

2014 JAN 14 PM 3:14

MICHAEL B. BROWN
RECORDER

2014 001956

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now, ELIZABETH MOORE, being duly sworn upon her oath, and states as follows:

1. Affiant is over the age of eighteen (18), has never been declared to be incompetent by a court of law or a physician, and has personal knowledge of all statements contained herein.

2. Affiant is the daughter of LAVELLA R. DOUGLAS, a/k/a LAVELLA ROGERS, deceased, who passed away while domiciled in Lake County, Indiana on August 26, 2011. A death certificate bearing the name of LAVELLA ROGERS is attached hereto as Exhibit A.

3. At the time of her death, LAVELLA R. DOUGLAS, a/k/a LAVELLA ROGERS held a life estate in the following-described real estate, commonly known as 434 Rutledge Street, Gary, Indiana, to-wit:

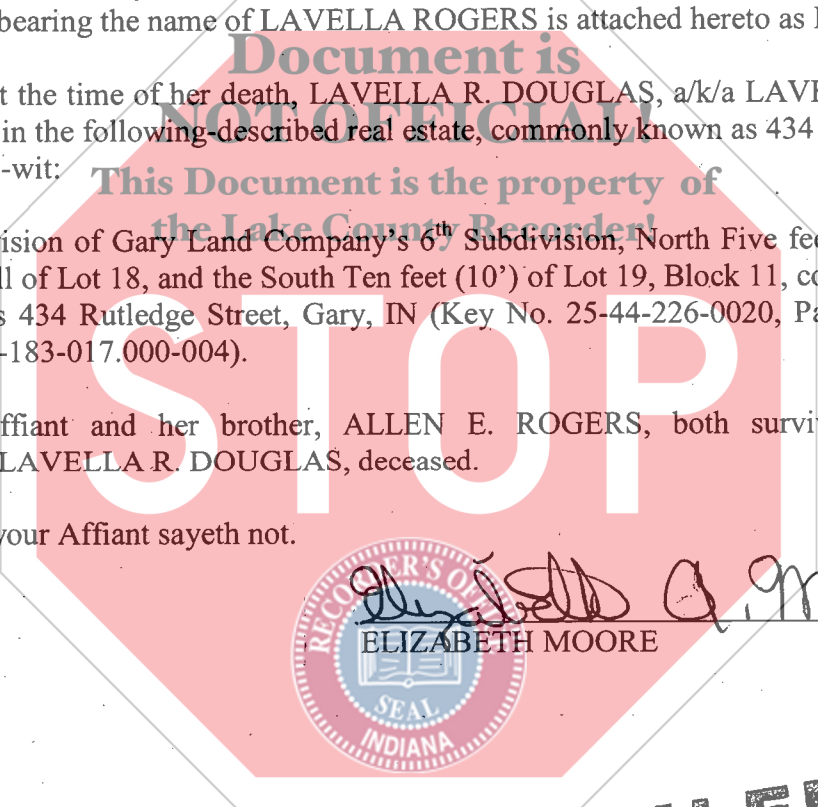
Resubdivision of Gary Land Company's 6th Subdivision, North Five feet (5') of Lot 17, all of Lot 18, and the South Ten feet (10') of Lot 19, Block 11, commonly known as 434 Rutledge Street, Gary, IN (Key No. 25-44-226-0020, Parcel No. 45-08-05-183-017.000-004).

4. Affiant and her brother, ALLEN E. ROGERS, both survived LAVELLA ROGERS, a/k/a LAVELLA R. DOUGLAS, deceased.

Further, your Affiant sayeth not.



