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2010 058120

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 OCT -7 AM 9:22

MICHELLE P. FAJMAN  
RECORDER

**FIDELITY MO**



**Fidelity National Title**  
Insurance Company

**SURVIVORSHIP AFFIDAVIT**

STATE OF Indiana )  
 )  
COUNTY OF Lake ) SS:

Hattie Perkins, being first duly sworn upon oath, deposes and says:

1. That William Perkins died on May 4, 20 09 at Gary, Indiana.  
(City/State)
2. That William Perkins and Hattie Perkins were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  

Lot 14 in Block H in Park Manor 3rd Subdivision, as per plat thereof, recorded in Plat Book 16 page 21 in the Office of the Recorder of Lake County, Indiana.
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~her~~ death.  
45-08-21-455-013.000-004
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Hattie Perkins  
Hattie Perkins Affiant Signature

STATE OF Indiana )  
 )  
COUNTY OF Lake ) SS: **ACKNOWLEDGEMENT**

Before me, a Notary Public in and for said County and State, personally appeared Hattie Perkins who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 27th day of September 20 10.

Resident of Lake County, Indiana. Signature Katherine E. Adams  
My Commission Expires: 12-13-16 Printed Katherine E. Adams

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. Katherine E. Adams  
[Name]

This instrument prepared by Hattie Perkins



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**FILED**  
OCT 05 2010  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

FW  
15-00  
AB

921-6401

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



#09-225

Local No. ....

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>William Perkins</b>		2. Maiden Last Name (If Female) <b>N/A</b>		3. Sex <b>Male</b>	4. Time of Death <b>7:35 AM</b>	5. Date of Death (Month/Day/Year) <b>May 4, 2009</b>	
6. Social Security Number <b>2926</b>	7a. Age - Yrs <b>86</b>	7b. Under 1 Year Months	7c. Under 1 Month Days	7d. Under 1 Day Hours	7e. Under 1 Hour Minutes	8. Date of Birth (Month/Day/Year) <b>December 3, 1922</b>	
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 type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival		11. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
12. Facility Name (If Not Institution, Give Street And Number) <b>3679 Harrison Street</b>							
13. City Or Town, State, And Zip Code <b>Gary</b>			14. County Of Death <b>Lake</b>		15. Marital Status At Time Of Death: <input checked="" 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		
16. Surviving Spouse's Name <b>Hattie Perkins</b>		17a. (If Wife) Give Maiden Last Name <b>Nathan</b>		17b. Decedent's Usual Occupation <b>Truck Driver</b>		17c. Kind Of Business/Industry <b>Harbison &amp; Walker</b>	
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Gary</b>		18c. Zip Code <b>46408</b>	
19. Decedent's Education <b>12th Grade</b>		20. Decedent Of Hispanic Origin <b>No</b>		21. Decedent's Race <b>Black</b>			
22. Father's Name (First, Middle, Last) <b>Lee Perkins</b>			23. Mother's Name (First, Middle, Last) <b>Ida Perkins</b>			24. Mother's Maiden Last Name <b>Watley</b>	
25. Informant's Name <b>Hattie Perkins</b>		26. Relationship To Decedent <b>Wife</b>		27. Mailing Address (Street And Number, City, State, Zip Code) <b>3679 Harrison Street Gary, Indiana 46408</b>			
28a. 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)		28b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>May 8, 2009 Oak Hill Cemetery</b>		28c. Location - City, Town, And State <b>Gary, Indiana</b>			
29. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Name And Complete Address Of Funeral Facility <b>Guy &amp; Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404</b>				31. Funeral Home License Number: <b>83007704</b>	
32. Signature Of Indiana Funeral Service Licensee <i>Valerie J. Swartz</i>				33. License Number (Of Licensee): <b>#08700866</b>			
34. Cause Of Death (See Instructions And Examples) 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. Approximate Interval: Onset To Death							
A. <b>CARDIAC ARREST</b>							
B. <b>ATRIAL FIBRILLATION</b>							
C. <b>NEW CVA</b>							
D. <b>EXCESSIVE ALCOHOL</b>							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							
35. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				36. 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		37. 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	
38. Date Of Injury (Month/Day/Year)		39. Time Of Injury		40. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		41. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. Location Of Injury - State		43. City Or Town		44. Street & Number		45. Apt. No.	
46. Location Of Injury - State		47. City Or Town		48. Street & Number		49. Apt. No.	
50. Describe How Injury Occurred				51. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
52. Signature Of Person Certifying Cause Of Death <i>Dr. Daksha Vyas</i>				53. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
54. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>DR. DAKSHA VYAS - 200 E. 89th Ave 3B - Merrillville, IN 46410</b>				55. License Number <b>01032692</b>		56. Date Certified <b>5/18/09</b>	
57. Additional Funeral Service Provider				58. For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 21 2009</b>			
59. Signature Of Local Health Officer <i>R. [Signature]</i>				60. For Registrar Only - Date Filed (Month/Day/Year)			

CERTIFIED BY  
*R. [Signature]*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE MAY 21 2009