NOT AN OFFICIAL DESCRIPTION OF RECOUNTY

PG #: 5
RECORDED AS PRESENTED

RECORDER

FILED

Aug 01 2024 BDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

Parcel Number: 45-08-17-130-039.000-004

Tax Mailing Address: 2168 TAFT ST GARY, IN 46404-3055

AFFIDAVIT IN AID OF TITLE (Extinguishing Life Estate Interest)

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Comes now Toi Patrice Baylor, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

- Toi Patrice Baylor is an adult resident of Lake County, in the State of Indiana, whose current address is 2168 Taft Street, Gary, [N. 46404-3055, and has personal knowledge of the facts stated in this Affidavit as the step-granddaughter of Susie Peay.
- Susie Peay held a life estate interest in the following described real estate:

Lot 13 in Fairmount Woods, in the City of Gary, recorded in Plat Book 27, page 83, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2168 Taft Street

Gary, IN 46404-3055

Parcel Number: 45-08-17-130-039.000-004

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IN017870

Greater Indiana Title Company

- 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.
- As a result of Susie Peay's death, her life estate interest in said real estate was extinguished.
- 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:
- 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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(3) to file with the Lake County Auditor's Office evidence that Susie Peay's life estate interest in said real estate has been extinguished; and

(4) to place of record with the estate interest in said real estate	ne Lake County Recorder's Office evidence that Susie Peay's life has been extinguished.
Further Affiant saith not.	La Patrice Baylor Toi Patrice Baylor
STATE OF INDIANA	
COUNTY OF LAKE	ŞS:
Subscribed and sworn to	before me, the undersigned Notary Public in and for
said County and State, by Toi P.	atrice Baylor, the Affiant, on this day of
ARY PUBLIC - STATE OF INDIANA SEAL T ENSTROM MMISSION NUMBER NP0725979 MMISSION EXPIRES MARCH 25, 2028	Notary's Signature:
	Notary's Printed Name:
Notary's County of Residence:	lave
Notary's Commission Expires:	3:25:28
Notary's Commission Number:	22222

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 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Greater Indiana Title Company commitment number IN017870.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 334344

