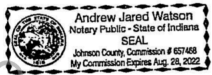
Talaha Cobb
Talaha L. Cobb (Signature)

06-26-2021
DATED:

Talaha Cobb
Printed Name

Sworn before me a Notary Public this 21 day of June, 2021.

[Signature]
Notary
Aug 28 2022
My Commission Expires:



WITNESS

I am only a witness to the signing of this document. I have no interest in the property or any assets of the estate of Thomas Cobb Jr. I am competent and over eighteen years of age.

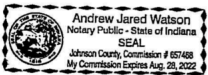
[Signature]
Witness Signature

6-26-2021
DATED

Kendall Andrews
Witness Name Printed

Sworn before me a Notary Public this 21 day of June, 2021.

[Signature]
Notary
Aug 28 2022
My Commission Expires:





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

NOT AN OFFICIAL DOCUMENT

Local No 600117

EDR No 00000716705

State No 030521

1. Decedent's Legal Name (First, Middle, Last) **THOMAS COBB JR**
 1a. Maiden Name (if female)
 2. Sex **MALE**
 3. Time Of Death **07:52 AM**
 4. Date Of Death (Month/Day/Year) **06/19/2019**
 5a. Social Security Number
 5b. Age - Yrs **68**
 5c. Under 1 Year
 5d. Under 1 Month
 5e. Under 1 Day
 5f. Under 1 Hour
 7. Date of Birth (Month/Day/Year) **08/30/1950**
 8. Birthplace (City and State or Foreign Country) **EAST CHICAGO, IN**
 9. Ever in U.S. Armed Forces?
 Yes No Unknown
 10. If Death Occurred in A Hospital:
 Inpatient Emergency Department Outpatient Dead on Arrival
 10a. If Death Occurred Somewhere Other Than A Hospital:
 Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility
 Other (Specify)

11. Facility Name (if Not Institution, Give Street and Number)
ST CATHERINE HOSPITAL INC
 12. City Or Town, State, And Zip Code
EAST CHICAGO, IN 46312
 13. County Of Death
LAKE
 14. Marital Status At Time Of Death
 Married Married, But Separated Divorced
 Widowed Never Married Unknown

15. Surviving Spouse's Name
EAST CHICAGO, IN
 15a. Last Name Before First Marriage
LAKE
 16. Decedent's Usual Occupation
SANITATION DEPARTMENT
 17. Kind Of Business/Industry
CITY OF EAST CHICAGO
 18. Residence - State
INDIANA
 18a. County
LAKE
 18b. City Or Town
EAST CHICAGO

18c. Street And Number
505 EAST 149TH PLACE
 18d. Apt. No.
46312
 18e. Zip Code
46312
 18f. Inside City Limits?
 Yes 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. Parents Name (First, Middle, Last)
THOMAS COBB SR
 23. Parents Name (First, Middle, Last)
MATTIE COBB
 23a. Parents Last Name Before First Marriage
WALKER
 24. Informant's Name
TALAHYA COBB
 24a. Relationship To Decedent
DAUGHTER
 24b. Mailing Address (Street And Number, City, State, Zip Code)
10228 IRONWAY DRIVE, INDIANAPOLIS, IN 46239

25a. Method Of Disposition
 Burial Cremation Donation Entombment
 Removal From State
 Other (Specify):
FERN OAKS CEMETERY
 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)
GRIFFITH, IN
 25c. Location - City, Town, And State
 Yes No
 27. Name And Complete Address Of Funeral Facility
DIVINITY FUNERAL HOME, 3831 MAIN ST., EAST CHICAGO, IN 46312
 27a. Funeral Home License Number:
FH10700039

27b. Signature of Indiana Funeral Service Licensee:
SAMUEL SMITH JR., BY ELECTRONIC SIGNATURE
 27c. License Number (Of Licensee):
FD01019692

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)

A. END STAGE RENAL DISEASE ON DIALYSIS Approximate Interval: Onset To Death **8 YEARS**

B. DIABETES MELLITUS **8 YEARS**

C. HYPERTENSION **8 YEARS**

D. OBESITY **8 YEARS**

28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last

Part B. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given in Part I.

DYSLIPIDEMIA

29. Was An Autopsy Performed? Yes No
 30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death?
 Yes Probably No Unknown

32. If Female:
 Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 45 Days Of Death
 Not Pregnant, But Pregnant 45 Days To 1 Year Before Death Unknown If Pregnant Within The Past Year

33. Manner Of Death:
 Natural Homicide Accident Pending Investigation
 Suicide 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)
 37. Injury At Work?
 Yes 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 Passenger Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:
ALFONSO A BLUM, BY ELECTRONIC SIGNATURE
 42. Certifier (Check Only One)
 Certifying Physician Coroner Health Officer
 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:
ALFONSO A BLUM, 201 COLUMBUS DRIVE, IN 46312
 44. License Number
01062815A
 45. Date Certified
06/24/2019
 46. Additional Funeral Service Provider:

47. Signature of Local Health Officer:
GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE
 48. For Registrar Only - Date Filed (Month/Day/Year):
JUN 24 2019

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

NOT AN OFFICIAL DOCUMENT

45-03-33-127-014.000-024

described real estate in Lake County, State of Indiana:
Lot 10 in Andrew Slnko's Addition to East Chicago, as per plat thereof, recorded in Plat Book 6 page 44, in the Office of the Recorder of Lake County, Indiana.

SUBJECT TO REAL ESTATE TAXES 2002 PAYABLE 2003 TOGETHER WITH DELINQUENCY AND PENALTY IF ANY, .ALL REAL ESTATE TAXES DUE AND PAYABLE THEREAFTER.

Subject to any and all easements, agreements and restrictions of record. The address of such real estate is commonly known as 505 East 149th Street, East Chicago, Indiana 46312

Property of Lake County Recorder