

SURVIVORSHIP AFFIDAVIT

2014 000788

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Jean E. Shepherd being first duly sworn upon oath, deposes and says:

1. That Henry H. Adams died on October 06, 2013, at Schererville, Indiana.
(City/State)
2. That Jean E. Shepherd and Henry H. Adams were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 44 in Lake of the Meadows to the town of Schererville, as per plat thereof, recorded plat book 82 page 92. In the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2816 Jarrett Drive, Schererville, IN 46375
Key # 45-11-21-327-004.000-036

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JAN 08 2014
MICHAEL B. BROCK
RECORDER
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

3. That the martial relationship, which existed between them at the time, they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Jean E. Shepherd
JEAN E. Shepherd (Affiant Signature)

STATE OF INDIANA)
COUNTY OF Lake) SS:

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Jean E. Shepherd who acknowledged the execution of the foregoing instrument, and who, having being duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 8 day of January, 2014.

Resident of Lake County, Indiana

Signature Laura Mercado

My Commission Expires: 10/24/2017

Printed Laura Mercado

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. Laura Mercado
(Name)

This Instrument prepared by Self Prepared



14
CASH
BY

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



Local No 003283

EDR No 00000347170

State No

1. Decedent's Legal Name (First, Middle, Last) HENRY HAROLD ADAMS				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 11:35 AM		4. Date Of Death (Month/Day/Year) 10/06/2013			
5. Social Security Number [REDACTED]		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) 03/05/1936		8. Birthplace (City and State or Foreign Country) MARTIN, TN											
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) 2816 JARRETT DRIVE													
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375						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 JEAN SHEPHERD				15a. (If Wife) Give Maiden Last Name SHEPHERD				16. Decedent's Usual Occupation LAKE COUNTY ASSESSOR			17. Kind Of Business/Industry GOVERNMENT		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town SCHERERVILLE			18c. Street And Number 2816 JARRETT DRIVE		18d. Apt. No.	18e. Zip Code 46375	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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) HENRY L ADAMS						23. Mother's Name (First, Middle, Last) ESTHER M ADAMS			23a. Mother's Maiden Last Name LOMAX				
24. Informant's Name JEAN SHEPHERD				24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2816 JARRETT DRIVE, SCHERERVILLE, IN 46375							
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) ST MICHAEL CEMETERY			25c. Location - City, Town, And State SCHERERVILLE, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375						27a. Funeral Home License Number: FH19900051					
27b. Signature Of Indiana Funeral Service Licensee: MICHELLE L. HANRAHAN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20900062							
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 Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC KIDNEY CANCER 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. [REDACTED] C. [REDACTED] D. [REDACTED] LAKE COUNTY HEALTH OFFICER													
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													
41. Signature, Of Person Certifying Cause Of Death: GHASSAN JANO, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			44. License Number 01040756A			45. Date Certified 10/08/2013	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GHASSAN JANO, 200 E. 89TH AVE, 2A, MERRILLVILLE, IN 46410						47. *Akas:			46. Additional Funeral Service Provider:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 09 2013							

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)