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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)

2012 059713

2012 SEP -4 PM 1:19

COUNTY OF LAKE)

MICHELLE R. FAJMAN
RECORDER

IN THE MATTER OF:)

PEARL L. MASON,)

DECEASED)

AFFIDAVIT OF SURVIVORSHIP

↓
Paula R. Mason, being duly sworn, states as follows:

1. I am at least eighteen (18) years of age and suffer from no disability which would render my testimony incompetent.

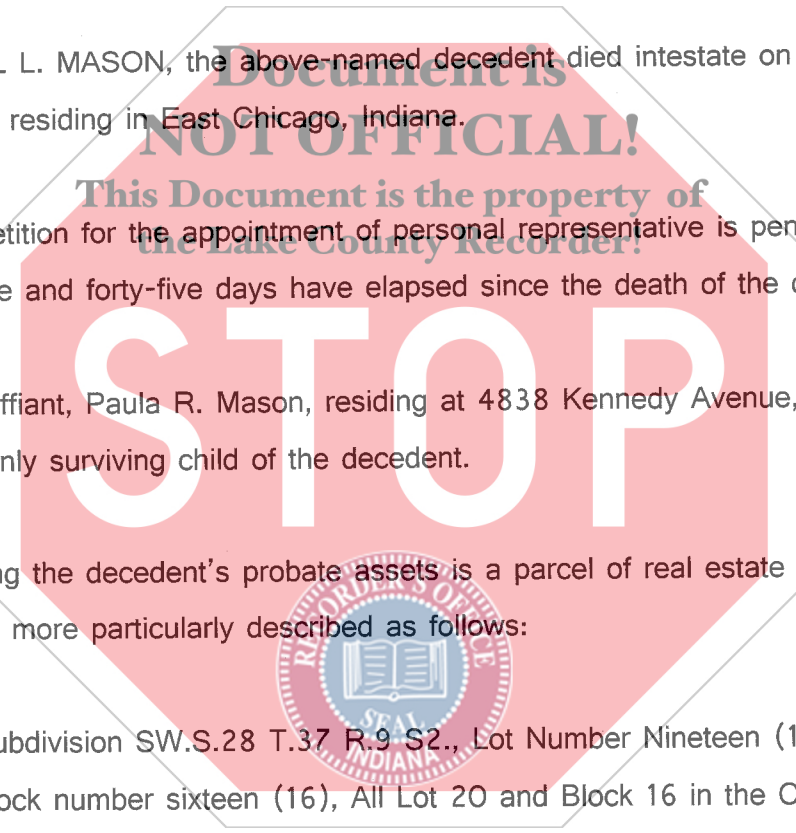
2. PEARL L. MASON, the above-named decedent died intestate on the 5th day of July, 2012 while residing in East Chicago, Indiana.

3. No petition for the appointment of personal representative is pending in any court in this state and forty-five days have elapsed since the death of the decedent.

4. That affiant, Paula R. Mason, residing at 4838 Kennedy Avenue, East Chicago, Indiana, is the only surviving child of the decedent.

5. Among the decedent's probate assets is a parcel of real estate located in Lake County, Indiana, more particularly described as follows:

Subdivision SW.S.28 T.37 R.9 S2., Lot Number Nineteen (19) in block number sixteen (16), All Lot 20 and Block 16 in the City of East Chicago as shown in Plat Book No. 12 and Page 10 in Lake County, Indiana; Parcel Number 45-03-28-383-039.000-024



15th
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Commonly known as 4838 Kennedy Avenue.

6. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

7. That the Affiant herein request that a new deed be issued conveying ownership to the decedent's estate to herself.

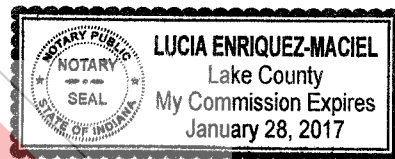
Paula R. Mason

Paula R. Mason, Affiant

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)



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This Document is the property of the Lake County Recorder!

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Paula R. Mason, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 31 day of August, 2012.

My commission expires:

Signature:

Lucia Enriquez-Maciel

January 28, 2017

Printed:

Lucia Enriquez-Maciel



Resident of: Lake County, Indiana

This instrument prepared by: Attorney Bryan K. Bullock

7863 Broadway, Suite 222, Merrillville, IN 46410;

Phone: (219) 472-1546.

taxes: PO Box 3068
East Chicago, IN 46312
→

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



Local No **002080**

EDR No **000000268569**

State No **030042**

1. Decedent's Legal Name (First, Middle, Last) PEARL L MASON				1a. Maiden Name (If female) NEWELL		2. Sex FEMALE	3. Time Of Death 04:41 AM	4. Date Of Death (Month/Day/Year) 07/05/2012	
5. Social Security Number 306-38-8844	6a. Age - Yrs 73	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) 01/24/1939		8. Birthplace (City and State or Foreign Country) CAIRO, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation NURSE'S AIDE		17. Kind Of Business/Industry ST CATHERINE HOSPITAL	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town EAST CHICAGO				
18c. Street And Number 4838 KENNEDY AVENUE						18d. Apt. No.	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American				
22. Father's Name (First, Middle, Last) HALLIS EDWARDS				23. Mother's Name (First, Middle, Last) WILLIANNA EDWARDS			23a. Mother's Maiden Last Name NOT AVAILABLE		
24. Informant's Name PAULA MASON			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 4838 KENNEDY AVENUE, EAST CHICAGO, IN 46312				
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) REGIONAL CREMATION SERVICES			25c. Location - City, Town, And State MUNSTER, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312					27a. Funeral Home License Number FH83001520		
27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD08600238							
28. Part I. Enter The <u>Chain Of Events</u> - 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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>LEUKEMIA</u> Due to (Or As A Consequence Of): <u>6 MONTHS</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. _____ Due to (Or As A Consequence Of): _____ C. _____ Due to (Or As A Consequence Of): _____ 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 Finding 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 checked="" 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, Workplace, etc.) LAKE COUNTY HEALTH DEPARTMENT			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: GHASSAN JANO, BY ELECTRONIC SIGNATURE						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: GHASSAN JANO, 200 E. 89TH AVE, 2A, MERRILLVILLE, IN 46410						44. License Number 01040756A		45. Date Certified 07/09/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 10 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									