

**AFFIDAVIT OF TITLE OWNERSHIP**

Comes now Donna Rigoni, being duly sworn upon his oath, and states as follows:

1. That the affiant is the Personal Representative of the estate styled, Estate of Jacqueline K. Sutton Cause No. 45C01-2104-EU-000214
2. That on May 21, 1970 and recorded on June 30, 1970, CLESTON O. SUTTON and his spouse, JACQUELINE K. SUTTON, obtained the subject real estate described as follows as tenants by the entireties:

That part of the East 40 Rods of 36.36 Acres Lot 7 Which Lies North of the Right of Way of the Chesapeake and Ohio Railway (Except the North 152.3 Feet Thereof), In Section 16, Township 35 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana.

Parcel# 45-12-16-251-003.000-030

Commonly known as:

7140 MADISON STREET

MERRILLVILLE IN 46410

2. That CLESTON O. SUTTON, passed away on 13<sup>th</sup> day of FEBRUARY 1991 thus leaving the subject real estate to JACQUELINE SUTTON as surviving tenant by the entirety. (See Certificate of Death, attached as **Exhibit "A"**).
3. That JACQUELINE K. SUTTON died intestate on the 15<sup>th</sup> day of MARCH 2021 and the affiant is the acting Personal Representative for the pending Estate as referenced above and will transfer the parcel by way of Personal Representative's Deed.

Donna Rigoni  
DONNA RIGONI, Affiant

**FILED**  
JUL 21 2021  
1  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25  
# 024050  
TS

# NOT AN OFFICIAL DOCUMENT

**ACKNOWLEDGMENT NOTARY CERTIFICATE:**

STATE OF INDIANA )

COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared **DONNA RIGONI**, being known to me to be the SIGNER OF THIS INSTRUMENT who ACKNOWLEDGED the execution of the foregoing instrument and who, having being duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 2 day of July, 2021.

Heather Textor

County of Residence: Lake

Commission Expires: 11/7/26



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.

Jessica L. McPheeters  
Jessica L. McPheeters, Attorney

*This instrument prepared by: JESSICA L. MCPHEETERS, Atty. #35020-45, 6 W. 73<sup>rd</sup> Ave., Merrillville, IN 46410, Attorney at Law*

# NOT AN OFFICIAL DOCUMENT

Tracking No. 284537

## INDIANA STATE BOARD OF HEALTH

Local No. 368-91

### CERTIFICATE OF DEATH

State No. \_\_\_\_\_

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>CLESTON SUTTON</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>6:45P</b>	3b. DATE OF DEATH (Month, Day, Year) <b>FEBRUARY 13, 1991</b>	
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years) <b>62</b>	5b. UNDER 1 YEAR Months Days Hours Minutes	5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Month, Day, Year) <b>APRIL 21, 1928</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>BURNSVILLE, MISSISSIPPI</b>			
8a. WAS DECEDENT A U.S. VETERAN <b>NO</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) <b>7140 MADISON STREET</b>			9b. CITY, TOWN OR LOCATION OF DEATH <b>MERRILLVILLE</b>	9c. COUNTY OF DEATH <b>LAKE</b>	
10. MARITAL STATUS <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>JACQUELINE RESIDE</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>FIREMAN</b>		12b. KIND OF BUSINESS/INDUSTRY <b>GARY FIRE DEPARTMENT</b>	
13a. RESIDENCE—STATE <b>INDIANA</b>		13b. COUNTY <b>LAKE</b>	13c. CITY, TOWN, OR LOCATION <b>MERRILLVILLE</b>	13d. STREET AND NUMBER <b>7140 MADISON STREET</b>	
15a. ZIP CODE <b>46410</b>	15b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. RACE—American Indian, Black, White, etc. (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>WHITE</b>	11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+1) <b>0</b>	
18. FATHER'S NAME (First, Middle, Last) <b>OTIS SUTTON</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>OUIDA MAE STUBBLEFIELD</b>			
20a. INFORMANT'S NAME (Type/Print) <b>JACQUELINE SUTTON</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>7140 MADISON ST. MERRILLVILLE, IN 46410</b>		20c. Relationship <b>WIFE</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>FEBRUARY 18, 1991</b> <b>NORTHWEST IN CREMATION SERVICE</b>		21c. LOCATION—City or Town, State <b>CROWN POINT, IN</b>	
22a. EMBALMER'S NAME <b>GORDON L. JONES</b>		22b. EMBALMER'S LICENSE NO. <b>1001071</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Verence P. Burns</i>		24b. LICENSE NUMBER (of License) <b>1013890</b>	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>BURNS FUNERAL HOME FDH: 8600018</b> <b>10101 BROADWAY CROWN POINT, IN 46307</b>		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <span style="float: right;">Approximate Interval Between Onset and Death</span>					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>GUNSHOT WOUND TO THE HEAD AND BRAIN</b>			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. <b>DUE TO (OR AS A CONSEQUENCE OF) CARCINOMA OF THE LUNG</b>			
		c. <b>DUE TO (OR AS A CONSEQUENCE OF)</b>			
		d. <b>DUE TO (OR AS A CONSEQUENCE OF)</b>			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? <b>YES</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO THIS COUNTY HEALTH COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>YES</b>		
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input checked="" type="checkbox"/> CORONER		To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Harold D. Thomas</i>		29c. MEDICAL LICENSE NO. <b>16120</b>	29d. DATE SIGNED (Month, Day, Year) <b>FEBRUARY 18, 1991</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26I (Type/Print) <b>DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN STREET, CROWNPOINT, IN</b>		NOT VALID UNLESS <b>16807</b> DATE FILED (Month, Day, Year) <b>FEB 19, 91</b>			
31. HEALTH OFFICER'S SIGNATURE <i>Harold D. Thomas, MD</i>					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		34a. DATE OF INJURY (Month, Day, Year) <b>02/13/91</b>	34b. TIME OF INJURY <b>UNK.</b>	34c. INJURY AT WORK? (Yes or no) <b>NO</b>	34d. DESCRIBE HOW INJURY OCCURRED <b>GUNSHOT WOUND</b>
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>HOME</b>		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>7140 MADISON STREET, MERRILLVILLE, INDIANA, 46410</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>FEBRUARY 13, 1991</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>NO</b>			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
**JUN 30 2021**

RAISED SEAL AFFIXED