

Send Tax Statements to:
Shirley Day
2340 Louisiana Street
Gary, Indiana 46407

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-000577

4:28 PM 2022 Jan 7

QUIT CLAIM DEED

2
THIS INDENTURE WITNESSETH, that SHIRLEY DAY of Lake County in the State of Indiana releases and quit claims to SHIRLEY DAY AND CHRISTOPHER SHANE ROBERTS jointly with rights of survivorship of Lake County, in the State of Indiana, for and in consideration of the sum of one and no/100 (\$1.00) Dollar and other Valuable Considerations the receipt whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to wit:

IRONWOOD UNIT A ALL L.11 BL.32 N.20FT. L.12 BL.32
Key #: 45-08-15-277-020.000-004

Commonly Known As: 2340 Louisiana Street, Gary, Indiana 46407

IN WITNESS WHEREOF, the said SHIRLEY DAY, has hereunto set her hand and seal this 4th day of January, 2022.

Shirley A. Day
SHIRLEY DAY

STATE OF INDIANA)
)SS
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State this 4th day of January, 2022, came SHIRLEY DAY and acknowledged the execution of the foregoing Quit Claim Deed.

Witness my hand and official seal.



[Signature]
Notary Public
Residing in Lake County, Indiana

My Commission Expires:

This Instrument Prepared By: Karen Freeman-Wilson
475 Garfield Street, Gary, IN 46404

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.

[Signature]

25
CAST
D

DULY ENTERED FOR TAXATION SUBJECT
TO FINAL ACCEPTANCE FOR TRANSFER

JAN 07 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR





NOT AN ORIGINAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESIDENT

Tracing No. 33791

Local No 003291

EDR No 00000409516

State No 046825

| | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|-------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 1. Decedent's Legal Name (First, Middle, Last) JESSE A DAY | | | | 1a. Maiden Name (if female) | | 2. Sex MALE | | 3. Time of Death 12:25 PM | | 4. Date of Death (Month/Day/Year) 10/09/2014 | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 95 | | 6b. Under 1 Year Months | | 6c. Under 1 Month Days | | 6d. Under 1 Day Hours | | 6e. Under 1 Hour Minutes | |
| 9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) | | 7. Date of Birth (Month/Day/Year) 11/17/1918 | | 8. Birthplace (City and State or Foreign Country) OPELIKA, AL | | | |

| | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 11. Facility Name (If Not Institution, Give Street and Number) GOLDEN LIVING CENTER - MERRILLVILLE | | | | 12. City or Town, State, and Zip Code MERRILLVILLE, IN 46410 | | | | 13. County of Death LAKE | | 14. Marital Status At Time of Death <input 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 SHIRLEY A DAY | | | | 15a. (If Wife) Give Maiden Last Name HAYES | | | | 16. Decedent's Usual Occupation OPERATOR | | 17. Kind Of Business/Industry INLAND STEEL | |

| | | | | | | | | | | | |
|-----------------------------------------------------------------|--|--------------------------------------------------------|--|---------------------------------------------------------|--|---------------|--|-------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town GARY | | 18d. Apt. No. | | 18e. Zip Code 46407 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race Black or African American | | | | | | | |

| | | | | | | | | |
|---------------------------------------------------------------|--|--|-----------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------|--|--|
| 22. Father's Name (First, Middle, Last) WILLIAM DAY | | | 23. Mother's Name (First, Middle, Last) SHIRLEY A DAY | | | 23a. Mother's Maiden Last Name WIFE | | |
| 24. Informant's Name SHIRLEY A DAY | | | 24a. Relationship To Decedent WIFE | | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 2340 LOUISIANA STREET, GARY, IN 46407 | | |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| 25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATORY | | 25c. Location - City, Town, And State GARY, IN | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404 | | | |
| 27b. Signature of Indiana Funeral Service Licensee CARMELITA V. PERRY - BY ELECTRONIC SIGNATURE | | | | 27c. License Number (Of Licensee) FD29700070 | |

| | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------|--|--|--------------------------------------|--|--|
| 28. Part 1. 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) | | | Approximate Interval. Inset To Death | | |
| Immediate Cause (Final Disease Or Condition Resulting In Death) | | | A. ARTEROSCLEROTIC CEREBROVASCULAR DISEASE | | | 20 YEARS | | |
| 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. DEMENCIA | | | 15 YEARS | | |
| | | | C. HYPERTENSION | | | 25 YEARS | | |
| | | | D. DEGENERATIVE ARTHRITIS | | | 30 YEARS | | |

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Given in Part I | | | 29. 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 checked="" type="checkbox"/> No | | |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> 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) | |
| 38. Location Of Injury - State | | 38a. City Or Town | | 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 | |
| 41. Signature of Person Certifying Cause of Death KRISHNAN POTTI - BY ELECTRONIC SIGNATURE | | 42. Certified (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 KRISHNAN POTTI - 8300 BROADWAY STE 1B, MERRILLVILLE, IN 46410 | | 44. License Number 01025403A | |
| 46. Additional Funeral Service Provider | | 45. Date Certified 10/20/2014 | |

THIS IS A TRUE COPY OF
 THE ORIGINAL FILE WITH THE
 LAKE COUNTY HEALTH DEPARTMENT

 NOV 03 2014
 Susan W. Best, MD
 HEALTH OFFICER

| | | | |
|-----------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| 48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | 49. For Registrar Only - Date Filed (Month/Day/Year) OCT 28 2014 | |
|-----------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|