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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 027166

2014 MAY 14 AM 10: 53

IN THE MATTER OF THE REAL ESTATE OF:)
KENNETH GEORGE HICKS, DECEASED 12-06-2013)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now, Juanita Hicks, being duly sworn upon her oath, and states as follows:

She is the owner in fee simple of the following real estate located in Lake County, Indiana:

Lot 24, Block 5 in Lincoln Gardens as shown in Plat Book 33, page 100 in the Office of the Recorder of Lake County.

Commonly known as 3726 W. 79th Avenue, Merrillville, Indiana

Parcel No. 45-12-19-208-019.000-030

Title to the real estate is held in the name of Kenneth George Hicks and Juanita Hicks, as husband and wife, tenants by the entireties.

Title holder Kenneth George Hicks died on December 6, 2013, and his death certificate is attached to this affidavit.

The purpose of this affidavit is to cause the removal of Kenneth George Hicks, deceased, from the title to the foregoing real estate.

State of Indiana)
) SS:
County of Lake)

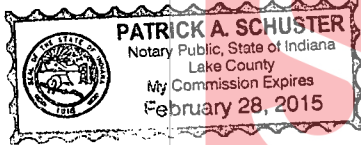
Document is
NOT OFFICIAL!

Juanita Hicks

Juanita Hicks

This Document is the property of
the Lake County Recorder!

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Juanita Hicks, and acknowledged the execution of this Affidavit of Survivorship this 5th day of May, 2014.



[Signature]

Notary Public

I affirm that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.

This instrument prepared by: Patrick A. Schuster, Attorney at Law, 1201 N. Main St., Crown Point, IN 46307; Atty. I.D. No. 1651-45

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FILED
MAY 14 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

012601



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 03143

Local No 003992

EDR No: 00000357126

State No. 056217

1. Decedent's Legal Name (First, Middle, Last) **KENNETH G HICKS** 1a. Maiden Name (If female) 2. Sex **MALE** 3. Time Of Death **03:51 AM** 4. Date Of Death (Month/Day/Year) **12/06/2013**

5. Social Security Number 6a. Age - Yrs **84** 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) **06/15/1929** 8. Birthplace (City and State or Foreign Country) **CLINTON, TN**

9. Ever in U.S. Armed Forces? No 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) **METHODIST HOSPITAL, SOUTHLAKE** 12. City Or Town, State, And Zip Code **MERRILLVILLE, IN, 46410**

13. County Of Death **LAKE** 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **JUANITA HICKS** 15a. (If Wife) Give Maiden Last Name **WEBB** 16. Decedent's Usual Occupation **FORK LIFT OPERATOR** 17. Kind Of Business/Industry **AUTO MANUFACTURING**

18. Residence - State **INDIANA** 18a. County **LAKE** 18b. City Or Town **MERRILLVILLE** 18c. Street And Number **3726 WEST 79TH AVENUE** 18d. Apt. No. 18e. Zip Code **46410** 18f. Inside City Limits? Yes No

19. Decedent's Education **8TH GRADE OR LESS** 20. Decedent Of Hispanic Origin **NOT HISPANIC** 21. Decedent's Race **White**

22. Father's Name (First, Middle, Last) **WALTER HICKS** 23. Mother's Name (First, Middle, Last) **ROSE HICKS** 23a. Mother's Maiden Last Name **RUTHERFORD**

24. Informant's Name **JUANITA HICKS** 24a. Relationship To Decedent **WIFE** 24b. Mailing Address (Street And Number, City, State, Zip Code) **3726 WEST 79TH AVENUE, MERRILLVILLE, IN 46410**

25a. Method Of Disposition Burial Cremation Donation Entombment Removal From State 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? Yes No 27. Name And Complete Address Of Funeral Facility **CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CINE AVE, SCHERERVILLE, IN 46375** 27a. Funeral Home License Number **FH19900051**

27b. Signature Of Indiana Funeral Service Licensee **DAVID R PETERSON, BY ELECTRONIC SIGNATURE** 27c. License Number (Of Licensee) **FD086015851**

28. Part I. Enter The Chain Of Events, Diseases, Injuries, Or Complications That Directly Caused The Death. Do Not Enter Terminal Event (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. ACUTE MYOCARDIAL INFARCTION** Due To Or As A Consequence Of **B. CORONARY ARTERY DISEASE** 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

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Auto Accident A Cause Of Death? Yes No

30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown

32. If Female: 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

33. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide 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? 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) **NOT VALID UNLESS**

41. Signature, Of Person Certifying Cause Of Death **ERNEST C MIRICH, BY ELECTRONIC SIGNATURE** 42. Certifier: (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death **ERNEST C MIRICH, 8550 BROADWAY, SUITE C, MERRILLVILLE, IN 46410** 44. License Number **01018811A** 45. Date Certified **12/10/2013**

46. Additional Funeral Service Provider 47. Altas 48. Signature Of Local Health Officer **SUSAN W. BEST, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only - Date Filed (Month/Day/Year) **DEC 11 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**