Survivorship Affidavit - 4928 Ivy Street, East Chicago, Indiana

STATE OF INDIANA )			
) COUNTY OF LAKE	GINA PIMENTEL RECORDER	2022-	024848
The Estate of Julia E. Moore, deceased	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD	9:19 AM	2022 Aug

### SURVIVORSHIP AFFIDAVIT

On this 1st day of August, 2022, before me personally appeared, Ebony M. Bates, as Personal Representative of the Unsupervised Estate of HOWARD L. MOORE, under Cause Number 45201-2107-EU-000336who being duly sworn upon her oath made the following statement and affirmations:

 The Estate of Howard L. Moore is the owner in fee simple absolute of the real estate located in Lake County, Indiana, commonly known as 4928 Ivy Street, East Chicago, Indiana.

The North 15 feet of Lot 27, all of Lot 28 and the South 10 feet of Lot 29, Block 28, Calumet Addition to East Chicago, as shown in Plat Book 8, page 32, in Lake County, Indiana.

Parcel Number: 45-03-33-228-024.000-024

- That Howard L. Moore and Julia E. Moore were married on the 3rd day of June, 1978.
  That he acquired title to said real estate with his spouse on October 11, 2006, by a
  Warranty Deed. The title to the real estate was held as tenants by the entirety.
- That Julia E. Moore died on the 30th day of March 2010, at which time the real estate became the sole property of Howard L. Moore.
- 4. That any required Federal Estate Tax Return has been filed and the assessed taxes paid.
- 5. That this affidavit is being filed to clarify the title to the real estate.

IN WITNESS WHEREOF, Ebony M. Bates, as Personal Representative of the Unsupervised Estate of Howard L. Moore, has executed this affidavit this 1st day of August, 2022.

EBONYM. BATES, AS PERSONAL
REPRESENTATIVE OF THE UNSUPERVISED
ESTATE OF HOWARD L. MOORE

Page 1 of 2

3199

FILED AUG 02 2022

RN

JOHN E. PETALAS LAKE COUNTY AUDITO

### Survivorship Affidavit - 4928 Ivy Street, East Chicago, Indiana

	ACKNOWLED	OGEMENT	
STATE OF INDIANA	)		
COUNTY OF LAKE	) SS: )		
M. BATES AS PERSONA HOWARD L. MOORE, who	L REPRESENTATIVE acknowledged the ex-	County and State, personally appeared E OF THE UNSUPERVISED EST ecution of the foregoing instrument, tions therein contained are true.	TATE OF
Witness my hand and Notary	Seal this 1st day of Au	ugust, 2022.	
My Commission Expires: County of Residence:	July 2, 2027 Lake	Spane Marie Ru	nus
		Joanne Marie Rymus, Notary Public	
Mail tax statements and re EBONY M. BATES 4928 Ivy Street East Chicago, Indiana 46312	\	SEAL Commission Number	er NP0721100
		the penalties for perjury, that I have the in this document, unless required by	
By: Anu Anorma	ey-at-Law	Date: <u>August 1, 2022</u>	
		The Record	
SS		Pole	9,

This document was prepared by: Daniel Zamudio, Zamudio Law Professionals, PC, 233 South Colfax Street, Griffith, Indiana, 46319