Elizabeth A. Moore
ELIZABETH MOORE



00073

FILED

JAN 14 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

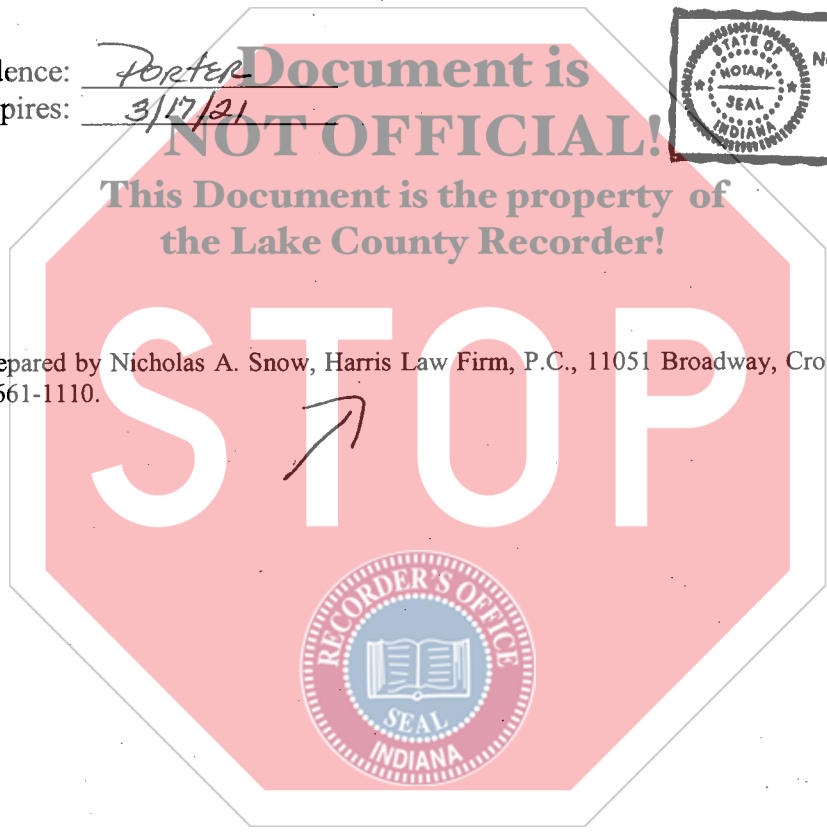
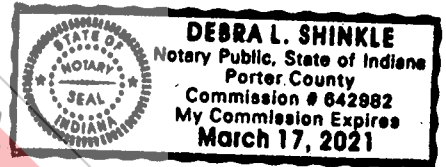
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CASH
BN

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared ELIZABETH MOORE and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 10th day of JANUARY, 2014.

Debra L. Shinkle
DEBRA L. Shinkle, Notary Public

County of Residence: Porter
Commission Expires: 3/17/21



This instrument prepared by Nicholas A. Snow, Harris Law Firm, P.C., 11051 Broadway, Crown Point, IN 46307
Telephone: (219) 661-1110.



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

Local No **000424**

EDR No **000000216440**

State No

1. Decedent's Legal Name (First, Middle, Last) LAVELLA ROGERS				1a. Maiden Name (If female) CARTER		2. Sex FEMALE	3. Time Of Death 11:05 PM	4. Date Of Death (Month/Day/Year) 08/26/2011
5. Social Security Number [REDACTED]	6a. Age - Yrs 81	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) 08/13/1930		8. Birthplace (City and State or Foreign Country) GARY, IN
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) 434 RUTLEDGE STREET								
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 SECRETARY		17. Kind Of Business/Industry CITY OF GARY
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY				
18c. Street And Number 434 RUTLEDGE 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 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) FRANKLIN CARTER SR				23. Mother's Name (First, Middle, Last) ELIZABETH CARTER		23a. Mother's Maiden Last Name MITCHELL		
24. Informant's Name GEORGE F ROGERS II		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 633 ADAMS STREET, GARY, IN 46404				
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 checked="" type="checkbox"/> Yes <input 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. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of): 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. PARKINSONS DISEASE Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D.								Approximate Interval: Onset To Death
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I TOBACCO DEPENDENCE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)			38. APT. 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: SHREYAS DESAI, 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: SHREYAS DESAI, 2640 HAMSTROM ROAD, PORTAGE, IN 46368						44. License Number 01027933A		45. Date Certified 09/26/2011
46. Additional Funeral Service Provider:						47. *Akas: LAVELLA DOUGLAS		
48. Signature of Local Health Officer: VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 28 2011		

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT
"A"