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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

2011 042348

2011 AUG -8 AM 9: 23

MICHELLE T. STUMAN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Comes now **Henrietta D. Gearhart**, being duly sworn upon her oath and states as follows:

1. That she is competent, at least 21 years of age and has personal knowledge of the facts contained herein.

2. That at the time of his death, Clyde G. Gearhart (a/k/a Clyde Gearhart) was the owner in fee simple of the following described real estate located at 4745 Whitcomb Street, Gary, Lake County, Indiana and more particularly described as follows:

***Outlot "A" in Douglas Manor Addition to Lake County, Indiana, as recorded in Plat Book 32, page 14, in the Office of the Recorder of Lake County, Indiana***

Commonly known as 4745 Whitcomb St., Gary, Lake County, Indiana;  
Parcel No.: 45-08-31-251-007.000-001

3. That Clyde G. Gearhart and Henrietta D. Gearhart were husband and wife and acquired title as tenants by the entirety to said real estate.

4. That the marital relationship which existed between Clyde G. Gearhart and Henrietta D. Gearhart continued unbroken from the time they acquired title to said real estate until the death of Clyde G. Gearhart on May 31, 2011.

5. That the gross value of the estate of Clyde G. Gearhart was determined for purpose of Federal Estate Taxes was less than the value required for the filing and his estate was not subject to Federal Estate Tax.

6. That the estate of Clyde G. Gearhart was not subject to Indiana Inheritance Taxes.

*Henrietta Gearhart*  
\_\_\_\_\_  
Henrietta D. Gearhart

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Henrietta D. Gearhart and acknowledged the execution of the foregoing document. Witness my hand and seal this 1 day of August, 2011.

**FILED**

**AUG 04 2011**

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

Resident of Lake County

*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.*

*Jo Ellen Pulson*  
\_\_\_\_\_  
Notary Signature  
*Jo Ellen Pulson*, Notary Public  
Printed Name of Notary

My Commission Expires: 2/07/2016

*Robert L. [Signature]*  
\_\_\_\_\_

**028088**

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CK# 2129  
10v CA E

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



Local No 001723

EDR No 000000201724

State No 024691

1. Decedent's Legal Name (First, Middle, Last) <b>CLYDE G GEARHART</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>06:10 AM</b>	4. Date Of Death (Month/Day/Year) <b>05/31/2011</b>	
5. Social Security Number <b>310-22-7063</b>	6a. Age - Yrs <b>82</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>09/03/1928</b>	
8. Birthplace (City and State or Foreign Country) <b>OLIVE HILL, KY</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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) <b>ST MARY MEDICAL CENTER INC</b>							
12. City Or Town, State, And Zip Code <b>HOBART, IN, 46342</b>				13. County Of Death <b>LAKE</b>		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 <b>HENRIETTA GEARHART</b>		15a. (if Wife) Give Maiden Last Name <b>WITVLIET</b>		16. Decedent's Usual Occupation <b>CARPENTER</b>		17. Kind Of Business/Industry <b>CONSTRUCTION</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18c. Street And Number <b>4745 WHITCOMB STREET</b>	
18d. Apt. No.		18e. Zip Code <b>46408</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>BENJAMIN GEARHART</b>				23. Mother's Name (First, Middle, Last) <b>ALMEDA GEARHART</b>		23a. Mother's Maiden Last Name <b>HOLBROOK</b>	
24. Informant's Name <b>HENRIETTA GEARHART</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4745 WHITCOMB STREET, GARY, IN 46408</b>			
25. Place Of Disposition							
25a. 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):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>CALUMET PARK CEMETERY</b>		25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>				27a. Funeral Home License Number: <b>FH10300021</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01014511</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 Lines If Necessary.							
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>LUNG CANCER</u>		Due to (Or As A Consequence Of)		Approximate Interval: Onset To Death <b>1 YEAR</b>	
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. <u>RESPIRATORY FAILURE</u>		Due to (Or As A Consequence Of)		<b>1 WEEK</b>	
		C. _____		Due to (Or As A Consequence Of)			
		D. _____		Due to (Or As A Consequence Of)			
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 <b>2011</b>		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: <b>YASER ALOBEID, BY ELECTRONIC SIGNATURE</b>						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: <b>YASER ALOBEID, 8300 BROADWAY # A1, MERRILLVILLE, IN 46410</b>						44. License Number <b>01058415A</b>	
46. Additional Funeral Service Provider:						45. Date Certified <b>06/06/2011</b>	
47. *Akas:						48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>	
						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUN 07 2011</b>	

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)