## NOT ANCESTIFICATION OF DEATH PLOCKS UNDEND

### CHICAGO, ILLINOIS

#### MEDICAL CERTIFICATE OF DEATH STATE FILE NUMBER 2010 0026682 DATE ISSUED 04/13/2010 DECEDENT'S LEGAL NAME MARCH 30, 2010 JULIA E MOORE FEMALE COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIRTH COOK 55 YEARS JUNE 26, 1954 HOSPITAL OR OTHER INSTITUTION NAME CITY OR TOWN CHICAGO RUSH UNIVERSITY MEDICAL CENTER PLACE OF DEATH INPATIENT BIRTHPLACE CIAL SECURITY NUMBER MARITAL STATUS AT TIME OF DEATH SURVIVING SPOUSE'S NAME EVER IN U.S. ARMED MARRIED FORCES? NO GARY, IN HOWARD MOORE APT. NO CITY OR TOWN INSIDE CITY LIMITS 4928 IVY STREET EAST CHICAGO YES COUNTY FATHER'S NAME ZIP CODE MOTHER'S NAME PRIOR TO FIRST MARRIAGE IN 46312 PAUL WATKINS ELIZABETH HUGLEY LAKE INFORMANT'S NAME HUSBAND 4928 IVY STREET, EAST CHICAGO, IN, 46312 HOWARD MOORE METHOD OF DISPOSITION PLACE OF DISPOSITION LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION OAK HILL CEMETERY BURIAL APRIL 06, 2010 FUNERAL HOME CALAHAN FUNERAL HOME INC. 7030 SOUTH HALSTED STREET, CHICAGO, IL. 60621 FUNERAL DIRECTOR'S NAME FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER LOLITA PATRICE SCHAFFER 034014794 LOCAL REGISTRAR'S NAME DATE FILED WITH LOCAL REGISTRAR DAVID ORR APRIL 9, 2010 CAUSE OF DEATH PARTI INTRACEREBRAL HEMORRHAGE IMMEDIATE CALISE (Final disease or condition resulting in death) PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A DID TOBACCO USE CONTRIBUTE TO DEATH? FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR NATURAL DATE OF INJURY TIME OF INJURY INJURY AT WORK? LOCATION OF INJURY DESCRIBE HOW INJURY OCCURRED IF TRANSPORTATION INJURY, SPECIFY ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONOUNCED TIME OF DEATH CORONER CONTACTED? NO 04:40 PM YES MARCH 30, 2010



NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

RICHARD TEMES, 1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612

CERTIFIER

PHYSICIAN

This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.





