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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**AFFIDAVIT OF SURVIVORSHIP**

ON THIS 16th DAY OF October, 2013, personally appeared Alfred H. Matthews, the affiant, who being duly sworn his upon oath, did say that: **MICHAEL B. BROWN**  
RECORDER

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is joint owner of the premises located at 4925 Ivy Street, East Chicago, Indiana, and described below;
3. Said premises were formerly owned as tenants by the entireties by Alfred H. Matthews and Velma M. Matthews.
4. Said Velma M. Matthews died intestate on the 29<sup>th</sup> day of February, 2012.
5. The legal description of the said premises in question is:

Calumet Addition to East Chicago, the South 20 feet of Lot 14, Block 29 and all of Lot 15, Block 29, as found in Plat Book 8, Page 32, in the Office of the Recorder, Lake County, Indiana. Parcel No. 45-03-33-229-009.000-024

6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
7. The parties were never divorced.
8. Affiant's relationship to the deceased was spouse.

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

*Alfred H. Matthews*  
Alfred H. Matthews, Affiant  
4925 Ivy Street!  
East Chicago, IN 46312

**STOP**

**FILED**  
NOV 27 2013  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA ) SS:  
COUNTY OF LAKE )

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 16th day of October, 2013.

My Commission expires: Feb. 17, 2019

Resident of Lake County.  
This instrument prepared by:  
BARBARA M. SHAVER, ESQ.  
9013 Indianapolis Blvd.  
Highland, IN 46322  
219/838-9200

*Randall W. Hoyle*  
NOTARY PUBLIC  
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document as required by law.

*Barbara M. Shaver*

**Return To:**  
**Send Tax Bills To:** 4925 Ivy, East Chicago, Indiana 46312

CTIC Has made an accomodation recording of the instrument.

**RANDALL W HOYLE**  
Lake County  
My Commission Expires  
February 17, 2019

28108

83307c INV (American Classic Realty)

C-T  
M-E  
\$ 14.00  
NON-COM



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

722240

Local No 000043

EDR No 00000247782

State No

1. Decedent's Legal Name (First, Middle, Last) VELMA MAE MATTHEWS				1a. Maiden Name (If female) HILL		2. Sex FEMALE	3. Time Of Death 11:28 AM	4. Date Of Death (Month/Day/Year) 02/29/2012
5. Social Security Number <del>XXXXXXXXXX</del>	6a. Age - Yrs 77	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) 01/04/1935	8. Birthplace (City and State or Foreign Country) ALLIANCE, OH	
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 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) 4925 IVY STREET								
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312					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 ALFRED H. MATTHEWS			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOUSEKEEPER		17. Kind Of Business/Industry CASINO	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO				
18c. Street And Number 4925 IVY STREET			18d. Apt. No.	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American				
22. Father's Name (First, Middle, Last) SIDNEY HILL			23. Mother's Name (First, Middle, Last) SUSIE HILL		23a. Mother's Maiden Last Name MORGAN			
24. Informant's Name ALFRED H MATTHEWS		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 4925 WEST IVY STREET, EAST CHICAGO, IN 46312				
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ALLIANCE CITY CEMETERY		25c. Location - City, Town, And State ALLIANCE, OH			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input 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 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. Cause Of Death (See Instructions And Examples)								
Immediate Cause (Final Disease Or Condition Resulting In Death)						Approximate Interval: Onset To Death		
A. ARTERIOSCLEROSIS HEART DISEASE Due to (Or As A Consequence Of):						2009		
B. HYPERTENSION Due to (Or As A Consequence Of):						2007		
C. _____ Due to (Or As A Consequence Of):								
D. _____ Due to (Or As A Consequence Of):								
28. 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 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: MOHAMED M KRAD, 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: MOHAMED M KRAD, 315 W 34TH AVE, GRIFFITH, IN 46319					44. License Number 01029360A	45. Date Certified 03/05/2012		
46. Additional Funeral Service Provider:					47. *Akas:			
48. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year): MAR 05 2012			
<p><b>I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.</b></p>								