	1040	-	DR No 000011	083433			State No	2021-02	4894		
Local No 00 1. Decedent's Legal Name (First, Middle, Li	1049 sdi		1a. Malden Nam	ne (If female)		2. Gonder	3. Time Cl	Death	4. Date	of Death (Month)	Day/Year)
						Female	06:33 F	M.	02/23/2	021	i
Susie M Peay 5. Social Security Number 6a. Age - Yra	6b. Under 1 Y	ear 6c, Under 1 Mor	th 6d. Under 1 Day	Ge. Under 1	Hour 7. Date	of Birth (Month/Or	ry/Year) [B. B	rthplace (City	and State of	r Fereign Countr	n
99	Months	Davo	Hours	Minicee	09	/10/1921	Tu	ipelo, Mis	sissippi		
	eath Occurred in A		rous			ewhere Other Than		-			
☐ Yes 図 No ☐ Unknown ☐ Inp	ellent 🔲 Emorgo:	ncy Department Outpalle		Hospice F Other (Sp	ecity [] [ecity] Vibra	ecedent's Home Hospital Nwi	☐ Nursing H	ma/Long-ten	n Care Facili	ty .	
11. Facility Name (if Not Institution, Give S	treet and Number)	9509 Georgia S	treet								
12. City Cr Town, State, And Zip Code				13. Co	unty Cf Death		1	4. Marifel Sta			
Crown Point, Indiana 46307				Lake			[]	Manfed Widowed	Married, B	ut Separated ☐ r Married ☐ U	Diverced Inknown
15. Surviving Spouse's Name			So. Lost Namo Before F	First Marriage		16. Decedent's				Of Business/Indu	
						Self Emplo	ved		Homen	naker	
18. Residence - State		file. County		18b. City	Or Town						
IN .		Lake		Gary							1
16c. Street And Number	السيمر	Luno .		1		160	Apt. No.	18e. Zip	Code	181. Inside C	ty Limits?
2168 Taft Street						100		46404		IXIYee I	□No Ì
				<u> </u>	21. Decedent	- 0		10101			
19. Deceden's Education		20. Decedent Of His Not Spanish/Histo			Black of Afric						
High School graduate or GED	completed	Not Spanishinisp	arickanio .		ame (First, Mid			T 48- P		Name Before Fin	-(Mandana
22. Parent's Name (First, Middle, Last)						QIO, LINSI)		1.1	nown	Namo posto ra	st manuage
Walter Garrett				Cora Gar					HOWII		
24 Informant's Name		24a, Relationshi	p To Decedent			And Number, City, ary, IN, 46404)			
Austin Pope		Grandson	<u>/</u>			ary, 114, 40404					
26a. Method Of Disposition	125	b. Place Of Disposition	25. Pto /Name/01.Cemetery, Cr	see Of Disposition	Place) 25c.	Location - City, You	m, And State				
☐ Burial 🗵 Cromation 🔲 Donation 🗆	Entombment		· (C)								
Pernoval From State	0	ak Hill	7/		Ga	ry, N					
Other (Specify): 26, Was Coroner Contacted?	27. Name And Co	mplete Address Of Fune	ral Facility	1					27a. Fur	neral Home Licen	se Number:
	Powell-Coler	nan Funeral Hon 5th Avenue, Gar	10						FH10	800011	
27b. Signature Of Indiana Funeral Service		oti Aveilue, Gai		7		27c. L	loanse Number	(Of Licensee)	ED2140	00025	
Marcel D. Blunt				Electronica	lly Signed				1.02.14		
28. Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory A	Discases, Injur Irrost, Or Ventricu	les, Or Complications lar Fibrillation Without	Cause Of Death (Se - That Directly Caused Showing The Effology	d The Death, D y. Do Not Abbre	o Not Enter To winte. Enter C	es) erminal Events Only One Cause O	n i			Approxi Interval To Dea	: Onset
A Line, Add Additional Lines If Neces Immediate Cause (Final Disease Or C		s In Death) A	Subarachnol	d Hemorrha		2.1.5				Severa	al Weeks
			Hypertension		DHNIC	r As A Coree grance Of:				Severa	al years
Sequentially List Conditions, If Any, L Line A. Enter The Underlying Cause The Events Resulting in Death) Last	esding To The C	auso Listed On B.	Турененаю		Doe to (C	г Ав А Севичумися Оф:					
The Events Resulting In Death) Last	(Disease Or Injury	That Initiated									
					Doe to K	r As A Companion DE)				
Part II. Enter Other Significant Conditions C	Povisibulian to Done	D Dut Not Resident in T	ha Horlankino Causa Gl	won in Part	29 W	as An Autopsy Pari	Dimed?		mu		
Part II. Clief Orle Squitge & Zandaria S	CONTRACTOR OF COMM	D por text theoreting in 1	no o menyang cause on			ere Autopsy Finding		omplete The			□ No
31. Did Tobacco Use Contribute To Death	7 32.1	Ferrola:				1	3. Marner Of E	legth:			
☐ Yes ☐ Probably 🗷 No ☐ Unland		iut Pregnent Willin Past Year		Not Pregnant,	But Freguest Within agoset Within The Pi	42 Days Of Death	Materia H	tomicide	Accident	Pencing Inve	etigation
34. Date Of Injury (MonthyDay/Year)		ist Program, But Fragnam 49 Da Timo: Of Injury	36. Pla	ace Of Injury (E.	3, Decedent's	Home, Construction	Site, Restaurar	N, Wooded A	69) 3	7. Injury At Worl	17
										Yes	□ No
38. Location Ol Injury - State	38a.	Oity Or Town	38b. 1	Street & Number				300. Apt.	No. 2	itd. Zip Code	
								1	-/		
39. Describe How Injury Occurred							C. If Transports	ation Injury, S	posity:		
							Towney/chemiss (NOT	VALID	UNLES	S
41. Signature. Of Person Certifying Cause Teofilo S Winituan	e Of Death:		71110	Electropics	lly-Slaned	E Z Cetifie	r (Check Only C ing Physiotoπ =:	na) ⊏_∏-Coron	en.n.z.56		SERVER.
43. Name, Address And Zip Code O' Pers			THERE	CORD ON	FILE WITH	1 I H I: 1	5000	CONTRACTOR			
Teofile S Vinluan 261 Tail Ti	mbers Court	Court, Valparaisc	, IN 46386 COU	NTY HEAL	TH DEPAI	RTMENT	010570		1 June C	5/06/2021	1 220
46. Additional Funeral Service Provider:				and contraction of			47. Alga		est laye		STATES.
46. Signature of Local Health Officer:			1 -	AUG 0 5	2022	49. For Regis	trar Onlys Dat	a.Filed (Mont	v(Day Year)	05/07/202	
Chandana Vavilala				Electronica	lly Signed		100 S		Z-114	05/07/202	Thirty
		AMEND	MENT TO CERTIFIC	ALE OP DEAT	H LENTRY OF	(UNIGINAL)	W.2	Carlotte	Albania E	32X11218E	Tonas I
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			LAKE C	OUNTY HE	ALTH OF	FICER	638			64464	1 2 120016
							1	Laborate A	11		
State Form 53396 ATTENTION ESTA	TE: The Social S	ecurity # Is baing requi	ested by this state age	ency in order to	pursua respo	nalblity. Disclosu	re is voluntary	and there	Po Bobos	alty for refusal.	ED