STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN RE DECEDENT:
MATTIE M. SIMPSON

2014 011661

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 FEB 21 PM 1:22

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now, Willie King being duly sworn upon his oath and states as follows:

1. That Willie King, is the owner in fee simple of the following described real estate in Lake County, Indiana, more particularly described as follows:

> The South Fifteen (15) feet of Lot Fourteen (14) and the North Fifteen (15) feet of Lot Fifteen (15), Block Eight (8), Fourth Addition to Indiana Harbor, in the City of East Chicago, as shown in Plat Book Five (5), Page Thirty-one (31), in Lake County, Indiana, together with all improvements, fixtures and appurtenances thereunto belonging.
>
> More commonly known as: 3727 Euclid Avenue, East Chicago, IN 46312
>
> Property No. 45-03-21-428-011.000-024

2. That Mattie M. Simpson and Willie King were the owners in joint tenancy with rights of survivorship when they acquired title to said real property on the 28th day of October 1999.

3. That upon the death of Mattie M Simpson on the 21st day of November 2013, Willie King acquired title to said real estate as surviving joint tenant.

4. That the gross value of the estate of the Decedent, Mattie M Simpson, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.

5. That the decedent's estate was not subject to Indiana Inheritance Taxes.

Further Your Affiant Sayeth Not.

WILLIE KING

FILED

FEB 21 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

010849

#16
CS
Ca
NON
Conf

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared WILLIE KING, who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 30 day of January, 2014.

Louise A. Ortiz
, Notary Public

My Commission Expires: May 4, 2019

My County of Residence: Lake

LOUISE A. ORTIZ
Lake County
My Commission Expires
May 4, 2019

This Instrument Prepared by **Charles D. Brooks, Jr.**, Attorney at Law
2200 Grant Street, Suite 100
Gary, Indiana 46404
(219) 944-8586

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 01840

Local No 003809 | EDR No 000000354875 | State No 053658

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)
MATTIE MAE SIMPSON	SCOTT	FEMALE	07:40 PM	11/21/2013

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	82					07/12/1931	COMER, AL

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): WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death	15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
MUNSTER, IN, 46321	LAKE	☐ Married ☐ Married But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown			CERTIFIED NURSES AIDE	ST MARGARET HOSPITAL

18. Residence - State	18a. County	18b. City Or Town	18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
INDIANA	LAKE	EAST CHICAGO	3727 EUCLID AVENUE		46312	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
8TH GRADE OR LESS	NOT HISPANIC	Black or African American

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
SABBATH SCOTT	ROSIE LEE THOMAS	THOMAS

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
WILLIE KING	SON	601 EAST 52ND PLACE, MERRILLVILLE, IN 46410

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)	FERN OAKS CEMETERY	GRIFFITH, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☐ Yes ☒ No	HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE) - 4859 ALEXANDER AVE - EAST CHICAGO, IN 46312	FH83001520

27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS - BY ELECTRONIC SIGNATURE

27c. License Number (Of Licensee): FD08600238

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 Additinal Lines If Necessary.

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.

		Due to (Or As A Consequence Of)	Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. ADENOCARCINOMA OF COLON WITH METASTASIS		YEARS
	B.		
	C.		
	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 Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:	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 ☐ Probably ☒ No ☐ Unknown	☐ 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	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined				☐ 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: HERBERT ALAN JONES - 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: HERBERT ALAN JONES, 929 RIDGE ROAD SUITE 7, MUNSTER, IN 46321

44. License Number: 02000640A

45. Date Certified: 11/25/2013

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 25 2013

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

RAISED SEAL AFFIXED