

3

Affidavit

Indiana
County of lake

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-006208

9:30 AM 2024 Feb 13

The undersigned, FELICIA HARBIN, being duly sworn, hereby deposes and says:

- 1. I am over the age of 18 and am a resident of Indiana. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
- 2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
- 3. The purpose of the Affidavit is to remove Atkins J. Mills from Deed. Because he is deceased as on 05/01/2011.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this 12 day of Feb, 2024.

[Signature]
Felicia Harbin

NOTARY ACKNOWLEDGMENT

Indiana, County of lake, ss:

This Affidavit was acknowledged before me on this 12 day of Feb 2024,
by Felicia Harbin, who, being first duly sworn on oath according to law, deposes and says that they have read the foregoing Affidavit subscribed by them and that the matters stated herein are true to the best of their information, knowledge, and belief.

[Signature]
Notary Public

Manager AUP
Title (and Rank)



My commission expires OCT 24, 2028

prepared by Felicia Harbin

"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: FH

25
CASH
LK

NOT AN OFFICIAL DOCUMENT
Lot 23, 24, and 25 in Block 6, Caldwell's 8th Addition, in the City
of Gary, as per plat thereof recorded in Plat Book 9 page 7 in the Office
of the Recorder of Lake County, Indiana.

Key No. 45-07-02-481-024.000-004

Commonly known as 864 Stevenson Street, Gary, Indiana 46406

Property of Lake County Recorder



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000197

EDR No 00000197563

State No

1. Decedent's Legal Name (First, Middle, Last) ATKINS JELLY MILLS		1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:29 AM		4. Date Of Death (Month/Day/Year) 05/01/2011	
5. Social Security Number [REDACTED]		6a. Age - Yrs 75		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____		6d. Under 1 Day Hours: _____ 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 checked="" 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) 08/05/1935		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	
11. Facility Name (If Not Institution, Give Street and Name) METHODIST HOSPITAL NORTHLAKE									
12. City Or Town, State, And Zip Code GARY, IN, 46402				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 ELFRIEDA MILLS			15a. (If Wife) Give Maiden Last Name ROBINSON			16. Decedent's Usual Occupation PASTOR		17. Kind Of Business/Industry TRUE VINE COGIC	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Apt. No.		18e. Zip Code 46406	
18d. Street And Number 864 STEVENSON STREET		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) ATKINS MILLS			23. Mother's Name (First, Middle, Last) LOUISE MILLS			23a. Mother's Maiden Last Name UNKNOWN			
24. Informant's Name ELFRIEDA MILLS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 864 STEVENSON STREET, GARY, IN 46406		25. Place Of Disposition ABRAHAM LINCOLN NATIONAL CEMETERY, ELWOOD, IL		27a. Funeral Home License Number FH10700039	
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): _____		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)		25c. Location - City, Town, And State		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility DIVINITY FUNERAL HOME, 3831 MAIN ST., EAST CHICAGO, IN 46312	
27b. Signature Of Indiana Funeral Service Licensee SAMUEL SMITH JR, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD01019692		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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CORONARY ARTERY DISEASE 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. _____ C. _____ D. _____		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death	
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 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		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)		38. Location Of Injury - State		38a. City Or Town	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
38. Describe How Injury Occurred		46. If Transportation Injury, Specify: <input type="checkbox"/> Overboard <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature, Of Person Certifying Cause Of Death: JOHN WILLIAM KLEMME, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01027097A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOHN WILLIAM KLEMME, 9330 SOUTH BROADWAY, CROWN POINT, IN 46307		45. Date Certified 05/04/2011		47. *Aka:		48. Signature of Local Health Officer: RICARDO HOOD, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): MAY 04 2011	

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)