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 **Chicago Title Insurance Company**  
**SURVIVORSHIP AFFIDAVIT**

On this 2/3/2014 before me personally appeared \_\_\_\_\_  
 (insert date)

John Berry

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

→ 2. Affiant is John Berry  
 state interest of affiant in the above premises as "owner", "son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the  
 entireties by John Berry and Pearlie Mae Berry

4. Said Pearlie Mae Berry  
 (fill in name of co-tenant who died)  
 died on April 10, 2013  
 leaving no will;  
 (insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is: 45-08-07-380-010.000-004  
Tarrytown First Subdivision All L.27 Bl.6

→ Address Commonly Known As 4222 w. 21st Ave  
Gary, In

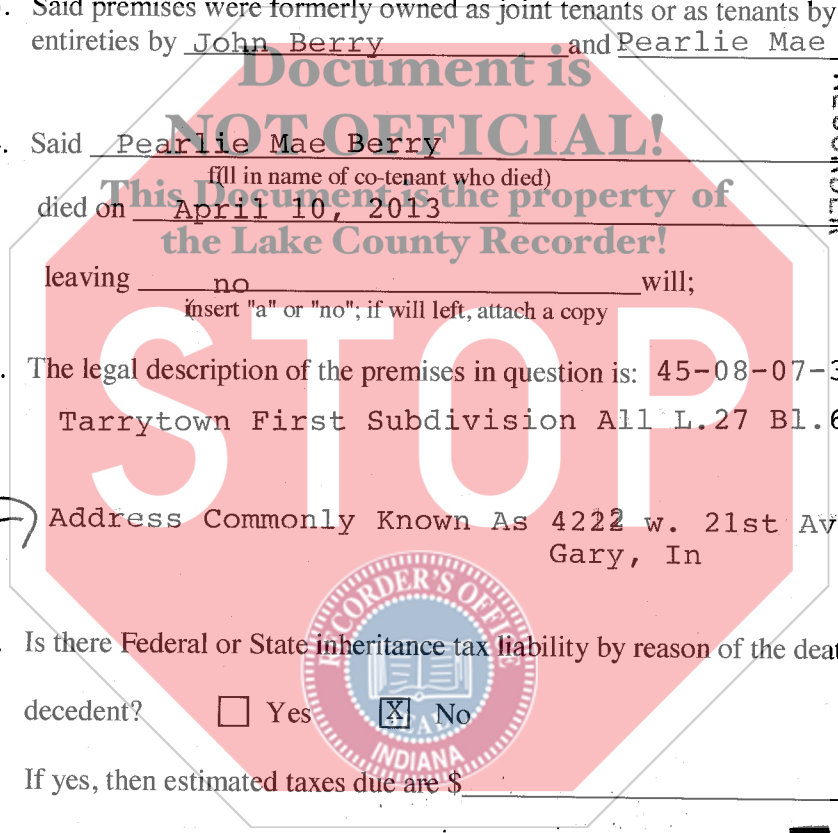
6. Is there Federal or State inheritance tax liability by reason of the death of said  
 decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

2014 007498

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 2014 FEB -7 AM 11:44  
 MICHAEL D. BROWN  
 RECORDER



16  
 CASH  
 FOR  
 NON-COM

**FILED**

FEB 07 2014

**PEGGY HOLINGA KATONA**  
**LAKE COUNTY AUDITOR**

**00467**



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1033676

Local No 000171

EDR No 00000318187

State No

1. Decedent's Legal Name (First, Middle, Last) <b>PEARLIE MAE BERRY</b>				1a. Maiden Name (If female) <b>JENKINS</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>04:05 AM</b>	4. Date Of Death (Month/Day/Year) <b>04/10/2013</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>85</b>	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) <b>02/02/1928</b>		8. Birthplace (City and State or Foreign Country) <b>MARTHAVILLE, LA</b>	
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) <b>4222 WEST 21ST AVENUE</b>									
12. City Or Town, State, And Zip Code <b>GARY, IN, 46404</b>					13. County Of Death <b>LAKE</b>			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 <b>JOHN BERRY</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOME MAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18d. Apt. No.	18e. Zip Code <b>46404</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>4222 WEST 21ST AVENUE</b>									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>Black or African American</b>			
22. Father's Name (First, Middle, Last) <b>BENNIE JENKINS</b>				23. Mother's Name (First, Middle, Last) <b>WENNIE JENKINS</b>			23a. Mother's Maiden Last Name <b>WALLACE</b>		
24. Informant's Name <b>JOHN BERRY</b>		24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4222 WEST 21ST AVENUE, GARY, IN 46404</b>					
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) <b>OAK HILL CEMETERY</b>			25c. Location - City, Town, And State <b>GARY, IN</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408</b>					27a. Funeral Home License Number: <b>FH10500021</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>YOLANDA SMITH, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20000361</b>			
28. Part I. Enter The <u>Chain Of Events</u> - 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. <b>DEMENTIA</b> Due to (Or As A Consequence Of): <b>YEAR</b>									Approximate Interval: Onset To Death
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. _____ Due to (Or As A Consequence Of): _____									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>EMPHYSEMA</b>						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 type="checkbox"/> No <input checked="" 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: <b>WILLIAM J PIERCE, BY ELECTRONIC SIGNATURE</b>						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: <b>WILLIAM J PIERCE, 210 E 90TH DRIVE, MERRILLVILLE, IN 46410</b>						44. License Number <b>01025010A</b>		45. Date Certified <b>04/16/2013</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 18 2013</b>			
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes" , identify the divorce proceedings:

\_\_\_\_\_):

8. Affiant's relationship to the deceased was married

Signature: John Berry

Printed Name John Berry

Address: 4222 W.21st ave

Gary, in 46404

Subscribed and sworn to before me by the affiant

This 2/3/2014  
(insert date)

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

[Signature]  
Notary Public

Printed Name Lolita Davis

My County of Residence is: Lake

In the State of Indiana

My Commission Expires Lolita Davis  
Notary Public, State of Indiana  
County of Lake  
My Comm. Expires Feb 22, 2018

This instrument prepared by SJK

