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STATE OF INDIANA)  
                                  )SS:  
COUNTY OF LAKE )

IN RE DECEDENT:  
GERTRUDE MC GOWAN  
AKA GERTRUDE MC GOWEN

2013  
05  
06  
87

**AMENDED AFFIDAVIT OF SURVIVORSHIP**

Comes now, Evelyn J. Greene being duly sworn upon her oath and states as follows:

1. That Evelyn J. Greene, is the owner in fee simple of the following described real estate in Lake County, Indiana, more particularly described as follows:

Lots 38, 39 and 40, Block 3, East Englewood Addition to East Chicago, in the City of Gary, as shown in Plat Book 2, page 26, recorded in the Office of the Recorder of Lake County, Indiana.

More commonly known as: 1543 Wilson Street, Gary, IN 46404

Property No. 45-08-07-428-009.000-004

2. That Gertrude McGowan aka Gertrude Mc Gowen and Evelyn J. Greene were the owners in joint tenancy with rights of survivorship when they acquired title to said real as surviving joint tenants upon the death of Quvella McGowan aka Quvella Mc Gowen, on the 15<sup>th</sup> day of March 2013 .

3. That upon the death of Gertrude McGowan aka Gertrude Mc Gowen on the 23<sup>rd</sup> day of April 2013, Evelyn J. Greene acquired title to said real estate as surviving joint tenant. Attached hereto and marked as Exhibit A is an original death certificate of Gertrude McGowan aka Gertrude Mc Gowen.

4. That the gross value of the estate of the Decedent, Gertrude McGowan aka Gertrude Mc Gowen, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.

5. That the decedent's estate was not subject to Indiana Inheritance Taxes.

Further Your Affiant Sayeth Not.

*Evelyn J. Greene*  
EVELYN J GREENE

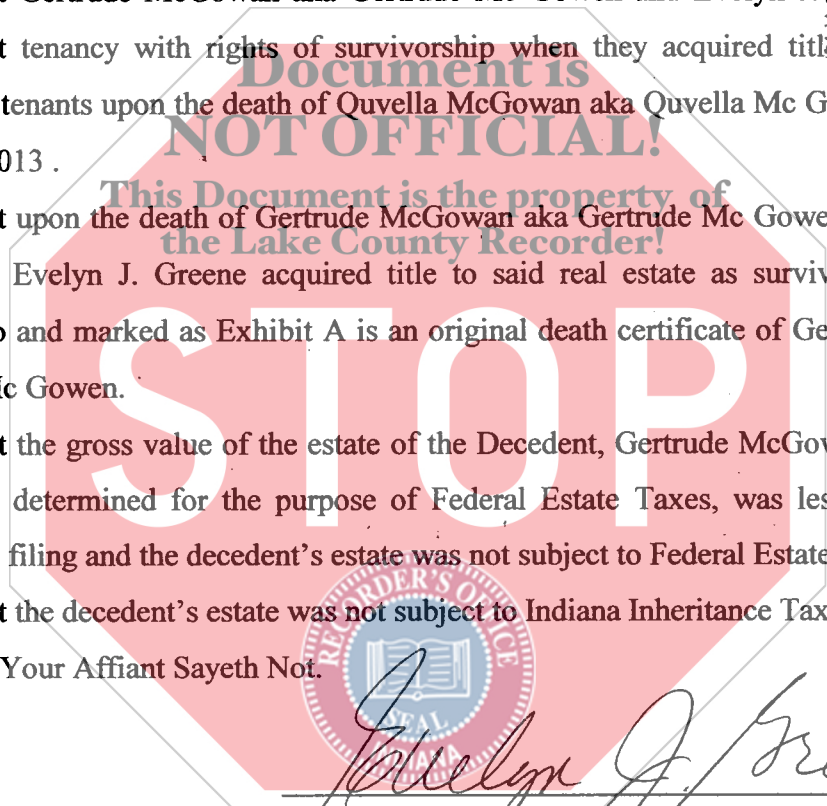
**FILED**

JUL 12 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

13647

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR REC'D  
2013 JUL 12 PM 3:51  
MICHAEL D. BROWN  
RECORDER



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4629  
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NON-COM

GERTRUDE MC GOWAN  
Affidavit of Survivorship  
Page No. 2

STATE OF INDIANA)  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared EVELYN J GREENE, who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.

