

NOT AN OFFICIAL DOCUMENT

Signature: Arkeesha Moore
Arkeesha Moore

Dated: October 11, 2024

Address: 2306 Maryland Street, Gary, IN 46407

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Arkeesha Moore, who acknowledged execution of the Affidavit and who, being duly sworn, stated the representations contained therein to be true:

WITNESS my hand and Notarial Seal this 11th day of October, 2024.

My Commission Expires: October 1, 2032
Resident of Lake County

Tiffany J. Mayer
Signature, Notary Public

My Commission Number: 0690758

Tiffany J. Mayer
Printed, Notary Public

SEAL



I affirm under the penalties of perjury, that I have taken reasonable care and steps to redact each social security number in the document, including attachments, unless required by law.

Kimberly A. Mouratides
Kimberly A. Mouratides

Please send tax bills to: 2306 Maryland Street, Gary, IN 46407

This instrument prepared by: Kimberly A. Mouratides, 120 W. Clark Street, Crown Point, IN, 46307, Attorney at Law Attorney No.: 30778-45; Phone: (219) 865-8376; FAX: (219) 865-4054, at the request and direction of the Affiant and is based solely on information supplied by said party without examination, or title search, for accuracy. Preparer assumes no liability for errors, inaccuracy, or omissions in this instrument, as recorded.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000673

EDR No 00000612770

State No

1. Decedent's Legal Name (Print, Surname, Last) ARTHUR EUGENE MOORE		2. Sex MALE		3. Time of Death 03:30 PM		4. Date of Death 11/30/2017									
5. Social Security Number (Print, Surname, Last) [REDACTED]		6a. Under 3 Years 70		6b. Under 1 Month Months		6c. Under 1 Day Days		6d. Under 1 Hour Hours		7. Date of Birth (Month/Day/Year) 06/13/1947		8. Birthplace (City and State or Foreign Country) SENTONIA, MS			
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"/> Purpose Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care <input type="checkbox"/> Other (Specify)		11. Facility Name (If not Institution, Give Street and Number) 540 NORTH MONTGOMERY STREET		12. City or Town, State, and Zip Code		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"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced			
15. Decedent's Home Address - State INDIANA		15a. County LAKE		15b. City or Town GARY		15c. Street and Number 540 NORTH MONTGOMERY STREET		15d. Apt. No.		15e. Zip Code 46403		16. Decedent's Usual Occupation POLICE OFFICER		17. Kind of Business (Specify)	
18. Burial or Disposition SOME COLLEGE CREDIT, BUT NOT A DEGREE		19. Decedent of Hispanic Origin NOT HISPANIC		20. Decedent's Race Black or African American		21. Parent's Race (Print, Middle, Last) NELLIE MOORE		22. Parent's Birthplace (Print, Middle, Last) WELLS		23. Parent's Last Name Before First Marriage		24. Marital Status (Specify and Number, City, State, Zip Code) WIFE		25. Place of Death EVERGREEN MEMORIAL PARK	
26. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Natural From State <input type="checkbox"/> Other (Specify)		26a. Relationship to Decedent WIFE		26b. Place of Disposition (Name (Preparatory, Crematory, Other Place)) EVERGREEN MEMORIAL PARK		26c. Location - City, Town, and State HOBART, IN		27a. Furnace Home License Number 01084806A		27b. License Number (Of Licensee) FD09200084		27c. Approximate Interval - Onset To Death MINUTES		27d. Years	
28. Signature of Indiana Funeral Director Licensee BONNIE E. TUGGLES BY ELECTRONIC SIGNATURE		29. Signature of Decedent (See Instructions And Examples) BY ELECTRONIC SIGNATURE		30. Date of Death (See Instructions And Examples) 11/30/2017		31. Signature of Physician (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		32. Signature of Local Health Officer REUBEN C. RUTLAND, M.D. BY ELECTRONIC SIGNATURE		33. For Registrar Only - Date Final Burial/Disposition DEC 27 2017		34. Signature of Local Health Officer REUBEN C. RUTLAND, M.D. BY ELECTRONIC SIGNATURE		35. Amended to Certificate of Death (Entry or Original)	
36. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Cause 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. CARDIAC ARRYTHMIA B. CORONARY ARTERY DISEASE C. MI		37. Place of Injury MI		38. Street & Number 3723 FRANKLIN STREET		39. City or Town MICHIGAN CITY		40. State IN		41. Zip Code 46350		42. Date of Injury 12/20/17		43. Date of Death 12/20/17	

