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STATE OF INDIANA
COUNTY OF LAKE

2013 041556
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 JUN -6 AM 10:19
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Joyce M. Livengood, being duly sworn, state as follows:

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

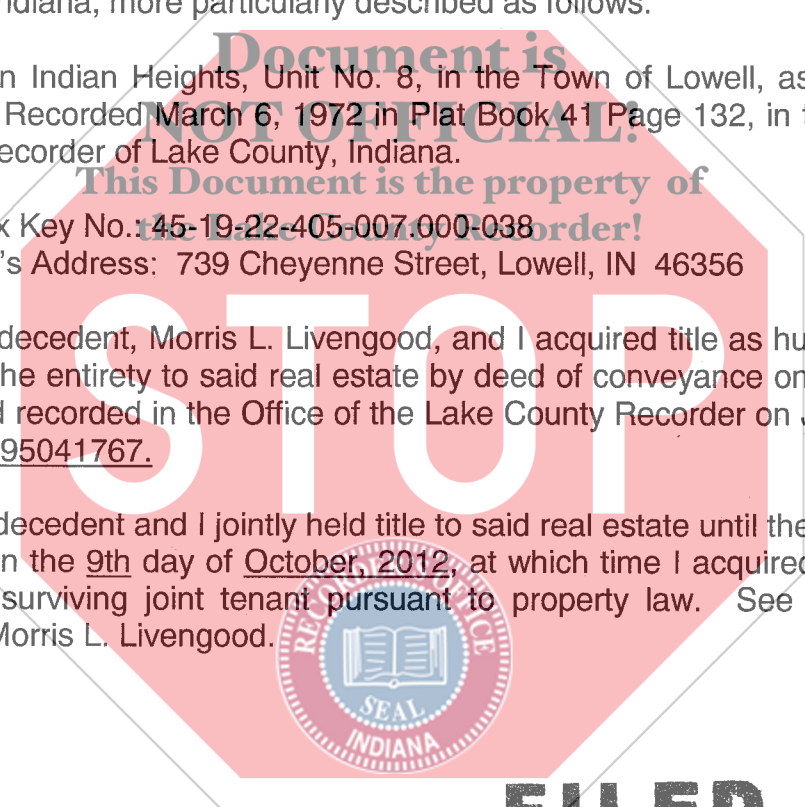
2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 63 in Indian Heights, Unit No. 8, in the Town of Lowell, as per Plat thereof, Recorded March 6, 1972 in Plat Book 41 Page 132, in the Office of the Recorder of Lake County, Indiana.

New Tax Key No.: 45-19-22-405-007-000-038
Grantee's Address: 739 Cheyenne Street, Lowell, IN 46356

3. The decedent, Morris L. Livengood, and I acquired title as husband and wife, as tenants by the entirety to said real estate by deed of conveyance on the 17th day of July, 1995, and recorded in the Office of the Lake County Recorder on July 25, 1995 as Document No. 95041767.

4. The decedent and I jointly held title to said real estate until the death of Morris L. Livengood on the 9th day of October, 2012, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Morris L. Livengood.



FILED

JUN 06 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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17 CO
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NO



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

Local No **003142**

EDR No **000000283923**

State No

1. Decedent's Legal Name (First, Middle, Last) MORRIS LOWELL LIVENGOOD				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 11:40 PM	4. Date Of Death (Month/Day/Year) 10/09/2012	
5. Social Security Number		6a. Age - Yrs 80	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) 03/25/1932		8. Birthplace (City and State or Foreign Country) SPENCER, IN
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) 739 CHEYENNE ROAD									
12. City Or Town, State, And Zip Code LOWELL, IN, 46356					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 JOYCE M LIVENGOOD			15a. (If Wife) Give Maiden Last Name FARRIS			16. Decedent's Usual Occupation BOILERMAKER		17. Kind Of Business/Industry UNION	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town LOWELL		18d. Apt. No.	18e. Zip Code 46356	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 739 CHEYENNE ROAD			19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) VIRGIL D LIVENGOOD				23. Mother's Name (First, Middle, Last) KATHLEEN M LIVENGOOD			23a. Mother's Maiden Last Name MITTEN		
24. Informant's Name JOYCE LIVENGOOD			24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 739 CHEYENNE ROAD, LOWELL, IN 46356				
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) PHONUUEL LUTHERAN CEMETERY			25c. Location - City, Town, And State WALLACE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356					27a. Funeral Home License Number: FH83004277		
27b. Signature Of Indiana Funeral Service Licensee: KEN P. SHEETS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08900045			
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>SEVERE DEMENTIA-LEWY BODY</u> Due to (Or As A Consequence Of): Approximate Interval: Onset To Death YEARS B. <u>CORONARY ARTERY DISEASE</u> Due to (Or As A Consequence Of): YEARS C. <u>CEREBRAL VASCULAR DISEASE</u> Due to (Or As A Consequence Of): YEARS D.									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I DIABETIS MELLITUS, HYPERTENSION						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 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: RANDALL LEE HILE, 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: RANDALL LEE HILE, 1020 COMMERCIAL AVE, LOWELL, IN 46356						44. License Number 01030234A		45. Date Certified 10/10/2012	
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): OCT 11 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

