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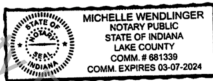
8. The following devisee listed under Article Fourth of the decedent's Last Will and Testament, namely: Mark E. Woody and James C. Woody, in equal shares.
9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of Georgia Woody, be transferred to Mark E. Woody and James C. Woody, as joint tenants with rights of survivorship, in accord with the provisions of the decedent's Last Will and Testament, in accordance with the provisions of IC § 29-1-8-1, § 29-1-8-2, and § 29-1-8-3.
10. Each person's distributive share has been calculated as follows:
- 50% of the decedent's estate, consisting solely of this parcel of real estate located at 7119 McCook, Hammond, Lake County, Indiana, goes to the decedent's sons, Mark E. Woody and James C. Woody, as joint tenants with rights of survivorship.

James C Woody
James C. Woody

Subscribed and Sworn to before me
this May 17, 2021

Michelle Wendlinger

Notary Public
Commission Expires:
County of Residence:



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.

Michelle Wendlinger

This instrument prepared by:
Michelle Wendlinger,
24 E. Lincoln Highway,
Scherverville, IN 46375
Tel: (219) 865-0002

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 279282

Local No 001943				EDR No 00011105255				State No 2021-026028											
1. Decedent's Legal Name (First, Middle, Last) Georgia Woody				1a. Maiden Name (if female) Sharp				2. Gender Female		3. Time Of Death 03:35 PM		4. Date Of Death (m/d/yy) (mm/dd/yyyy) 05/11/2021							
5. Social Security Number 7414		6a. Age - Yrs 84		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Hour Hours		7. Date of Birth (Month/Day/Year) 1937		8. Birthplace (City and State or Foreign Country) Andersonville, Tennessee							
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 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) 7119 McCook Avenue												12. City or Town, State, and Zip Code Hammond, Indiana 46323		13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. Kind Of Business/Industry Own Home	
15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Homemaker				17. Kind Of Business/Industry Own Home											
18. Residence - State IN				18a. County Lake				18b. City Or Town Hammond											
18c. Street And Number 7119 McCook Avenue				18d. Apt. No.		18e. Zip Code 46323		18f. In City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
19. Decedent's Education 9th-12th grade, No Diploma				20. Decedent Of Ancestry Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White											
22. Parents' Name (First, Middle, Last) Ross Sharp				23. Parents' Name (First, Middle, Last) Lona Sharp				23a. Parent's Last Name (at First Marriage) Pyles											
24. Informant's Name James Woody				24a. Relationship To Decedent Son				24b. Mailing Address (Street And Number, City, State, Zip Code) 7119 McCook Avenue, Hammond, IN, 46323											
25. Place Of Disposition																			
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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) Calumet Park Cemetery				25c. Location - City, Town, and State Merrillville, IN											
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Bocket Funeral Home Inc. 7042 Kennedy Avenue, Hammond, Indiana, 46323				27a. Funeral Home License Number: FH10600033											
28. Registrar Of Indiana Funeral Service License: Jair G. Corbitt				Electronically Signed				27c. License Number Of Funeral Home THIS IS A TRUE COPY OF 00801373 THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT 27d. Cause Of Death See Cause On											
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terms Such As Clinical Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only A Line. Add Additional Lines If Necessary: Immediate Cause (Final Disease Or Condition Resulting In Death) A. Congestive Heart Failure etiology unknown B. _____ C. _____ D. _____ 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																			
29. Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I																			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 At Present Time The Past Year				32. 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)				37. Injury Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
39. Location Of Injury - State				39a. City Or Town				39b. Street & Number				39c. Zip Co							
39. Describe How Injury Occurred																			
41. Signature, Of Person Certifying Cause Of Death: Taofico S. Vinluan				Electronically Signed				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner				43. Name, Address, and Zip Code Of Person Certifying Cause Of Death: Taofico S. Vinluan 281 Tall Timbers Court Court, Valparaiso, IN 46385							
44. License Number 01057042A				45. Date Of Issue 05/19/20				47. (Last)				48. For Registrar Only - Issue Year (Month/Day/Year) 05/19/2021							
46. Signature of Local Health Officer: Chandana Yerrala												Electronically Signed				48. For Registrar Only - Issue Year (Month/Day/Year) 05/19/2021			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																			

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STATE OF INDIANA)
)SS:)
 COUNTY OF LAKE)
)

IN THE LAKE SUPERIOR COURT
 PROBATE DIVISION, ROOM TWO
 3711 MAIN ST., EAST CHICAGO, INDIANA

Filed in Open Court
 October 20, 2021

IN THE MATTER OF THE ESTATE
 GEORGIA WOODY)
 DECEASED)

CAUSE NO.

Lorenzo Arredondo

**ORDER OF PROBATE OF
 WILL WITHOUT ADMINISTRATION**

CLERK LAKE SUPERIOR COURT
 CH

COMES NOW James C. Woody having filed his verified Petition for the Probate of Decedent's Will Without Administration, which Petition is on file with the Court and a part of its record.

Further, there is now produced in open Court and submitted to the Court an instrument in writing purporting to be the Last Will and Testament of Georgia Woody. That said will was a Self-Proved Will executed in all respects according to law with proper acknowledgment and verification thereof, such instrument, and Petition are now submitted to the Court and the Court having examined the same, and being duly advised now finds that:

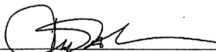
1. That such decedent died on or about May 11, 2021, and at the time of such death was domiciled in Lake County, Indiana.
2. That such written instrument purporting to be such decedent's Last Will and Testament was duly executed in all respects according to law, has been duly proved, is the Last will and Testament of such decedent, and is entitled to be admitted to probate in such County and that such will and Petition are on file with the Court.

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IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED by the Court that the written instrument purporting to be the Last Will and Testament of Georgia Woody be and it is hereby admitted to probate, spread of record as such and same shall be sealed.

SO ORDERED AND APPROVED _____

October 20, 2021



CALVIN D. HAWKINS, JUDGE
LAKE SUPERIOR COURT #2

Distribution:

Michelle Wendlinger, mkwendlinger@gmail.com