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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006448

2014 FEB -3 AM 11:23

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Barbara A. Ward, being first duly sworn upon oath, deposes and says:

1. That Terry Wayne Ward died on November 26, 2013 at 1445 N. Rensselaer Street, Griffith, IN 46319.

2. That Terry Wayne Ward and Barbara A. Ward were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

PART OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 26, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, DESCRIBED AS BEGINNING AT THE SOUTHWEST CORNER OF LOT 83 OF OAK HILLS 4TH ADDITION, AS SAME APPEARS IN PLAT BOOK 41, PAGE 14, IN THE RECORDER'S OFFICE, LAKE COUNTY, INDIANA; THENCE WEST 247.97 FEET, MORE OR LESS, ON A PROJECTION OF THE NORTH LINE OF 60 FOOT WIDE 39TH PLACE TO A LINE (SAID LINE DESCRIBED IN DEED RECORD 1117, PAGE 462, AS DOCUMENT NO. 182476, AS THE EAST LINE OF THE WEST 18-1/2 ACRES OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER); THENCE SOUTH ALONG AFOREDESCRIBED EAST LINE OF THE WEST 18-1/2 ACRES, A DISTANCE OF 197.91 FEET; THENCE EAST 249.17 FEET TO THE WESTERLY MOST LINE OF LOT 86 OF OAK HILLS 3RD ADDITION, AS SAME APPEARS IN PLAT BOOK 40, PAGE 94, IN THE RECORDER'S OFFICE, LAKE COUNTY, INDIANA; THENCE NORTH ALONG THE WEST LINE OF LOTS 86 AND 85 OF OAK HILLS 3RD ADDITION AND THE WEST LINE OF LOT 84 (AND SAID WEST LINE EXTENDED NORTH) IN OAK HILLS 4TH ADDITION, A DISTANCE OF 197.50 FEET TO THE POINT OF BEGINNING, IN THE TOWN OF GRIFFITH, LAKE COUNTY, INDIANA.

Commonly known as: 1443 N. Rensselaer Street, Griffith, IN 46319

3. That the marital 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 death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

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RECORDER'S OFFICE LAKE COUNTY INDIANA

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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5. That all of the 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.

Barbara A. Ward

Barbara A. Ward

STATE OF INDIANA)
) SS: **ACKNOWLEDGEMENT**
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared

_____

who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 3rd day of February, 2013.

Resident of Porter, County, Indiana.

Signature Barbara K Smich

My Commission Expires: 12-16-16

Printed Barbara K Smich

BARBARA K SMI...
Porter Cou...
My Commission Expires
December 16, 20...

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.

Catherine L. Molnar Boncela

This instrument prepared by Catherine Molnar-Boncela, Esq., 433 W. 84th Drive, Merrillville, IN 46410

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003708 EDR No 000000291909 State No 052465

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
TERRY WAYNE WARD		MALE	09:17 PM	11/26/2012

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	67	Months	Days	Hours	Minutes	09/19/1945	HAMMOND, IN

9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☒ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): COMMUNITY HOSPITAL

12. City Or Town, State, And Zip Code: MUNSTER, IN, 46321

13. County Of Death: LAKE

14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name: BARBARA ANN WARD

15a. (If Wife)Give Maiden Last Name: BALES

16. Decedent's Usual Occupation: MECHANIC

17. Kind Of Business/Industry: STEEL

18. Residence - State: INDIANA

18a. County: LAKE

18b. City Or Town: GRIFFITH

18c. Street And Number: 1445 NORTH RENSSELAER STREET

18d. Apt. No.:

18e. Zip Code: 46319

18f. Inside City Limits? ☒ Yes ☐ 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): LEROY EDWARD WARD

23. Mother's Name (First, Middle, Last): STELLA VICTORIA WARD

23a. Mother's Maiden Last Name: ROWLANDS

24. Informant's Name: BARBARA ANN WARD

24a. Relationship To Decedent: WIFE

24b. Mailing Address (Street And Number, City, State, Zip Code): 1445 NORTH RENSSELAER STREET, GRIFFITH, IN 46319

25. Place Of Disposition

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): CHAPEL LAWN CEMETERY

25c. Location - City, Town, And State: SCHERERVILLE, IN

26. Was Coroner Contacted? ☐ Yes ☒ No

27. Name And Complete Address Of Funeral Facility: FAGEN-MILLER FUNERAL GARDENS, INC.-HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322

27a. Funeral Home License Number: FH83003035

27b. Signature Of Indiana Funeral Service Licensee: RICHARD ALAN MILLER , BY ELECTRONIC SIGNATURE

27c. License Number (Of Licensee): FD20400030

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THIS CERTIFIES THE ABOVE IS A TRUE AND COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 04 2012

28. Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. PULMONARY EMBOLI	
	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.	
	Due to (Or As A Consequence Of):	
	C.	
	Due to (Or As A Consequence Of):	
	D.	

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacoo Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: ARVIND N. GANDHI , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ARVIND N. GANDHI , 10010 DONALD POWERS DRIVE, MUNSTER, IN 46321

44. License Number: 01029887A

45. Date Certified: 11/28/2012

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): NOV 28 2012

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 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.