DATE CER

MARCH 31, 2010

036118860

PHYSICIAN'S LICENSE NUMBER

# OT AN CHASTALOS IMPLICATE OF DEATH

70	io. Under 1 Hour 7. Date 1 O9/.  Table 10 besth Occurred Some 1 Hospion Facility De 1 Other (Specify) De 13. County Of Desth.  Lake.	Male 03 Male 03 Male 29/1950	Detroit, Mic	Date Of Death (Month/GayrYea 01/04/2021  y and State or Foreign Country)  chigan
Social Socially Number   Sa. Ape - Ye   Sb. Under Yivide   Sc. Under 1 Morth   Sci. Under 1	09/ 0a. If Oeath Occurred Some   Hospice Facility   De   Other (Specify)   03. Courny Of Death.   Lake.	29/1950 where Other Than A Hospit	Detroit, Mic	chigan
70	09/ 0a. If Oeath Occurred Some   Hospice Facility   De   Other (Specify)   03. Courny Of Death.   Lake.	29/1950 where Other Than A Hospit	Detroit, Mic	chigan
B. Beer in U.S. Armod Forest <sup>2</sup>   16. If Depth Documed in A Hospitic   Test   Sto   Urb.comm   16. If Depth Documed in A Hospitic   Testing Name   Sto   Urb.comm   16. If Depth Documed in A Hospitic   Predity Name   16 He Institution   16 He Institution   16 He Institution   16 Least Chicago   22. City O'Tiom, Statu, And 25 Code   East Chicago, Indiana 46312   15. Surviving Spouse's Name   15st. Last Nigral Solore Print   16. Residence - State   16st. County	Da. If Death Occurred Some   Hospice Facility   De   Other (Specify)   GO   13. County Of Death   Lake	where Other Than A Hospit codent's Home Nun	Ing Home/Long-ten	m Carb Facility
Yes 68 No   Udocom   28 treatest   Emergency Department Capations   Desir An Albert	go 13. County Of Death Lake	coderife Home Nun	14. Marital St	m Carb Facility
Natify Marin (9 has hattlinks, Gib Towes and Harinton). St. Catherfine Hospital - East Chicag.     City O' Yom, Bass, And 26 Code     Start Chicago, California 46312     Sturving Sposan's Name     15s. Leat Night Scioler Print     18se Sciolery	13. County Of Death.			`
2: City O'Fm. State, And 20 Code East Chicago, Cidina 46312  3: Surviving Spouse's Hane 16. Seat Mayor State 18. Residence: State 18. County	13. County Of Death.	6'		
5. Surviving Spouse's Name 15a. Last Name 6stere Pirst 1 6. Residence-State 18a. County				atus At Time Of Death
18. Residence - State 18a. County			Married [	Married, But Separated Divorce Never Married Unknown
16. Residence - State 18a. County		16. Decedent's Usual Occ		17. Kind Of Business/Industry
18. Residence - State 18a. County		Pipe Strutter	11.75.20	Inland Steel
	18b. City Or Town		at W.	L
III LAKE	East Chicago	,	Para.	
Bc. Street And Number	353.47	18d. Apt. No	18e. Zip	Code 181. Inside City Limits
4928 Ivy Street			46312	Ma Yes □ No
19. Decedent's Education 20. Decedent Of Hispanic Origin	21. Decedent's	Race	5 D.F	
High School graduate or GED completed Not Spanish/Hispanic/Latino	Black or African	American (1)		
22. Parent's Name (First, Middle, Last) 23	3. Parent's Name (First, Middi			Parent's Last Name Before First Marriag
David Sanders E	va Lee Moore	-284	Con	ner
	ib. Mailing Address "(Street A			
Ebony Bates Daughter 4	928 lvy Street, East	Chicago, IN, 4631	2	
	ctronically Signed		ARRES.	FH83001570 FD01019692 Approximate
<ol> <li>Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do A. Lina. Add Additional Line of Moneyater.</li> </ol>	e Death. Do Not Enter Terr Not Abbreviate. Enter Onl	ninal Events y One Cause On	S. A. L.	Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting in Death) A. ACUTE HYPOX	EMIC RESPIRATOR	RY FAILURE		
Comparished by Conditions II Amy Londing To The Course Listed On By	363	r,		
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  C.	Due to (Or A	A Coreequence Ot:		
C	Due to (Or A	A Corsequeion Of:	- NE	
D( 15. 15			267	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Cause Given in	29. Was	An Autopsy Performed?  Autopsy Finding Antible	To Complete The	No Pourse Of Death?
SEPTIC SHOCK 31. Did Yobacco Use Centribute To Death? 32. If Fernale:	707d in	1 33. Manne	Of Death:	Auss Or Death? Yes No
Yes Probabby No Ball Unknown   No Pagent Within Personal View   Proposed At Time Of Death	Not Pregnant, (bit Pregnant Within 42 t	Natural Matural	☐ Hornicide ☐ ☐ Could Not Be D	Accident Pending Investigation
34. Date Of Injury (Month/DisylYour)  35. Timo Of Injury  36. Place Of	V tajury (E.Q., Decedent's Ho	me, Construction Site, Rest	surant, Wooded Ans	sa) 37. Injury At Work?
38. Location Of Injury - State 38a. City Or Yown 38b. Street	0.00	Land	38c. Apt. 1	Yes No 38d. Zip Code
39. Describe How Injury Occurred		40.113ran	portation injury, Sp	softy:
	43,772	□ □ ONDOO	ay Drawoor D	Notestan Tildher (Specifin)
41. Signature, Of Person Certifying Cause Of Death: Chittaranjan Ambalal Patel Elei	ctronically Signed	42. Certifier (Chack C	in Corone	r Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	5/31 100	141.0	ceuse whitee	45. Date Centred
Chittaranjan Ambalal Patel 2075 Indianapolis Boulevard, Whiting, IN 46394	136	010	39547A	02/10/2021
		47.	Akitte: 12	
48. Additional Funeral Service Provider:		(40)	Alexa:	
48. Signature of Local Health Officer:	ctronically Signed	48. For Rogistrer Only	Flied (Month	/Day/Year): 02/10/2021