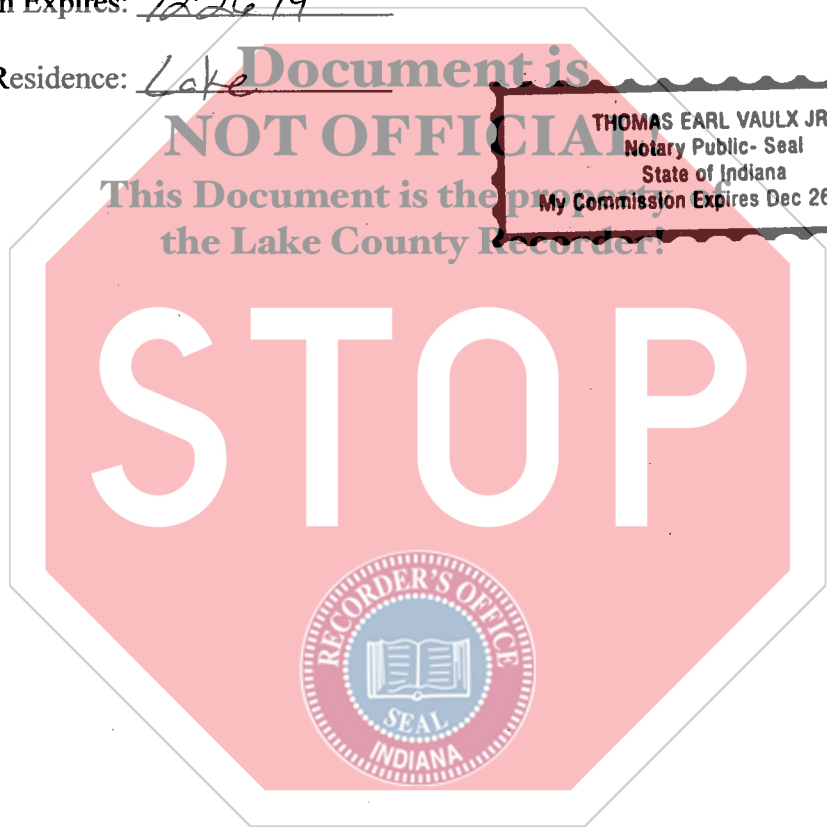
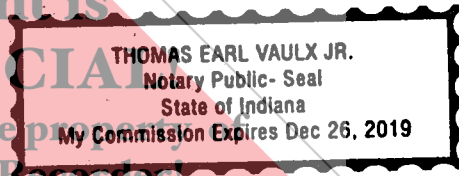
Witness my hand and Notarial Seal this 9th day of July, 2013.

  
\_\_\_\_\_  
, Notary Public

My Commission Expires: 12-26-19

My County of Residence: Lake

Document is  
**NOT OFFICIAL**  
This Document is the property  
of the Lake County Recorder!



This Instrument Prepared by **Charles D. Brooks, Jr.**, Attorney at Law  
2200 Grant Street, Suite 100  
Gary, Indiana 46404  
(219) 944-8586




 INDIANA STATE DEPARTMENT OF HEALTH  
 CERTIFICATE OF DEATH

Local No 000206

EDR No 00000321078

State No

1. Decedent's Legal Name (First, Middle, Last) GERTRUDE MCGOWAN				1a. Maiden Name (If female) SPARKLING		2. Sex FEMALE	3. Time Of Death 07:35 PM	4. Date Of Death (Month/Day/Year) 04/23/2013	
5. Social Security Number 498-26-6736		6a. Age - Yrs 88	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) 03/11/1925		8. Birthplace (City and State or Foreign Country) HAYTI, MO
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) TIMBERVIEW HEALTH CARE CENTER									
12. City Or Town, State, And Zip Code GARY, IN, 46404					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 checked="" 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 HOUSEKEEPER		17. Kind Of Business/Industry CORRECTIONAL CENTER	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY					
18c. Street And Number 1543 WILSON STREET						18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) EUGENE SPARKLING			23. Mother's Name (First, Middle, Last) MINNIE SPARKLING			23a. Mother's Maiden Last Name SUGGS			
24. Informant's Name EVELYN GREENE		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 6735 BIRCH PLACE, GARY, IN 46403					
25. Place Of Disposition									
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) OAK HILL 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 GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404					27a. Funeral Home License Number FH83007704		
27b. Signature Of Indiana Funeral Service Licensee: CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD29700070			
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. PNEUMONIA Due to (Or As A Consequence Of):									
Approximate Interval: Onset To Death									
WEEKS									
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. ANEMIA Due to (Or As A Consequence Of):									
MONTHS									
C. CORONARY ARTERY DISEASE Due to (Or As A Consequence Of):									
YEARS									
D. ALZHEIMERS DEMENTIA 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 HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, POOR NUTRITION						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: ADOLPHUS A ANEKWE, 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: ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409						44. License Number 01036654A		45. Date Certified 05/08/2013	
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): MAY 14 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

State Form 62085 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. (7/05)

VOID IF ALTERED OR ERASED. NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT.