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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 062552

2010 OCT 27 PM 1:27

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

MICHELLE LAJMAN
RECORDER

RECEIVED
OCT 27 2010
LAKE COUNTY ASSESSOR
PAUL G. KARRAS

AFFIDAVIT OF SURVIVORSHIP

Comes now Catherine Davis, and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Lawrence J. Wade, a/k/a L.J. Wade, and Sylvia A. Wade, deceased.
2. That L. J. Wade and Sylvia A. Wade were the owners as Tenants by the Entirety of real property located in Lake County, Indiana, more particularly described as:

All of Lot 37 in Block 3 of Tarrytown First Subdivision as recorded in the Office of the Recorder, Lake County, Indiana

Commonly known as: 4312 W. 19th Plaza, Gary, IN 46404
Parcel No.: 45-08-07-352-026.000-004
3. That L.J. Wade and Sylvia A. Wade acquired the property during the term of their marriage.
4. That Lawrence J. Wade died on the 6th day of February, 2010.
5. That Sylvia A. Wade became the fee simple owner of the property at the death of L. J. Wade.

I affirm under the penalties for perjury that the foregoing statements are true.

Catherine Davis

Catherine Davis

STATE OF INDIANA/ COUNTY OF PORTER)ss:

Subscribed and sworn to before me this 21 day of Oct, 2010.

My Commission
Expires: 10/30/16

Susan B. Colunga, Notary Public
Resident of Porter County

FILED

OCT 27 2010

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

PEGGY HOLLINGA KATONA
LAKE COUNTY AUDITOR
Patricia A. Rees

This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368
(219) 947-1692.

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CK# 10751
CA

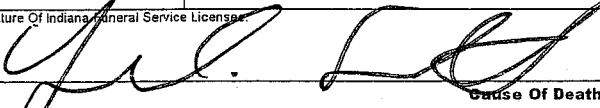
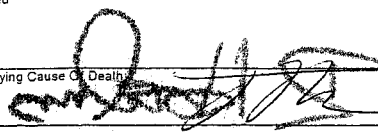
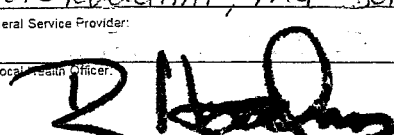
**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



10 0007

Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) L. J. Wade				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 12:52 AM		4. Date Of Death (Month/Day/Year) February 6, 2010	
5. Social Security Number 461-20-1583		6a. Age - Yrs 86		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) May 29, 1923				8. Birthplace (City And State Or Foreign Country) Hemphill, Texas							
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				10a. 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)					
11. Facility Name (If Not Institution, Give Street And Number) 4312 West 19th Plaza											
12. City Or Town, State, And Zip Code Gary, Indiana 46404						13. County Of Death Lake			14. 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		
15. Surviving Spouse's Name Sylvia A. Wade				15a. (If Wife) Give Maiden Last Name Jenkins		16. Decedent's Usual Occupation Lever Brothers			17. Kind Of Business/Industry Plant		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Gary					
18c. Street And Number 4312 West 19th Plaza						18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School graduate/ GED				20. Decedent Of Hispanic Origin Non-Hispanic				21. Decedent's Race African American			
22. Father's Name (First, Middle, Last) Jon Wade						23. Mother's Name (First, Middle, Last) Mabel Paiya			23a. Mother's Maiden Last Name Paiya		
24. Informant's Name Sylvia A. Wade			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 4312 West 19th Plaza Gary, Indiana 46404					
25. Place Of Disposition											
25a. Method Of Disposition. <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal 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, Indiana				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell & Warner Funeral Home 4209 Grant Street, Gary, Indiana 46408						27a. Funeral Home License Number: FH10500021			
27b. Signature Of Indiana Funeral Service Licensee 						27c. License Number (Of Licensee): FD20000361					
Cause Of Death (See Instructions And Examples)											
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.										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. <u>Advanced Cardioromyopathy (CHF)</u>							
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. _____							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						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 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, 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					
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input 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. Of Person Certifying Cause Of Death 						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Tarek Kudcimi, md 801 MacArthur Blvd Ste 305 Munster 46410						44. License Number 01044239		45. Date Certified 2-10-10			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 12 2010					