DisposationProfess in Found Street Number and indirection of the Profession of the P

STATE OF INDIANA ) COUNTY OF LAKE )	IN THE LAKE CIRO SITTING AT CROW LAKE COUNTY, IN	N POINT
IN THE MATTER OF THE U ADMINISTRATION OF THE HOWARD L. MOORE, DEC	E ESTATE OF: )	Filed in Open Court July 7, 2021

### ORDER APPOINTING PERSONAL REPRESENTATIVE AND ORDERING UNSUPERVISED ADMINISTRATION

COMES NOW, EBONY M. BATES, and having filed her Verified Petition for Issuance of Letters Testamentary and for Unsupervised Administration in the Estate of HOWARD L. MOORE, which petition is on file with the Court and a part of the Court's record.

And the Court, having examined the petition and being duly advised, now finds as follows:

- HOWARD L. MOORE died on January 4, 2021, domiciled in Lake County,
  Indiana
- That the decedent died intestate, and according to the petition filed, the heir of the decedent is as follows:
  - A. Ebony M. Bates, 4928 Ivy Street, East Chicago, Indiana 46312.
- That EBONY M. BATES is appointed Personal Representative of the Estate of HOWARD L. MOORE and shall qualify as such upon taking an oath as Personal Representative.
- That EBONY M. BATES, as personal representative of the Estate of HOWARD
   MOORE, is hereby authorized to proceed under the statutory provisions of the Indiana Code governing unsupervised administration of estates.
- That the personal representative is directed to notify all reasonably ascertainable creditors of the decedent and to comply with the notice requirements of IC § 29-1-7-7 and the

1

MS

duties imposed by IC § 29-1-7-7.5.

ALL OF WHICH IS FOUND AND RECOMMENDED July 7, 2021
ewee Harris 1.
Probate Commissioner
Lake Circuit Court Probate Division S
$\sim$
ALL OF WHICH IS ORDERED AND APPROVED July 7, 2021
ALL OF WHICH IS ORDERED AND APPROVED July 7, 2021
Manyi Of Derust
Judge Ms
Lake Circuit Court Probate Division
· /
· < a/
9/
10
Ca
( )
<i>\( \lambda_i \)</i>
4/),
THO COUNTY P
10
CO <sub>PO</sub>
~O <sub>4</sub>
40

STATE OF INDIANA
) IN THE LAKE CIRCUIT COURT
) COUNTY OF LAKE
) CASE NO: 45C01-2107-EU-000336

IN RE: THE ESTATE OF HOWARD L. MOORE

### LETTERS TESTAMENTARY

I, Lorenzo Arredondo, Clerk of the Courts of Lake County, State of Indiana, do hereby certify that the Letters Testamentary, of the Estate of Howard L. Moore, late of Lake County, deceased, is granted to Ebony M Bates on August 6, 2021, and the said Personal Representative, having qualified and given oath as such Executrix, is duly authorized to take upon the administration of such estate, according to law.

Witness my hand and the seal of said Court, on this the 9th day of August, 2021.

Lorengo Arredondo SEAL
Clerk, Lake Circuit Court

### THE STATE OF INDIANA, LAKE COUNTY, SS:

I, Lorenzo Arredondo, Clerk of the Lake Circuit Coun within and for said County, in the State of Indiana, do hereby certify the foregoing to be a true and correct copy of the Letters Testamentary of Ebony M Bates, Executrix of the Last Will and Testament of Howard L. Moore as the same appears of record, now on file in my office,

IN WITNESS WHEREOF, I have hereto subscribed my hand and affixed the seal of said Court at Crown Point, Indiana, on this the 9th day of August, 2021.

Clerk, Lake Circuit Court

88

SEAL

SS