State Form 5339-9 ATTENTION: LOCAL HEALTH OFFICERS: This form is required by this state agency in order to receive reimbursement. Disclosure is voluntary and there will be no penalty for refusal to disclose. Disclosure is required for a full record on background or criminal history. Return this form with the GREAT SEAL OF THE STATE OF INDIANA OR ORIGINAL DOCUMENT TO THE REGISTER OF DEATHS, 1000 N. STATE ST., INDIANAPOLIS, IN 46204-1000. ORIGINAL DOCUMENT HAS A REDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOGRAPHED.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH										4264682	
Local No 000111			EDR No 000011624714			State No 2023-014586					
1. Decedent's Legal Name (First, Middle, Last) Sandra D Moore			3. Gender Female			5. Date of Death (Month/Day/Year) 12-17 AM		4. Date of Death (Month/Day/Year) 03/08/2023			
5. Social Security Number		6a. Age - Yrs 74	6b. Under 1 Year Months	6c. Under 1 Month Date	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 04/23/1948		8. Birthplace (City and State or Foreign Country) Chicago, Illinois		
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		11. Facility Name (If Not Institution, Give Street and Number) 540 N Montgomery Street		12. Place of Death (If Not Institution, Give Street and Number) Lake		13. Manner Status At Time of Death <input type="checkbox"/> Murdered <input type="checkbox"/> Mauled, But Separated <input type="checkbox"/> Witnessed <input type="checkbox"/> Newly Married <input type="checkbox"/> Unknown			
14. Surviving Spouse's Name			15a. Last Name Before First Marriage			15b. County of Death Lake		15c. Decedent's Usual Occupation Teacher		17. ICD-10 Business/Industry School	
16. Residence - State IN		18a. County Lake		18b. City or Town Gary		18c. Zip Code 46403		18d. Validity City Limit <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Street And Number 540 N Montgomery Street		20. Decedent Of Hispanic Origin Bachelor's degree (e.g. BA, AB, BS)		21. Decedent's Race Black or African American		22. Parent's Name (First, Middle, Last) Samuel Bush		23a. Parent's Last Name Before First Marriage Brown			
24. Informant's Name Arkeshia Moore		24a. Relationship to Decedent Daughter		25. Place of Residence Oak Hill Crematory		26. Location - City, Town, and State Gary, IN		27a. Funeral Home License Number FH10900011		27b. License Number of Licenses FD21400025	
25a. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify)		25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) Oak Hill Crematory		25c. Location - City, Town, and State Gary, IN		28. Cause of Death (See Instructions and Examples) Cause of Death (See Instructions and Examples) That Directly Caused The Death Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venoligular Thrombosis Without Showing The Etiology, Duration, Abbriviate, Emer Only One Cause On A Line. Add Additional Lines If Necessary.		29. Immediate Cause (Final Disease Or Condition Resulting in Death) A. Cardiopulmonary Arrest B. Atherosclerotic Cardiovascular Disease C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. Other (Specify)		30. Approximate Interval From Death Immediate Intermedial	
31. Part I. Enter The Chain Of Events - Disease, Trauma, Or Complications Immediately Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting in Death) Last		32. Part II. Enter The Chain Of Events - Disease, Trauma, Or Complications That Directly Caused The Death Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venoligular Thrombosis Without Showing The Etiology, Duration, Abbriviate, Emer Only One Cause On A Line. Add Additional Lines If Necessary.		33. Place of Injury (If U.S., Decedent's Home, Commercial Site, Workplace, Wooded Area)		34. Date of Injury (Month/Day/Year)		35. Time of Injury		36. Place of Injury (If U.S., Decedent's Home, Commercial Site, Workplace, Wooded Area)	
37. Signature of Indiana Funeral Service Licenses Marcel O. Brown		38. Signature of Local Health Officer Roland H Walker		39. Signature of Physician Certifying Cause of Death Yvette Mainfredy		40. Name, Address And Zip Code Of Reason Certifying Cause of Death Yvette Mainfredy 2900 W 93rd Avenue, Crown Point, IN 46307		41. Additional Funeral Service Provider		42. Signature of Local Health Officer Roland H Walker	
43. Signature of Local Health Officer Roland H Walker		44. Name, Address And Zip Code Of Reason Certifying Cause of Death Yvette Mainfredy 2900 W 93rd Avenue, Crown Point, IN 46307		45. Additional Funeral Service Provider		46. Signature of Local Health Officer Roland H Walker		47. Signature of Physician Certifying Cause of Death Yvette Mainfredy		48. Date Certified 03/23/2023	
49. Signature of Local Health Officer Roland H Walker		50. Name, Address And Zip Code Of Reason Certifying Cause of Death Yvette Mainfredy 2900 W 93rd Avenue, Crown Point, IN 46307		51. Additional Funeral Service Provider		52. Signature of Local Health Officer Roland H Walker		53. Signature of Physician Certifying Cause of Death Yvette Mainfredy		54. Date Certified 03/23/2023	

