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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 008368

2014 FEB 12 PM 2:57

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
COUNTY OF LAKE )SS:

**SURVIVOR'S AFFIDAVIT**

**Spouse**

↓

Comes now your affiant **MAGGIE P. FULTZ**, and being duly sworn upon her oath now deposes, attests and states the following:

1. That in 2008, parties **ARCHIE F. FULTZ** and **MAGGIE P. FULTZ**, husband and wife, caused a deed to be filed in the Office of the Lake County Recorder as owners of the following legally described parcel:

**Bunnell's 1<sup>st</sup> Addition, Lot 20, Block 1**  
**This Document is the property of**  
**Assessor's Parcel #: 45-07-06-301.012.000-023**

→ **Commonly known as 819 Field Street, Hammond, Lake County, Indiana 46320**

2. That **ARCHIE F. FULTZ** died on the 24<sup>th</sup> day of November, 2010.

3. That the property fully invests in the surviving spouse, **MAGGIE P. FULTZ**, in fee simple.

Further, your affiant saith naught:

*Maggie P. Fultz*  
MAGGIE P. FULTZ



**FILED**  
FEB 12 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR **010691**

State of Indiana)  
County of Lake) SS:

Subscribed and sworn to before me, a Notary Public, the signature of **MAGGIE P. FULTZ**, this 20<sup>th</sup> day of Jan, 2014 at Hammond, Lake County, Indiana.

*Joann M. Price*  
Joann M. Price  
Notary Public

Resident of Lake County, Indiana.  
My commission expires: February 6, 2016

**DEED PREPARER'S DECLARATION**

I, the undersigned preparer of the attached document, in accordance with I.C. 36-2-7-5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers in the attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned preparer of the attached document, affirm under the penalties of perjury, that the foregoing declarations are true.

*Joann M. Price*  
Joann M. Price

130  
CS  
Rvr

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



Local No. 4339-10

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>Archie F Fultz</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>	3. Time Of Death <b>5:30 AM</b>	4. Date Of Death (Month/Day/Year) <b>November 24, 2010</b>		
5. Social Security Number		6a. Age - Yrs <b>69</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>March 13, 1941</b>		
8. Birthplace (City And State Or Foreign Country) <b>Hughes, Arkansas</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 checked="" 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 checked="" type="checkbox"/> Hospice Facility <input 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>St. Margaret Mercy Hospital</b>										
12. City Or Town, State, And Zip Code <b>Hammond, Indiana</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>Maggie P Fultz</b>			15a. (If Wife) Give Maiden Last Name <b>Bracey</b>			16. Decedent's Usual Occupation <b>Craneman</b>		17. Kind Of Business/Industry <b>Arcelor Mittal Inland Steel</b>		
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Hammond</b>			18d. Apt. No.		18e. Zip Code <b>46320</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>819 Dield Street</b>			19. Decedent's Education <b>9th-12th grade, no diploma</b>			20. Decedent Of Hispanic Origin <b>Non-Hispanic</b>		21. Decedent's Race <b>African American</b>		
22. Father's Name (First, Middle, Last) <b>Horace Fultz</b>				23. Mother's Name (First, Middle, Last) <b>Marie Fultz</b>			25a. Mother's Maiden Last Name <b>Williams</b>			
24. Informant's Name <b>Maggie P Fultz</b>			24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>819 Field Street Hammond, Indiana 46320</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>Concordia Cemetery</b>			25c. Location - City, Town, And State <b>Hammond, Indiana</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Smith Bizzell &amp; Warner Funeral Home 4209 Grant Street Gary, Indiana 46408</b>					27a. Funeral Home License Number: <b>FH10500021</b>			
27b. Signature Of Indiana Funeral Service Licensee: <i>Debra L. King</i>						27c. License Number (Of Licensee): <b>FD81000045</b>				
<p align="center"><b>Cause Of Death (See Instructions And Examples)</b></p> <p>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.</p> <p>Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Lung Cancer</u> Due To (Or As A Consequence Of):</p> <p>B. _____ Due To (Or As A Consequence Of):</p> <p>C. _____ Due To (Or As A Consequence Of):</p> <p>D. _____ Due To (Or As A Consequence Of):</p> <p>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</p> <p>Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I</p>										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings 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 <b>DEC 08 2010</b>			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: <i>Dr. Achu Kusi</i>						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>DR. Achu Kusi 5454 Hohman Hammond IN 46320</b>						44. License Number <b>01061302A</b>		45. Date Certified <b>12/3/10</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>December 8, 2010</b>				