



# NOT AN OFFICIAL DOCUMENT

3. Susie Peay obtained her life estate interest in and to said real estate by the Order Approving Personal Representative's Final Report and Accounting, Petition to Allow Accounting, Petition for Allowance of Fees to Attorney and Personal Representative, Petition for Order Approving Distribution and Closing Estate, entered on June 1, 1994, by the Lake Superior Court, Room Five, sitting at Hammond, Indiana, under Cause No. 45D05-9301-ES-11, in the Matter of the Estate of Frank W. Peay, deceased, and recorded June 2, 1994, as Document Number 94040960, in the Office of the Recorder of Lake County, Indiana.

4. Susie Peay was also known as Susie M. Peay.

5. Susie Peay died on February 23, 2021, a resident of Lake County, Indiana. A true and correct copy of the Indiana State Department of Health Certificate of Death is attached to this Affidavit and made a part of this Affidavit by reference.

6. There were no Federal Estate taxes due by reason of Susie Peay's death.

7. As a result of Susie Peay's death, her life estate interest in said real estate was extinguished.

8. Toi Patrice Baylor, the Affiant, is one and the same as Toi Smith-Baylor, the Affiant who made the Survivorship Affidavit dated August 8, 2022, and recorded on August 11, 2022, as Document Number 2022-029402, in the Office of the Recorder of Lake County, Indiana.

9. Toi Patrice Baylor, the Affiant, is one and the same as Toi Patrice Smith NKA Toi Baylor, the Affiant who made the Survivorship Affidavit dated September 16, 2022, and recorded on December 1, 2022, as Document Number 2022-040015, in the Office of the Recorder of Lake County, Indiana.

10. The purposes of this Affidavit are:

(1) to clarify the facts stated in the Survivorship Affidavit dated August 8, 2022, and recorded on August 11, 2022, as Document Number 2022-029402, in the Office of the Recorder of Lake County, Indiana;

(2) to clarify the facts stated in the Survivorship Affidavit dated September 16, 2022, and recorded on December 1, 2022, as Document Number 2022-040015, in the Office of the Recorder of Lake County, Indiana;



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**After recording return to and Mailing Address of Affiant:**

Toi Patrice Baylor  
2168 TAFT ST  
GARY, IN 46404-3055

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License No. 19091-64; Address: 516 East 86<sup>th</sup> Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Greater Indiana Title Company commitment number IN017870.

AFFIDAVIT IN AID OF TITLE – GITC File No. IN017870 – Page 4 of 4

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **334344**

Local No 001949

EDR No 000011082423

State No 2021-024894

1. Decedent's Legal Name (First, Middle, Last) <b>Suzie M Pegu</b>		1a. Maiden Name (if female)		2. Gender <b>Female</b>	3. Time Of Death <b>06:33 PM</b>	4. Date Of Death (Month/Day/Year) <b>02/23/2021</b>	
5. Social Security Number <b>99</b>	6a. Age - Yrs <b>99</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>09/10/1921</b>	8. Birthplace (City and State or Foreign Country) <b>Tupelo, Mississippi</b>
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other (Specify) <b>Vibra Hospital Nvl</b>		10b. Nursing Home/Long-term Care Facility	
11. Facility Name (If Not Institution, Give Street and Number) <b>9509 Georgia Street</b>							
12. City Or Town, State, And Zip Code <b>Crown Point, Indiana 46307</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 checked="" 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>Self Employed</b>		17. Kind Of Business/Industry <b>Homemaker</b>
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18c. City Or Town <b>Gary</b>		18b. Apt. No.	18c. Zip Code <b>46404</b>
18d. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18e. Street And Number <b>2168 Taft Street</b>		18f. Apt. No.		18g. Zip Code <b>46404</b>	18h. 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 Not Spanish/Hispanic/Latino		21. Decedent's Race <b>Black or African American</b>			
22. Parents Name (First, Middle, Last) <b>Walter Garrett</b>			23. Parents Name (First, Middle, Last) <b>Cora Garrett</b>			23a. Parents Last Name Before First Marriage <b>Unknown</b>	
24. Informant's Name <b>Austin Pope</b>		24a. Relationship To Decedent <b>Grandson</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2168 Taft Street, Gary, IN, 46404</b>		27a. Funeral Home License Number <b>FH10800011</b>	
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Cak Hill</b>		25c. Location - City, Town, And State <b>Gary, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Powell-Coleman Funeral Home 3200 West 15th Avenue, Gary, Indiana, 46404</b>		27b. License Number Of Licensee: <b>FD21400025</b>		27c. License Number Of Licensee: <b>FD21400025</b>	
27d. Signature Of Indiana Funeral Service Licensee: <b>Marcus D. Evans</b>		27e. Electronic Sign		27f. License Number Of Licensee: <b>FD21400025</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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Line if Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. Subarachnoid Hemorrhage</b> <span style="float: right;">Several Weeks</span> <b>B. Hypertension</b> <span style="float: right;">Several years</span> 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.</b> <b>D.</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. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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, Not Pregnant Within 45 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 45 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 (i.e., 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, Or Person Certifying Cause Of Death: <b>Suzie S Vinluan</b>		42. Title: <b>THIS IS A COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>		43. Officer (Check Only One): <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner		44. Date Certified: <b>05/06/2021</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Teofilo S Vinluan 2611 Tall Timbers Court, Valparaiso, IN 46385</b>		45. Date Certified: <b>05/06/2021</b>		46. Additional Funeral Service Provider:		47. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. Signature of Local Health Officer: <b>Chandana Varshala</b>		49. For Registrar Only: Date Filed (Month/Day/Year) <b>05/07/2021</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			
LAKE COUNTY HEALTH OFFICER				LAKE COUNTY HEALTH OFFICER			