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STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2014 028879

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 MAY 20 PM 2:56

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Herbert Henderson, Jr., being duly sworn, do depose and say as follows:

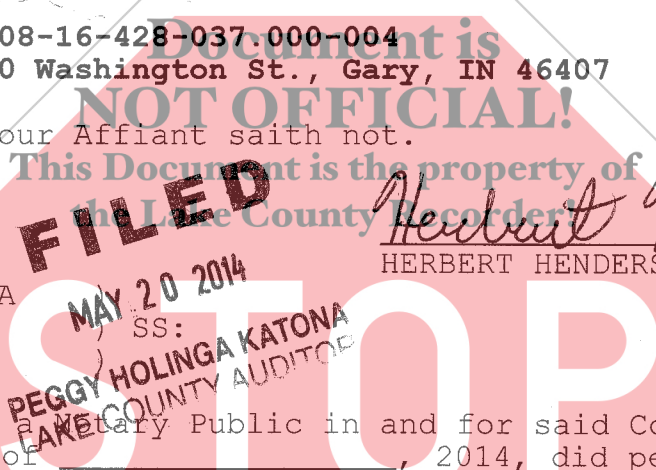
- 1. That I am the Husband of the now deceased Helen Bullock Henderson, who died on December 22, 2012.
- 2. That the decedent, Helen Bullock Henderson and I were Husband and Wife at the time of her death;
- 4. That the decedent, Helen Bullock Henderson and I, at the time of her death, owned certain real property as Husband and Wife, tenants by entireties; and
- 5. That the legal description of said certain real property is:

Second Oak Park Addition, L. 16 Bl. 44

Parcel No.: 45-08-16-428-037-000-004
Address: 2560 Washington St., Gary, IN 46407

Further, your Affiant saith not.

STATE OF INDIANA
COUNTY OF LAKE



Herbert Henderson Jr
HERBERT HENDERSON, JR.

Before me, Peggy Holinga Katona, Notary Public in and for said County and State, this 20 day of May, 2014, did personally appear HERBERT HENDERSON, JR., and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
19 Jan. 2017



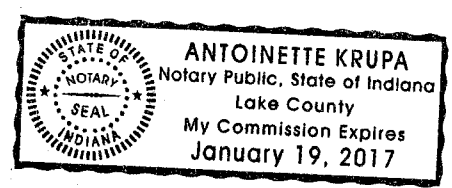
Antoinette Krupa
NOTARY SIGNATURE

Resident of LAKE County

Antoinette Krupa
PRINTED NAME

012850# 13
es
ca

This instrument prepared by Attorney Joseph S. Irak, #4851-45
9219 Broadway, Merrillville, IN 46410 (219) 769-4552





**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **004033**

EDR No **000000296836**

State No **056820**

1. Decedent's Legal Name (First, Middle, Last) HELEN HENDERSON		1a. Maiden Name (If female) BECKWITH		2. Sex FEMALE	3. Time Of Death 10:00 PM	4. Date Of Death (Month/Day/Year) 12/22/2012	
5. County Number	6a. Age - Yrs 72	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 09/14/1940	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 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)		
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY HOSPICE-CROWN POINT							
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307				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 HERBERT HENDERSON		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation CASE WORKER		17. Kind Of Business/Industry SOCIAL SERVICES	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY			
18c. Street And Number 1308 WHITCOMB STREET				18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) GALVIN BECKWITH			23. Mother's Name (First, Middle, Last) PAULINE BECKWITH		23a. Mother's Maiden Last Name JOHNSON		
24. Informant's Name HERBERT HENDERSON		24a. Relationship To Decedent HUSBANDS		24b. Mailing Address (Street And Number, City, State, Zip Code) 1308 WHITCOMB STREET, GARY, IN 46404			
25. Place Of Disposition							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) REGIONAL CREMATORY		25c. Location - City, Town, And State MUNSTER, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408				27a. Funeral Home License Number: FH10200007	
27b. Signature Of Indiana Funeral Service Licensee: SHELIA C KIRBY-NUSS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD29500088			
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. FAILURE TO THRIVE UNSPECIFIED		Due to (Or As A Consequence Of):		Approximate Interval - Onset To Death	
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.		Due to (Or As A Consequence Of):		DEC 27 2012	
		C.		Due to (Or As A Consequence Of):			
		D.		Due to (Or As A Consequence Of):			
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 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 checked="" 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: KATHRYN HENKLE MULLIGAN, 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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311				44. License Number 01052342A		45. Date Certified 12/26/2012	
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): DEC 26 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							