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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 048514

2013 JUL -3 AM 9:30

MICHAEL B. BROWN  
RECORDER

Case # 920131770

SURVIVORSHIP AFFIDAVIT

Comes now ~~Darlene A. Williams~~ and Wayne E. Simms, who being duly sworn upon their oath, deposes and says:

That, is the surviving relatives of, Leland Simms aka Leland M Simms deceased who died domiciled in Lake County, Indiana, on 1/22/2013.

That Darlene A. Williams, Wayne E. Simms and Leland Simms aka Leland M Simms acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiants state that Darlene A. Williams, Wayne E. Simms and Leland Simms aka Leland M Simms continued to live and cohabit together as tenants by entireties continuously from the date they took title to the above-described real estate, until the date of 's Leland Simms aka Leland M Simms death.

Affiants state that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Maria G. Herrera and Ignacio Alvarez.

This affidavit is also made for the purpose of relinquish the Life Estate interest held by Leland Simms aka LeLand M Simms on the property located at 2865 Dallas Street in Gary Indina due to the death os Leland Simms aka Leland M Simms on January 22, 2013

Executed: June 4, 2013

Signature \_\_\_\_\_

Darlene A. Williams

Signature \_\_\_\_\_

*Wayne E. Simms*  
Wayne E. Simms

STATE OF *OKLAHOMA*

COUNTY OF *OKLAHOMA*

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 4<sup>th</sup> day of June, 2013.

Witness my hand and Notarial Seal on this 4<sup>th</sup> day of June, 2013.

FIDELITY NATIONAL  
TITLE COMPANY

92013-1770

FILED

JUL 07 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

\$17.00  
M.E  
FN

13435



APR 01 2013

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

ORIGINAL

Local No 000033

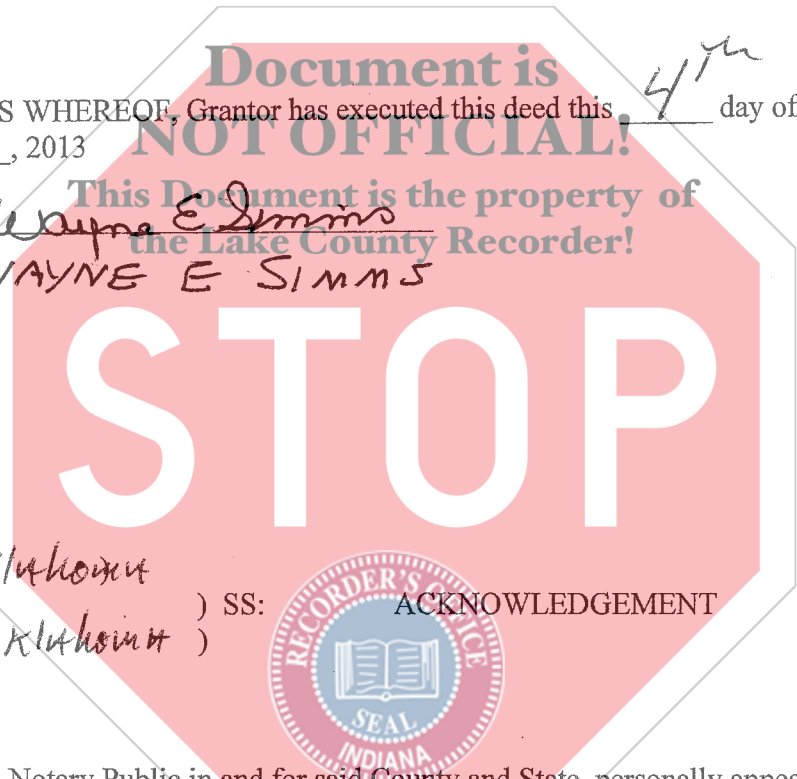
EDR No 000000303015

State No 004045

1. Decedent's Legal Name (First, Middle, Last) <b>LELAND M SIMMS</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>03:00 PM</b>	4. Date Of Death (Month/Day/Year) <b>01/22/2013</b>		
5. Social Security Number		6a. Age - Yrs <b>69</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>12/12/1943</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</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>METHODIST HOSPITAL NORTHLAKE</b>									12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</b>	
13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" 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 <b>BOILERMAKER</b>	17. Kind Of Business/Industry <b>UNION SHOP</b>
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18d. Apt. No.	18e. Zip Code <b>46406</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>2865 DALLAS STREET</b>			19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>MAURICE A SIMMS</b>	
23. Mother's Name (First, Middle, Last) <b>RUTH SIMMS</b>			23a. Mother's Maiden Last Name <b>EWEN</b>			24. Informant's Name <b>LLOYD J SIMMS</b>		24a. Relationship To Decedent <b>BROTHER</b>	24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3624 BURR STREET, GARY, IN 46408</b>	
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>RIDGELAWN CEMETERY</b>			25c. Location - City, Town, And State <b>GARY, 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>DAVID R. PETERSON, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD08601585</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>ASYSTOLE</u>	Due to (Or As A Consequence Of):	MINUTES	B. <u>CARDIOPULMONARY ARREST</u>		Due to (Or As A Consequence Of):	HOURS	C. <u>CORONARY ARTERY DISEASE</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		D.	Due to (Or As A Consequence Of):	YEARS	Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>GASTROINTESTINAL BLEED HYPERTENSION CONGESTIVE HEART FAILURE</b>					
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 checked="" 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		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>ALBERT REYNOLDS, 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>ALBERT REYNOLDS, 600 W GRANT ST., GARY, IN 46402</b>						44. License Number <b>01051168A</b>		45. Date Certified <b>01/25/2013</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 28 2013</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										

IN WITNESS WHEREOF, Grantor has executed this deed this 4<sup>th</sup> day of June, 2013

Grantor: Signature Wayne E Simms  
Printed WAYNE E SIMMS



State of Oklahoma ) SS: ACKNOWLEDGEMENT  
County of Oklahoma )



Before me, a Notary Public in and for said County and State, personally appeared Wayne E. Simms who acknowledged the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 4<sup>th</sup> day of June, 2013.

My commission expires: 08-03-2016

Signature Ester Beatrice Mitts

Printed Ester Beatrice Mitts, Notary Name  
Resident of Oklahoma County Oklahoma

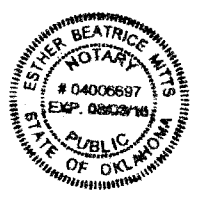


Exhibit "A"

File No. 920131770

That part of the East 1/2 of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 13, township 36 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as beginning at a point on the West line of said East 1/2, which is 300 feet North of the Southwest corner of said East 1/2; thence North on said West line a distance of 78 feet to a point; thence East on a line parallel to the South line of said Section 13, a distance of 165 feet to a point; thence South a distance of 78 feet to a point; thence West a distance of 165 feet to the point of beginning.

