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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 026998

2014 MAY 13 PM 1:02

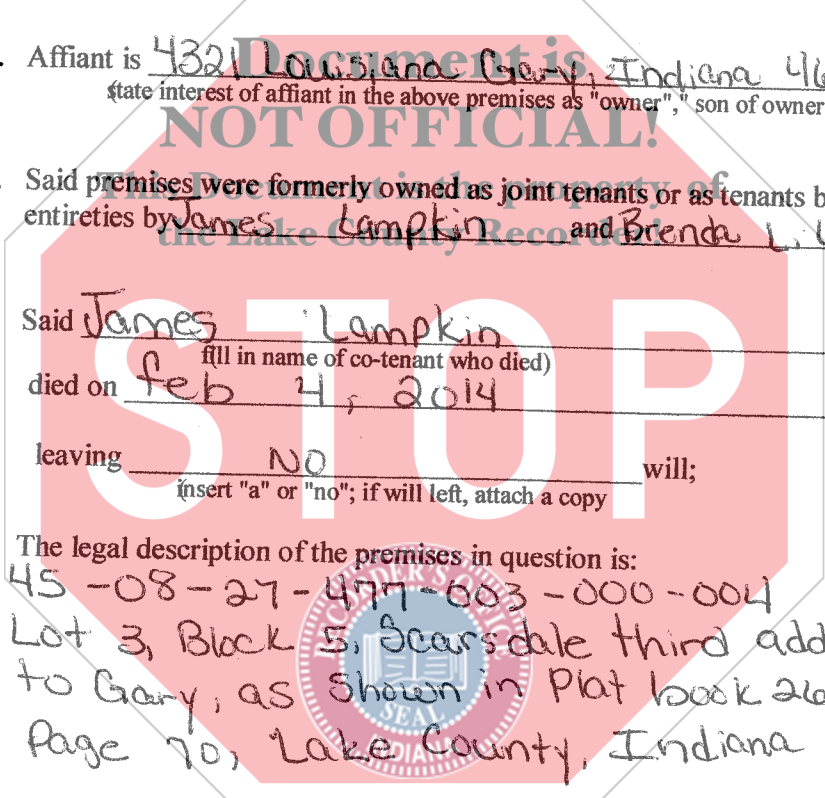
MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this May 13, 2014 before me personally appeared Brenda L. Lampkin
(insert date)

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 4321 Louisiana Gary, Indiana 46409
(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 James Lampkin and Brenda L. Lampkin
4. Said James Lampkin
(fill in name of co-tenant who died)
died on Feb 4, 2014
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
45-08-27-477-003-000-004
Lot 3, Block 5, Scarsdale third addition
to Gary, as shown in Plat book 26,
Page 70, Lake County, Indiana
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..



FILED
MAY 13 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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AM

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

Signature: [Handwritten Signature]

Printed Name BRENDA LAMPKIN

Address: 1925 Whitcomb St

Cody Ind 46904

Subscribed and sworn to before me by the affiant

This MAY 13, 2014
(insert date)

Carmelita Perry
Notary Public

Printed Name Carmelita V. Perry

My County of Residence is: LAKE

In the State of INDIANA

My Commission Expires 6-30-2017

This instrument prepared by Wendell Lampkin
WL

"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."
PREPARED BY: _____





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000066

EDR No 00000368928

State No

1. Decedent's Legal Name (First, Middle, Last) JAMES LAMPKIN				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 04:35 PM	4. Date Of Death (Month/Day/Year) 02/04/2014	
5. Social Security Number	6a. Age - Yrs 62	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) 06/21/1951		8. Birthplace (City and State or Foreign Country) GARY, IN	
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 <input type="checkbox"/> 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) 4321 LOUISIANA PLACE						12. City Or Town, State, And Zip Code GARY, IN, 46409		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 BRENDA LAMPKIN			15a. (If Wife) Give Maiden Last Name BUCKMAN		16. Decedent's Usual Occupation WELDER		17. Kind Of Business/Industry CONSTRUCTION
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.		18e. Zip Code 46409	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 4321 LOUISIANA PLACE		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) JOHN LAMPKIN			23. Mother's Name (First, Middle, Last) MATTIE LAMPKIN			23a. Mother's Maiden Last Name EDWARDS			
24. Informant's Name BRENDA LAMPKIN		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1925 WHITCOMB STREET, GARY, IN 46404					
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) OAK HILL			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HOUSE OF ROBINSON FUNERAL DIRECTORS, 1900 WEST 15TH AVENUE, GARY, IN 46404					27a. Funeral Home License Number FH1950007		
27b. Signature Of Indiana Funeral Service Licensee: PAUL ANTHONY ROBINSON, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01017284			
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. HEART ATTACK		Due to (Or As A Consequence Of):	Approximate Interval: Onset To Death HOURS
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. ESSENTIAL HYPERTENSION		Due to (Or As A Consequence Of):	YEARS
						C. OBESITY		Due to (Or As A Consequence Of):	YEARS
						D. NONE		Due to (Or As A Consequence Of):	NONE
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			
NONE						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 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		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: ADOLPHUS A ANEKWE, 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: ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409						44. License Number 01036654A		45. Date Certified: 02/21/2014	
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): FEB 21 2014			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

WARNING: THIS ORIGINAL DOCUMENT IS A MULTICOPIED SECURITY PAPER. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.