STATE OF I	NDIANA))SS:			
COUNTY OF LAKE)			2
		AFFIDAVIT OF	SURVIVORSHII	P	012
Come now Tr say:	na L. Russell a	nd Kimberly A. Sea	bolt, and upon bein	ng duly sworn do at	
1.	That the affia	nts are the daughter	s of Sylvester W. F	Boatner, deceased.	5442
2.		er W. Boatner, Tina Il property located in			
	Quarter of Se	feet of the West 570 ction 17, Township te number 330, in L	35 North, Range 7	West of the 2 nd ₱.N	
	Parcel No.: 4:	nown as: 6905 Old 1 5-13-17-377-003.00	0-030 nent is	단무스	DE INDIAN COUNTY OR RECO
3.	That Sylveste aforemention	er W. Boatner, Tina ed property as joint	L. Russell, and Kir tenants with rights	of survivorship.	neld the \mathbb{R}^{-1}
4.	That Sylveste	s Document is er W. Boatner died of the Lake Cour	the property n the 1 st day of Au tv Recorder	gust, 2012.	
5.	That Tina L.	Russell and Kimber at the death of Sylve	ly A. Seabolt becar		wners of
I affir	m under the per	nalties for perjury th	at the foregoing st	atements are true.	00
	Tina I	Russell	Kimbe	rly A. Sab It	FD
STATE OF IN		. CERTE	SOD		0040
	d sworn to before	e me this day	of argust, 2	AUG 14	
My Commission Expires: 03/25			Patricia A. Rees, l Resident of Lake	No PEGGY HOLING Collake COUNTY	A KATONA AUDITOR
Î affirm, un	der the penalties	of perjury, that I hav	taken reasonable c	are to redact each So	cial Security
number in this	document, unle	ss required by law	fler		
		1	Patricia A Ree	es	
This Instrumen	nt Prepared by Pa	ntricia A Rees, Attorney	at Law, 5341 Central 192	Ave , Portage, IN 4630	58 (219) 947- I
)3236	CK 11504

