

# NOT AN OFFICIAL DOCUMENT

## Small Estate Affidavit

### Affidavit for Collection of Property

I, ANNIE RUTH MITCHELL, of 2641 MASSACHUSETTS ST, GARY, Indiana, 46407, hereinafter known as the "Affiant" certify that all of the following statements are true in regards to the Estate of ANTHONY MITCHELL (a single indivual, never married) who has passed away in the State of Indiana, County of Lake:

1. Decedent, ANTHONY MITCHELL, died on 01/20/2017 in the County of Lake, in the State of Indiana.
2. A copy of the decedent's death certificate will be submitted along with this affidavit.
3. The value of the assets of the decedent's estate exceeds the estate's known liabilities.
4. The Decedent does not have any liabilities and/or debts owed to creditors.
5. The value of the decedent's estate does not exceed the monetary limit of \$100,000 if the Decedent died after June 30, 2022, or \$50,000 if the Decedent died before July 1, 2022, imposed by the State of Indiana.
6. There is no pending administration of the decedent's estate.
7. There is no reasonable expectation that probate of the decedent's estate is soon to commence.
8. The total number of heirs or devisees to the decedent is Two (2) identified as Annie Ruth Mitchell and Jacquelyn White:

ANNIE RUTH MITCHELL is the Decedent's MOTHER and is entitled to the following property: REAL ESTATE 2641 MASSACHUSETTS ST. GARY, IN 46407 \$28,400

LOT THIRTY-EIGHT (38) BLOCK TWENTY-EIGHT (28), EXCEPT THAT PART IN THE REAR OF SAID LOT TAKEN FOR ALLEY PURPOSES, CHICAGO TOLLESTON LAND AND INVESTMENT COMPANY'S OAK PARK ADDITION TO TOLLESTON NOW THE CITY OF GARY IN LAKE COUNTY, INDIANA.

KEY #46-157-38 Property Number: 45-08-15-306-010.000-004

JACQUELYN WHITE is the Decedent's SISTER and is entitled to the following property: REAL ESTATE 2641 MASSACHUSETTS ST. GARY, IN 46407 \$28,400

LOT THIRTY-EIGHT (38) BLOCK TWENTY-EIGHT (28), EXCEPT THAT PART IN THE REAR OF SAID LOT TAKEN FOR ALLEY PURPOSES, CHICAGO TOLLESTON LAND AND INVESTMENT COMPANY'S OAK PARK ADDITION TO TOLLESTON NOW THE CITY OF GARY IN LAKE COUNTY, INDIANA.

KEY #46-157-38 Property Number: 45-08-15-306-010.000-004

FILED

MAR 24 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2023-009219

3:13 PM 2023 Mar 24

25  
cc  
RM

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There are no additional assets or property of the Decedent.

9. All heirs or devisees will be given notice of this affidavit within 30 days of filing.

10. This document is governed under the laws in the State of Indiana and shall not be filed with any local authority until the minimum time-period has passed after the death of the Decedent.

Annie Ruth Mitchell

Signature of ANNIE RUTH MITCHELL

This form has been signed in the presence of a notary public.

Signed and sworn to me on the 24<sup>th</sup>, March, 2023.

State of Indiana

County of LAKE

I, Brenda E. Perry, the undersigned authority in and for said County in said State, hereby certify that ANNIE RUTH MITCHELL, whose name is signed as the Affiant in this small estate affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on 24<sup>th</sup> MARCH, 2023.

Given under my hand this 24<sup>th</sup> MARCH, 2023.

Notary Public Signature Brenda E Perry

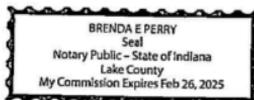
Printed Name: BRENDA E. PERRY

State of Indiana

My commission expires: 02-26-2025

(Notary Seal)

"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: [Signature]



Prepared by: Tersina J. Jones, Daughter of Annie Ruth Mitchell



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH - REGUMINT

**NOT AN OFFICIAL DOCUMENT**

Local No 000073

EDR No 0000055938

State No 008353

1. Decedent's Legal Name (First, Middle, Last) <b>ANTHONY MITCHELL</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>03:11 AM</b>		4. Date Of Death (Month/Day/Year) <b>01/20/2017</b>															
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>63</b>		6b. Under 1 Year Months: <b>0</b> Days: <b>0</b>		6c. Under 1 Month Hours: <b>0</b> Minutes: <b>0</b>		6d. Under 1 Day Hours: <b>0</b> Minutes: <b>0</b>		7. Date of Birth (Month/Day/Year) <b>07/12/1953</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>											
9. Ever in U.S. Armed Forces? <input 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 checked="" 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) <b>3841 MARYLAND STREET</b>		12. City Or Town, State, And Zip Code <b>GARY, IN 46409</b>		13. County Of Death <b>LAKE</b>		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				15a. Last Name Before First/Marriage				16. Decedent's Usual Occupation <b>ROOFER</b>		17. Kind Of Business/Industry <b>SELF EMPLOYED</b>													
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>GARY</b>				18c. Street And Number <b>2641 MASSACHUSETTS STREET</b>		18d. Apt. No.		18e. Zip Code <b>46407</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>Black or African American</b>				22. Parents Name (First, Middle, Last) <b>TOMMY G MITCHELL</b>				23a. Parents Last Name Before First/Marriage <b>LYLES</b>							
24. Informant's Name <b>TERSINA J JONES</b>				24a. Relationship To Decedent <b>SISTER</b>				24b. Address (Street And Number, City, State, Zip Code) <b>3841 MARYLAND STREET, GARY, IN 46409</b>				25. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reburial From State <input type="checkbox"/> Other (Specify): <b>EVERGREEN MEMORIAL PARK</b>				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>HOBBART, IN</b>				25c. Location - City, Town, And State			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404</b>				27a. Funeral Home License Number <b>FH10800011</b>				27b. Signature Of Indiana Funeral Service Licensee: <b>BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>FD09200084</b>							
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 Vascular Failure Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> <b>A. CONGESTIVE HEART FAILURE</b> <small>Due to (or As A Consequence Of):</small> <b>4 YEARS</b>												Approximate Interval: Onset To Death											
<b>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> <b>B. CORONARY ARTERY DISEASE</b> <small>Due to (or As A Consequence Of):</small> <b>YEARS</b>																							
<b>C. IRREGULAR HEART BEAT</b> <small>Due to (or As A Consequence Of):</small> <b>YEARS</b>																							
<b>D. AUTOMATIC CARDIOVERTER DEFIBRILLATOR</b> <small>Due to (or As A Consequence Of):</small> <b>YEARS</b>																							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
31. Rheumatoid Arthritis, Hepatic Encephalopathy																							
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 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)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)											
41. Signature, Of Person Certifying Cause Of Death: <b>ADOLPHUS A ANEKWE, BY ELECTRONIC SIGNATURE</b>												42. Certifier (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: <b>ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409</b>												44. License Number <b>01036954A</b>		45. Date Certified <b>02/17/2017</b>									
46. Additional Funeral Service Provider:												47. *Date:											
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>												49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 01 2017</b>											

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

49:02/21/17  
20170120