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SURVIVORSHIP AFFIDAVIT

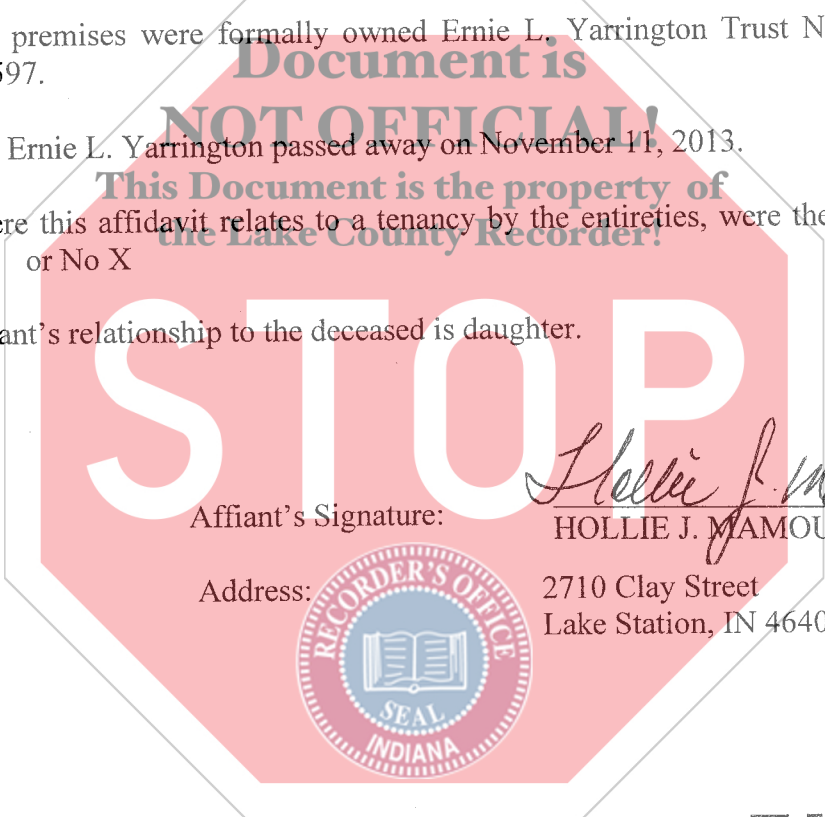
State of Indiana)
County of Lake) ss:

On this 1st day of May, 2014 before personally appeared Hollie J. Mamounas to me personally known, who is dully sworn upon her oath did say that:

- 1. Affiant resided at the address given below affiant's signature.
- 2. Said premises described as follows:

Parcel # 45-08-13-479-026.000-021 *Toto*
 LOTS THREE (3) AND FOUR (4), BLOCK ~~FOUR~~ (2), THIRD SUBDIVISION TO
 EAST GARY, AS SHOWN IN PLAT BOOK 10, PAGE 36, IN LAKE COUNTY,
 INDIANA.

- 3. Said premises were formally owned Ernie L. Yarrington Trust Number #LTELY-021597.
- 4. Said Ernie L. Yarrington passed away on November 11, 2013.
- 5. Where this affidavit relates to a tenancy by the entireties, were they ever divorced?
 Yes or No X
- 6. Affiant's relationship to the deceased is daughter.



Affiant's Signature:

Hollie J. Mamounas
 HOLLIE J. MAMOUNAS

Address:

2710 Clay Street
 Lake Station, IN 46405



2014 024536
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MICHAEL J. BROWN
 RECORDER
 2014 MAY - PM 1:21

1611-A

FILED

MAY 01 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

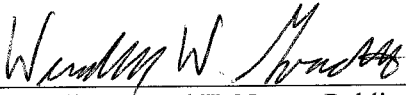
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State of Indiana)
County of Lake)

I, a Notary Public in and for said County and State, do hereby certify that Hollie J. Mamounas, personally known to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.


