

SURVIVORSHIP AFFIDAVIT

2

STATE OF Indiana } s. s. 309-52-3266
COUNTY OF Lake

On this January 27, 2014 before me personally appeared _____
(insert date)

Priscilla L. Somerville

2014 00811

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 owner _____
(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 Thomas L. Somerville and Priscilla L. Somerville;

4. Said Thomas L. Somerville _____
(fill in name of co-tenant who died)

died on November 30, 2013

leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Parcel 27.3A, 2129 Marshall St, Gary IN 46404 - lots 41, 42, 43 & 44
Block 3, Fairmount Park Addition to Gary Area Plat thereof
recorded in Plat Book 10 page 21
45-08-17-126-001.000-004

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: No

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 Wife

"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."

Signature: Priscilla Somerville

Address: 2129 Marshall St. Gary, IN 46404

PREPARED BY: [Signature]
Subscribed and sworn to before me by the affiant

this Jan 30, 2014 _____
(insert date)

[Signature]
Notary Public

My Commission Expires _____



This instrument prepared by Priscilla L. Somerville

00533

FILED

FEB 11 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

non cash \$143.00



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000558

EDR No 00000356622

State No

1. Decedent's Legal Name (First, Middle, Last) THOMAS L SOMERVILLE				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 10:45 AM	4. Date Of Death (Month/Day/Year) 11/30/2013
5. Social Security Number [REDACTED]	6a. Age - Yrs 69	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) 05/06/1944		8. Birthplace (City and State or Foreign Country) COVINGTON, TN
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 2129 MARSHALL 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 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 PRISCILLA SOMERVILLE			15a. (If Wife) Give Maiden Last Name CUNEGIN			16. Decedent's Usual Occupation CRANEMAN		17. Kind Of Business/Industry USX
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.		18e. Zip Code 46404
18c. Street And Number 2129 MARSHALL STREET			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 Black or African American			22. Father's Name (First, Middle, Last) THOMAS SOMERVILLE			23. Mother's Name (First, Middle, Last) MATTIE RUTH SOMERVILLE		23a. Mother's Maiden Last Name WRIGHT
24. Informant's Name PRISCILLA SOMERVILLE			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2129 MARSHALL STREET, GARY, IN 46404			
25. Place Of Disposition								
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) EVERGREEN MEMORIAL PARK			25c. Location - City, Town, And State HOBART, 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: TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20500009		
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.								Approximate Interval: Onset To Death LESS THAN ONE YEAR
Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC ADENOCARCINOMA OF THE COLON 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. _____ 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						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: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US-HIGHWAY 6, MEDICAL-PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		45. Date Certified 12/04/2013
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): DEC 06 2013		

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



State Form 10-2010 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. (7/05)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT