

SURVIVORSHIP AFFIDAVIT

3

On this 05-16-2014 before me personally appeared GRACE ROSS
(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 3601 MARSHALLTOWN DRIVE Gary Ind
(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 ERNEST ROSS JR and GRACE ROSS;

4. Said ERNEST ROSS JR
(fill in name of co-tenant who died)
died on JUNE 10, 2013

leaving No will;
insert "a" or "no"; if will left, attach a copy

5. The legal description of the premises in question is:
MARSHALLTOWN TERRACE SECTION TWO ALL LOT 38, BLOCK B

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 \$ 0

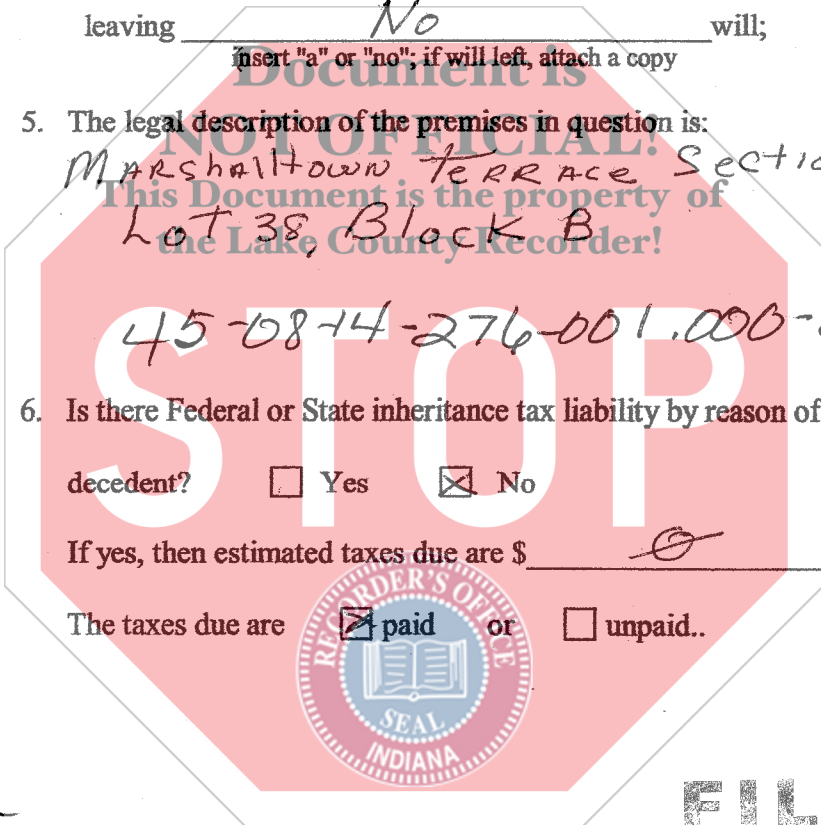
The taxes due are paid or unpaid..

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY 19 AM 10:29

MICHAEL B. BROWN
RECORDER

2014 028468



#166666
em

FILED

MAY 19 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

02044

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 Spouse

Signature: *Grace Ross*

Printed Name GRACE ROSS

Address: 3601 Marshall town terrace

Gary, In 46407

Subscribed and sworn to before me by the affiant

This

MAY 16 2014
(insert date)

PAME

Notary Public

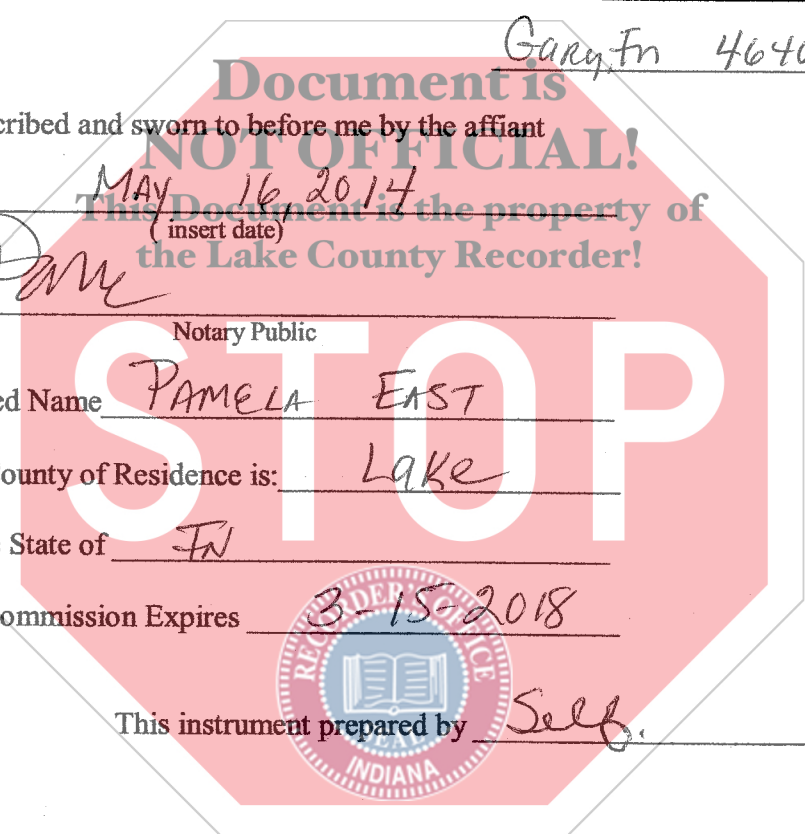
Printed Name PAMELA EAST

My County of Residence is: LAKE

In the State of IN

My Commission Expires 3-15-2018

This instrument prepared by Self.



Research Dept



Loan # 0015339310

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002794

EDR No 00000328178

State No 038468

Decedent's Legal Name (First, Middle, Last) RNEST ROSS JR				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 07:36 AM		4. Date Of Death (Month/Day/Year) 06/10/2013	
Social Security Number [REDACTED]		6a. Age - Yrs 81		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour	
Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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 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)					

7. Date of Birth (Month/Day/Year) 08/10/1931				8. Birthplace (City and State or Foreign Country) GARY, IN							
Facility Name (If Not Institution, Give Street and Number) LEY HOSPICE CENTER											
City Or Town, State, And Zip Code JNSTER, IN, 46321											
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					

Surviving Spouse's Name RACE ROSS				15a. (If Wife) Give Maiden Last Name DOWDELL				16. Decedent's Usual Occupation MILLWRIGHT				17. Kind Of Business/Industry STEEL MILL					
Residence - State DIANA				18a. County LAKE				18b. City Or Town GARY				18d. Apt. No.		18e. Zip Code 46407		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Street And Number 01 MARSHALLTOWN DRIVE				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race Black or African American			
Decedent's Education 3H SCHOOL GRADUATE OR GED COMPLETED				23. Mother's Name (First, Middle, Last) INTHAR ROSS				23a. Mother's Maiden Last Name MAY			

Father's Name (First, Middle, Last) RNEST ROSS SR				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 2601 MARSHALLTOWN DRIVE, GARY, IN 46407			
Informant's Name RACE ROSS				25. Place Of Disposition ABRAHAM LINCOLN NATIONAL CEMETERY ELWOOD, IL				27a. Funeral Home License Number FH10800011			

Method Of Disposition <input 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) ABRAHAM LINCOLN NATIONAL CEMETERY ELWOOD, IL				25c. Location - City, Town, And State			
Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404				27c. License Number (Of Licensee) FD09200084			

Signature Of Indiana Funeral Service Licensee: NNIE E. TUGGLES, BY ELECTRONIC SIGNATURE											
Cause Of Death (See Instructions And Examples)											

I. 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 Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death) A. PANCREATIC MASS, PROBABLE CANCER											
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. _____											
C. _____											
D. _____											

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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
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			

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			
Location Of Injury - State				38a. City Or Town				38b. Street & Number				38c. Apt. No.		38d. Zip Code	

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)											
Signature, Of Person Certifying Cause Of Death: E R MUNN, BY ELECTRONIC SIGNATURE											
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer											
Name, Address And Zip Code Of Person Certifying Cause Of Death: E R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A			45. Date Certified 08/21/2013		
Additional Funeral Service Provider:											
47. *Akas:											

Signature of Local Health Officer: SAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 22 2013					
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)