GIVEN under my hand and Notarial Seal on May 1, 2014

My Commission Expires:
03/26/17

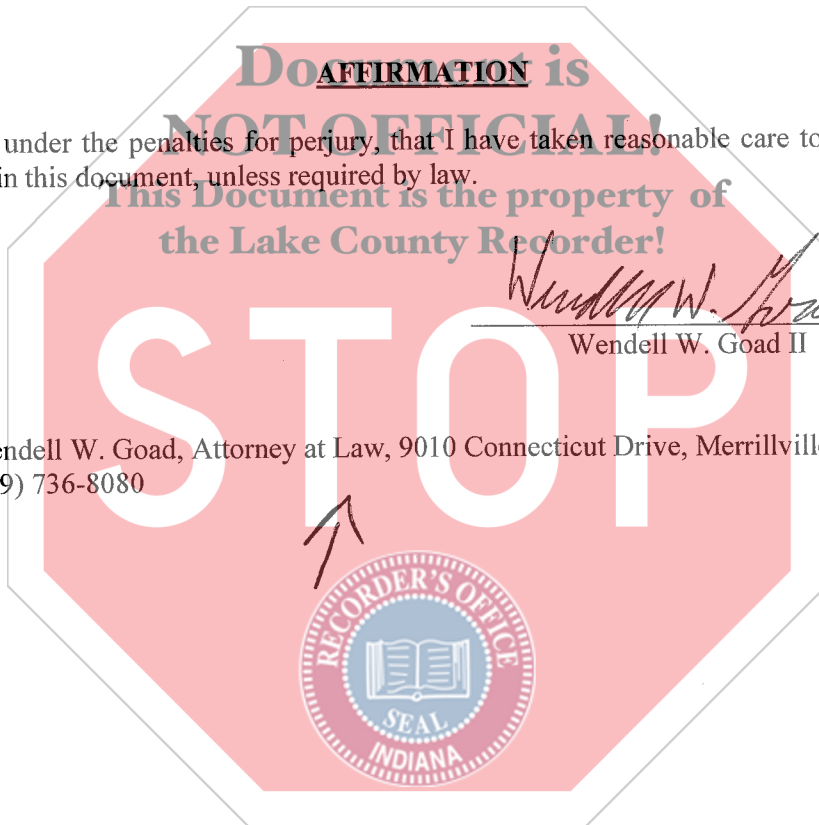

Wendell W. Goad II, Notary Public
Resident of Lake County, Indiana

Document is NOT OFFICIAL!
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.

This Document is the property of
the Lake County Recorder!


Wendell W. Goad II

Prepared by: Wendell W. Goad, Attorney at Law, 9010 Connecticut Drive, Merrillville, IN 46410
(219) 736-8080





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 00779

Local No 003678

EDR No 00000352871

State No 051711

1. Decedent's Legal Name (First, Middle, Last) ERNIE LEE YARRINGTON				1a. Maiden Name (If female) ROBINSON		2. Sex FEMALE	3. Time Of Death 12:30 PM	4. Date Of Death (Month/Day/Year) 11/11/2013	
5. Social Security Number [REDACTED]	6a. Age - Yrs 81	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) 03/21/1932		8. Birthplace (City and State or Foreign Country) GREAT STATE, MS	
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) 2710 CLAY STREET									
12. City Or Town, State, And Zip Code LAKE STATION, IN, 46405					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation SECRETARY		17. Kind Of Business/Industry GOVERNMENT	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LAKE STATION		18d. Apt. No.	18e. Zip Code 46405	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 2710 CLAY STREET	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) KEENER ROBINSON				23. Mother's Name (First, Middle, Last) ALMA ROBINSON		23a. Mother's Maiden Last Name MICHAELS			
24. Informant's Name RUSSELL YARRINGTON		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 3454 WEST 159TH COURT, LOWELL, IN 46356					
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) CHAPEL LAWN MEMORIAL GARDENS		25c. Location - City, Town, And State SCHERERVILLE, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME OLSON CHAPEL, 5341 CENTRAL AVE, PORTAGE, IN 46368						27a. Funeral Home License Number: FB41200016		
27b. Signature Of Indiana Funeral Service Licensee: MELISA KATONA, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20800088					
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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						Approximate Interval: Onset To Death NOV 13 2013		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT Susan W. Best, MD	
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 Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)		38c. Apt. No.		38d. Zip Code	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number					
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) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: MILTON STANLEY GASPARIS, 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: MILTON STANLEY GASPARIS, 1400 SOUTH LAKE PARK AVE, STE. 301, HOBART, IN 46342						44. License Number 01037515A		45. Date Certified 11/12/2013	
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 13 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									