

**FILED**

Oct 05 2023 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

**AFFIDAVIT FOR TRANSFER OF ASSETS  
WITHOUT ADMINISTRATION  
(Pursuant to I.C. 29-1-8-1)**

STATE OF INDIANA            )  
  ) SS:  
COUNTY OF LAKE            )

Terry Crilley, being first duly sworn upon his oath, deposes and says:

1. Agnes Crilley, died on the 4<sup>th</sup> day of July 2023, domiciled in Lake County, Indiana. Agnes Crilley was my biological mother.
2. No petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
3. Forty-five (45) days have elapsed since the death of the decedent.
4. The value of the gross probate estate, wherever located, less liens and encumbrances thereon, does not exceed One Hundred Thousand (\$100,000.00) Dollars.
5. This affiant is the Personal Representative of the decedent's estate as per the decedent's Last Will and Testament executed on June 28, 2023. As such, the decedent bequeathed her real estate to the designated beneficiaries listed below and they are entitled to receive payment or delivery of property of the decedent, jointly with rights of survivorship, without administration, for the following reasons:

The following were designated beneficiaries of the decedent as per the terms of her Last Will and Testament executed on June 28, 2023:

- James Stewart - beneficiary - one half share
- Ramon Romantico - beneficiary - one half share

# NOT AN OFFICIAL DOCUMENT

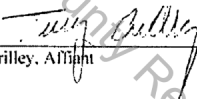
6. The decedent's Last Will and Testament executed on June 28, 2023, bequeathed her real estate and the said beneficiaries listed below are entitled to payment or delivery of the following described assets owing or belonging to the decedent, less liens and encumbrances thereon:

Beneficiary's Name:	Beneficiary's Address:
James Stewart	1235 Cass Street, Gary, IN 46403
Ramon Romantico	1235 Cass Street, Gary, IN 46403

Real property address located at: **1227 Cass Street, Gary, IN 46403**

Legal Description: **Lot 27 in Block 8 in Aetna Manor Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 28, page 39, in the Office of the Recorder of Lake County, Indiana.**

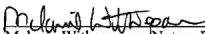
Parcel Id: **45-08-12-229-022.000-004**

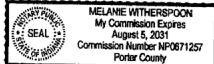
  
\_\_\_\_\_  
Terry Crilley, Affiant

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF PORTER    )

Subscribed and sworn to before me, a Notary Public for said County and State, this 21<sup>st</sup> day of September 2023.

My Commission Expires:  
August 5, 2031

  
\_\_\_\_\_  
Melanie Witherspoon, Notary Public  
Resident of Porter County



# NOT AN OFFICIAL DOCUMENT

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,

  
Melanie Witherspoon

Send tax statements to: James Stewart & Ramon Romantico, 1227 Cass Street, Gary, Indiana 46403

This Affidavit prepared by MATTHEW B. DOGAN, ATTORNEY AT LAW.  
6062 Lute Road, Portage, Indiana 46368.  
Telephone: (219) 764-0100

# NOT AN OFFICIAL DOCUMENT

## CERTIFICATE OF DEATH

### INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

3800102



Local No 000912		EDR No 000011573769		State No 2023-034793	
1. Decedent's Legal Name (First, Middle, Last) Agnes E. Criley		1b. Maiden Name (If Female) McConnell		3. Gender Female	4. Time Of Death 04:00 PM
5. Social Security Number 96	6a. Under 1 Year Months	6b. Under 1 Month Days	6c. Under 1 Day Hours	7. Date of Birth (Month/Day/Year) 12/23/1927	8. Birthplace (City and State or Foreign Country) McKeesport, Pennsylvania
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. U.S. Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead in Autark		10a. If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Missing/Not Reporting with Care Facility	
11. Facility Name (If Not Institution, Give Street and Number) Miller's Merry Manor-Portage					
12. City Or Town, State, and Zip Code Portage, Indiana 48388			13. County Of Death Porter		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown
15. Burial/Entombment Place		15a. Last Name Before First Marriage		15b. Decedent's Usual Occupation Medical Assistant	17. Kind Of Business/Industry Medical
16. Residence - State IN		16a. County Lake	16b. City Or Town Gary		16c. Apt. No.
16d. Street And Number 1227 Cass Street	16e. Zip Code 48403	16f. Inmate (City Limits) <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Decedent's Education High School graduate or GED completed		18a. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		18b. Decedent's Race White	
19. Parents Name (First, Middle, Last) Hugh McConnell		20. Parents Name (First, Middle, Last) Jean McConnell		20a. Parents Last Name Before First Marriage Unknown	
21. Informant's Name Tany Criley		21a. Relationship To Decedent Son		21b. Mailing Address (Street And Number, City, State, Zip Code) 108 Chinkapin Court, Griffin, GA, 30223	
22a. 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):					
22b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Northwest Indiana Cremation Service		22c. Location - City, Town, And State Crown Point, IN			
23. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. Name And Complete Address Of Funeral Home Burns Funeral Home 731 E. 7th St., Hobart, Indiana, 46342		25a. Informant Home License Number FHS3002380	
25b. Signature of Indiana Funeral Service Licensee: James P. Gantz		25c. License Number (Of Licensee) FD01009481		25d. License State	
26. Part I - Enter The Cause Of Death - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Vascular/Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary. Underline Cause (Final Disease Or Condition Resulting In Death)					
A. hypertonension		B. hypothyroidism		C. chronic kidney disease	
few days		many years		many years	
27. Reasonably 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					
Part II - Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause (Death In Part)					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Indefinite		32. Was Alcohol Intake Contributing To The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
33. 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 90 Days Of Death <input type="checkbox"/> Pregnant But Pregnant 91 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury	
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number	36c. Apt. No.
36d. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Describe How Injury Occurred		39. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other			
41. Signature Of Person Certifying Cause Of Death: Sanyaj V Raliker		41a. Electronically Signed		41b. 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: Sanyaj V Raliker 1201 S Main St., Crown Point, IN 48307		44. License Number D1067950A		45. Date Certified 07/10/2023	
46. Additional Funeral Service Provider:		47. "Date":		48. For Registrar Only - Date Filed (Month/Day/Year) 07/10/2023	
48. Signature of Local Health Officer: Marka L. Stangp		48a. Electronically Signed		48b. Date Filed (Month/Day/Year) 07/10/2023	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)					

State Form 53996 ATTENTION (STATE): The Social Security # is being received by this state agency (under to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal).

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TRANSFORMS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN PRINT ON FRONT THAT APPEARS WHEN PHOTOCOPIED.