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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 048516

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, they are 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"

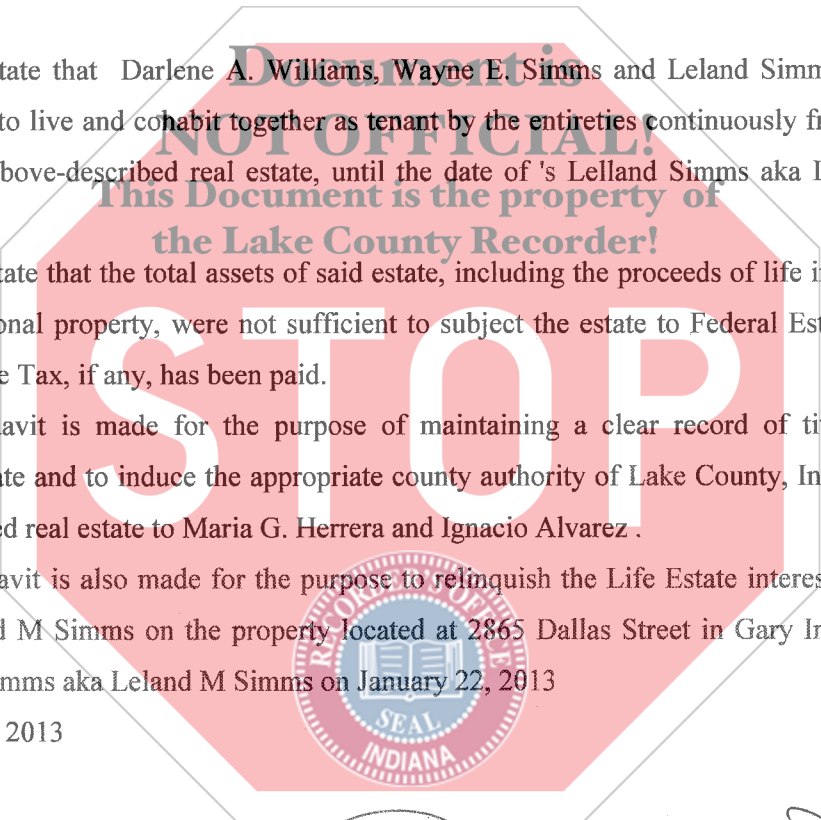
Affiants state that Darlene A. Williams, Wayne E. Simms and Leland Simms aka Leland M Simms continued to live and cohabit together as tenant by the entireties continuously from the date they took title to the above-described real estate, until the date of 's Leland Simms aka Leland M Simms death.

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 Indiana due to the death of Leland Simms aka Leland M Simms on January 22, 2013

Executed: June 4, 2013



Signature *Darlene A. Williams*
Darlene A. Williams

Signature _____
Wayne E. Simms

STATE OF INDIANA

COUNTY OF Lake

13437

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

FILED

JUL 01 2013

PEGGY HOULINGA KATONA
LAKE COUNTY CLERK

\$15.00
M.C
FN

FIDELITY NATIONAL
TITLE COMPANY

92013-1770



APR 01 2013

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1033515

ORIGINAL

Local No 000033

EDR No 00000303015

State No 004045

1. Decedent's Legal Name (First, Middle, Last) LELAND M SIMMS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:00 PM	4. Date Of Death (Month/Day/Year) 01/22/2013	
5. Social Security Number		6a. Age - Yrs 69	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) 12/12/1943		8. Birthplace (City and State or Foreign Country) GARY, 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 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) METHODIST HOSPITAL NORTHLAKE									
12. City Or Town, State, And Zip Code GARY, IN, 46402					13. County Of Death LAKE		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 BOILERMAKER		17. Kind Of Business/Industry UNION SHOP	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46406	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 2865 DALLAS STREET									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) MAURICE A SIMMS				23. Mother's Name (First, Middle, Last) RUTH SIMMS			23a. Mother's Maiden Last Name EWEN		
24. Informant's Name LLOYD J SIMMS		24a. Relationship To Decedent BROTHER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3624 BURR STREET, GARY, IN 46408					
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) RIDGELAWN CEMETERY			25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number: FH10300021		
27b. Signature Of Indiana Funeral Service Licensee: DAVID R. PETERSON, BY ELECTRONIC SIGNATURE							27c. License Number (Of Licensee): FD08601585		
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
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>ASYSTOLE</u> Due to (Or As A Consequence Of):									MINUTES
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. <u>CARDIOPULMONARY ARREST</u> Due to (Or As A Consequence Of):									HOURS
C. <u>CORONARY ARTERY 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 GASTROINTESTINAL BLEED HYPERTENSION CONGESTIVE HEART FAILURE						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: ALBERT REYNOLDS, 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: ALBERT REYNOLDS, 600 W GRANT ST., GARY, IN 46402						44. License Number 01051168A		45. Date Certified 01/25/2013	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 28 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

State Form 53395 (7/05) 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.

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



Violet Terzioski
Notary Public Violet Terzioski
Resident of Lake County
My Commission expires: 11/27/2020

Prepared by: Timothy R Kuiper
Austgen, Kuiper & Associates, PC, 130 N. Main St., Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Violet Terzioski

