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STATE OF INDIANA SS: COUNTY OF LAKE

SUPPLEMENTAL SURVIVORSHIP AFFIDAVIT

On this 5th day of June, 2012, BEVERLY J. WINGFIELD, "Affiant," being duly sworn upon her oath states that:

- 1. Affiant resides at the address given below affiant's signature.
- 2. The following real estate was formerly owned by James R. Wingfield and Affiant,

Beverly J. Wingfield, husband and wife, as joint tenants:

Lot 32 in Knickerbocker Manor 4th Addition to the Town of Munster as per plat thereof, recorded in Plat Book 33, Page 12, in the Office of the Recorder of Lake County, Indiana

Commonly known as 216 Timrick Drive, Munster, IN 46321

- 4. Decedent, James R. Wingfield, IV, died on the 24th day of March, 2008.
- 5. To the best of Affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent.
 - 6. Affiant's relationship to the deceased is surviving spouse.

7. James R. Wingfield, IV, decedent, is one and the same as James R. Wingfield

216 Timrick Drive Munster, IN 46321

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 5th day of June, 2012.

Resident of Lake County

THERESA THOMPSON Lake County July 14, 2017

My Commission Expires:

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security number in this document,

To work

unless required by law

This document prepared by:

∆ADAM J. SEDIA - #28775-45

RUBINO, RUMAN, CROSMER & POLEN

Dyer, IN 46311 219-322-8222

JUN 18 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

City Of East Chicago East Chicago, In 46312

Local No...... 2. Sex 4. Date Of Death (Month/Day/Year) 1a, Maiden Last Name (If Female) WINGFIELD , MALE. 10:58 AM MARCH 24,2008 JAMES R. 8. Birthplace (City And State Or Foreign Country) 5. Social Security Number 6c, Under 1 Monti 7. Date Of Birth (Month/Day/Year) 6a. Age - Yrs 6b. Under 1 Year 6d. Under 1 Day Se. Under 1 Hour Days Months Hours AUGUST 6,1952 EAST CHICAGO, IN newhere Other Than A Hospital: 10. If Death Occurred in A Hos 9. Ever in U.S. Armed Forces X Yes D No Unknown D ☐ Inpatient ☑ Emergency Department Outpatient ☐ Dead On Arrival re Street And Number) ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify) Facility Name (If Not Institu ST. CATHERINE HOSPITAL 13. County Of Death 14. Marital Status At Time Of Death 12. City Or Town, State, And Zip Code | Midowed | Married, But Separated | Divorced | Widowed | Never Married | Unknown | 17. Kind Of Business/Industry EAST CHICAGO LAKE · 15a. (If Wife)Give Maiden Last Nam 18. Decedent's Usual Occupation BEVERLY J. WINGFIELD THOMAS MILLWRIGHT MITTAL STEEL City Or Town INDIANA LAKE MUNSTER 18e, Zip Code 18f. Inside City Limit 18c. Street And Numbe Yes No 216 TIMRICK DRIVE 46321 21. Decedent's Race 19. Decedent's Educatio 20 Decedent Of Hispanic Origin 12 + 2NO WHITE 23. Mother's Name (First, Middle, Last) 22. Father's Name (First, Middle, Last) JAMES R. WINGFIELD, III CONSTANCE WINGFIELD ANDREWS 24b. Mailing Address (Street And Number, City, State, Zip Code 4. Informant's Name 24a. Relationship to Dec BEVERLY J. WINGFIELD 216 TIMRICK DR., MUNSTER, IN 46321 WIFE 25. Place Of Disposition 25c. Location - City, Town, And State 25a. Method Of Disposition ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State HERITAGE CREMATORY CUMENT PORTAGE, INDIANA Other (Specify):
26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility 27a. Funeral Home License No 6955 SOUTHEASTERN AVENUE LaHAYNE FUNERAL HOME, INC. XX Yes □ No 19400005 HAMMOND, INDIANA 27b. Signature Of Indiana Funera Ellen the Lake County Record &D01000857 t 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 A CRUSHING INJURIES OF PELVIS, ABDOMEN AND LEGS
Due to (or As A Consequence Of: UNKNOWN Immediate Cause (Final Disease Or Condition Resulting in Death DUE TO BLUNT FORCE INJURIES OF THE PELVIS Sequentially List Conditions, If Any, Leading To The Cau<mark>se Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last</mark> 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? 29. Was An Autopsy Performed?

30. Were Autopsy Findings Available To Complete The Cause Of Death? X Yes □ No 31, Did Tobacco Use Contribute To Death? Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Not Pregnant, But Pregnant Within 42 Days To 1 Year Before Death Unknown if Pregnant Within The Past Year

35. Time Of Injury

36. Place Of Injury (E.G., Decedent's Home, Constr ☐ Natural ☐ Hornicide ☑ Accident ☐ Pending Investigation ☐ Yes ☐ Probably ☐ No X Unknown Suicide C Could Not Be Determine, Restaurant, Wooded Area) 34. Date Of Injury (Month/Day/Year) 37. Injury At Work? MARCH 24, 2008 Yes □ No UNKNOWN STEEL MILL Zio Codi 38a. City Or Tow 38b. Street & Num 38c. Apt. No. INDIANA EAST CHICAGO 3210 WATLING 46312 40. If Transportation Injury, Specify: 39 Describe How Injury Occurred DECEDENT WAS STRUCK AND PLANED BY A RIECE OF ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) INDUSTRIAL EQUIPMENT.

41. Signature, Of Person Ceptifying Cause Of Death: 42. Certifier (Check Only One) ☐ Certifying Physician X Coroner ☐ Health Officer 45. Date Certified

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DONNA MELYON, DEPUTY CORONER,

2900 WEST 93RD AVENUE, CROWN POINT, INDIANA

State Form (A) 05) R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order

Burk Boronia MD_

48. Signature of Local Health Officer

44. License Number

47. *Akas:

N/A

Date Filed (Month/Day/Year)

MARCH 26, 2008