State Form 63399E - ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal. ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT IS PLUS A RUBBER COPIED ON FRONT THAT APPEARS WHEN PHOTOGRAPHED.

248837

Property

Pioneer National Title Insurance Company
 Reference No. 248837 *Detail Below Party*
435 Notation Day, 1974

WARRANT 248837 This Adventure Witnesseth

That JOHN K. WILLIAMS AND SARAH E. WILLIAMS, husband and wife,
 of _____ County, and State of INDIANA
CONVEY AND WARRANT
 To ARTHUR H. MOORE AND SARINA D. MOORE, husband and wife,
540 N. Montgomery, Gary, Indiana
 of LAKE County, in the State of INDIANA

for the sum of SEVEN (510,000) DOLLARS and other good and valuable considerations the following described REAL PROPERTY _____ County, in the State of Indiana, to-wit:

The South 5 feet of Lots 20 and 21, and the South 5 feet of the East 2 feet of Lot 24, all of Lot 25, and the North 10 feet of Lot 26, Block W. Gary Beach Second Subdivision, in the City of Gary, as shown in Plat Book 21, page 50, Lake County, Indiana.

Subject to taxes for the year 1974, due and payable in 1975.

Subject to all covenants, easements, existing liens, restrictions and zoning ordinances of record, if any.

Subject to a mortgage from John K. Williams and Sarah E. Williams, husband and wife, to Citizens Securities Corporation, dated April 27, 1972 and recorded May 3, 1972 as Instrument No. 142897 assigned to New York by assignment recorded May 1, 1972 as Instrument No. 147043. To secure the principal sum of \$22,000.00 VA note and having an unpaid principal balance of \$21,559.79, which unsets principal balance the Grantor herein promises and agrees to assume and pay.

DULY ENTERED
FOR TAXATION
APR 24 1974
APR 25 12:47 PM '74
ANDREW MICHAEL
RECORDER

IN WITNESS WHEREOF, The said JOHN K. WILLIAMS and SARAH E. WILLIAMS
 husband and wife _____ and seal _____ this 15th day of April 1974

John K. Williams (SEAL) _____ (SEAL)
Sarah E. Williams (SEAL) _____ (SEAL)

STATE OF INDIANA, LAKE County, ss:
 Before me, the undersigned, a Notary Public in and for said County and State, personally appeared JOHN K. WILLIAMS AND SARAH E. WILLIAMS, husband and wife who acknowledged the execution of the foregoing Deed to me that _____ voluntary act and free _____

WITNESS my hand and seal _____ this 15th day of April 1974
John K. Williams (SEAL) _____ (SEAL)
 My commission expires 12-31-1975 Notary Public
 Registered 3-27-1974
 1211