ao

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 002396				edr № 00000273024				State No 034132				
Decedent's Legal Name (First, Middle, Last)				1a Maiden Name (If female)			2 Sex 3 Time Of Death 4 Date Of Death (Month/Day/Ye					
SYLVESTER W B	OATNER						MAL	F 11	45 AM		08/01/2012	
5 Social Security Number		6b Under 1 Y	fear 6c Under 1	Month 6d Under 1 Day	6e Under 1 Hou	7 Date				y and State	or Foreign Country)	
			-			┪	40/00/46	.07	O A D A \ A \ A \	Δ.		
432-64-3125 9 Ever in U.S. Armed Force	74	Months th Occurred in A	Days	Hours	Minutes 10a If Death Occ	rurred Some	12/22/19		CARAWAY	<u>, AR</u>		
			, ,		Hospice Facili		ecedent's Hor		Home/Long-terr	n Care Fac	ulity	
Yes No Unk	nown Inpate	ent 🗌 Emerger	ncy Department Outp	atient Dead on Arrival	Other (Specify	()						
11 Facility Name (If Not In												
6905 OLD LINCOL 12 City Or Town, State, Ar		Υ			13 County	Of Death			14 Mantal Sta	tus At Time	e Of Death	
i		" "					Marned Marned, But Separated Divorced					
HOBART, IN, 46342					LAKE			☑ Widowed ☐ Never Married ☐ Unknown				
15 Surviving Spouse's Name				15a (If Wife)Give Maide	n Last Name 16		16 Decede	16 Decedent's Usual Occupation		17 Kind Of Business/Industry		
							EODEM	A N I			MOBILE	
18 Residence - State			18a County		18b City Or T	own	FOREM	1N		WANU	FACTURE	
INDIANA		L	AKE		HOBART			40d A-4 N-	10- 7-	Cada	18f Inside City Limits?	
18c Street And Number								18d Apt No	18e Zıp	Code		
6905 OLD LINCOL	N HIGHWA	Υ							46	342	☐ Yes 🏻 No	
19 Decedent's Education	<u> </u>		20 Decedent Of	Hispanic Origin	21	Decedents	Race					
HIGH SCHOOL G	RADUATE C	OR GED	NOT LUCE:	NIC	ļ. <u>.</u>							
COMPLETED 22 Father's Name (First, Mr	iddle 1 act)		NOT HISPA	NIC	White 23 Mother's Name (First, Middle, Last)			23a l	23a Mother's Maiden Last Name			
22 Father's Name (First, Middle, Last)					23 MOTHERS NAME (FIRST, MIDDIE LAST)				200	20a Monte S Maluen Last Name		
ROBERT O BOAT	TNER				JANIE BOAT	ΓNER			CRO	NK		
24 Informant's Name			24a Relation	ship To Decedent	24b Mailing Addre	ss (Street	And Number,	City State, Zip Co	ode)			
TINA LOIS RUSSI	ELL		DAUGHT	ER	6525 WEST	141ST	AVENUE	CEDAR L	AKE, IN 46	303		
				25 Pla	ce Of Disposition							
25a Method Of Disposition			b Place Of Disposition	on (Name Of Cemetery, Cre	ematory, Other Place	25c L	ocation - City,	Town, And State				
⊠ Bunal	_ Donation ☐ Er	nent	/									
Other (Specify)		CA	ALVARY CEM	ETERY) CUI	ment	POF	RTAGE, II	V				
26 Was Coroner Contacted	1? 27		nplete Address Of Fu							27a Fu	neral Home License Number	
☐ Yes ⊠ No			/ . NI	OTOI		TA	T			E1100	00000	
27b Signature Of Indiana I			ERAL HOME	, 701 E 7TH ST ,	HOBARI, IN	46342	27	c License Numb	er (Of Licensee)	ILUON	002380	
JAMES E BURNS	BY ELEC	TRONIC S	IGNATURE)ocument	is the n	ron		20700059				
				Cause Of Death (See				1 011	NS A TRIJE /	In POMP	Approximate	
28 Part I Enter The <u>Ch</u> Such As Cardiac Arrest	<u>nain Of Events</u> - [. Respiratory Arre	Diseases, Injuri est, Or Ventricul	es Or Complication lar Fibrillation With	ns - That Directly Caused out Showing The Etiology	The Death Do No Do Not Abbreviate	t Enter Tel	minal Exents	erQn + it () th	DELDEATH ON	FILE WITH	THE To Death	
A Line Add Additinal L	ines if Necessary			METASTATIC SMA	ALL CELL CARCIN	OMA OF	HE BLADDE	RIGLYMPHI	MODERS NIND AB	DOMINAL	. 1	
Immediate Cause (Fina	Disease Or Con	dition Resulting	In Death)	A WALL			As A Consequence				<u> </u>	
				В					0.646			
Sequentially List Condit Line A Enter The Unde	ions, If Any, Lead	ding To The Ca	use Listed On That Initiated	Р		Due to (Or	As A Consequence	on AUG	0 6 2012			
The Events Resulting In Death) Last			С		D							
						Due to (Or	As A Consequence	Of)		,		
				Ď	7.12 7.77							
Part II Enter Other Significa	ant Conditions Cont	nbuting to Death	But Not Resulting In	The Underlying Cause Giv	in In Part I		s An Autopsy		☐ Yes	⊠ No		
						30 We	re Autopsy Fir	ding Available To		adso Of De	Yes No	
31 Did Tobacoo Use Conti			Female	Pregnant At Time Of Death	Not Pregnant But Pre	gnant Within 4	2 Days Of Death	33 Manner C		Acadent	Pending Investigation	
☐ Yes ☒ Probably ☐	No 🔲 Unknown			Days To 1 year Before Death	Unknown if Pregnant	Within The Pas	l Year	☐ Suicide ☐	Could Not Be D	etermined		
34 Date Of Injury (Month/D	Day/Year)	35 T	ime Of Injury	36 Plac	ce Of Injury (E.G., Do	ecedent's H	ome, Construc	tion Site, Restau	ant, Wooded Are	a) 3	37 Injury At Work?	
					100						Yes No	
38 Location Of Injury - Sta	te	38a C	City Or Town	38b S	treet & Number				38c Apt N	10 3	38d Zip Code	
					العلا							
39 Describe How Injury Oc	ссипед			E 1	SEAL S	7		40 If Transpo	rtation Injury, Spe	ecify		
				EL .				Driver/Operator	Passenger F	edestrian 🔲	Other (Specify)	
41 Signature, Of Person (Certifying Cause Of	Death		Territoria de la constantina della constantina d	DIANTILL		42 Cer	tifier (Check Onl)				
BARBARA L FULL				Ę				tifying Physician	Corone		Heath Officer 5 Date Certified	
43 Name, Address And Zij	p Code Of Person (ertifying Cause	Or Death			/	7	44 Lice	nse Number	1 1	+5 Date Centiled	
BARBARA L FULL	ER , 801 M	ACARTHL	JR BLVD SU	ITE 401, MUNSTE	ER, IN 46321			01034	701A		08/03/2012	
46 Additional Funeral Serv								47 *Al		1	A.W	
48 Signature of Local Heal	Ith Officer						49 For Pa	gistrar Only - D	ate Filed (Month	/Dav/Year)		
SUSAN W BEST, VIA ELECTRONIC SIGNATURE AUG 06 2012												
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
						_						

State Form 53395 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