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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029723

2014 MAY 22 PM 1:49

STATE OF INDIANA

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) SS:
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MICHAEL B. BROWN
RECORDER

COUNTY OF LAKE

AFFIDAVIT

I, Sylvester Yocum, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Shirley Yocum ^(AKA Shirley Ann Yocum) and I were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT NO. SIXTY-EIGHT (68) IN COTTAGE GROVE ADDITION TO THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN MISCELLANEOUS RECORD A, PAGE 511, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 175 Harrington, Crown Point, IN 46307
Key # 45-16-08-102-016.000-042

3. Shirley Yocum and I, acquired title as tenants by the entireties to said real estate by deed of conveyance on the 24th day of December, 1956, and recorded in the Office of the Lake County Recorder on December 24, 1956, as Document Number 976491.

4. Shirley Yocum and I held title to said real estate until the death of Shirley Yocum on March 12, 2012, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Shirley Yocum (AKA Shirley Ann Yocum).

5. The gross value of the estate of the decedent's estate as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Sylvester Yocum
Sylvester Yocum, Affiant

FILED

MAY 22 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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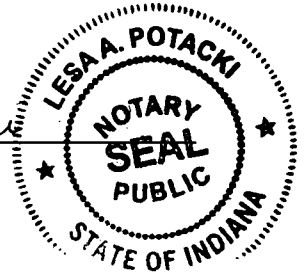
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Sylvester Yocum, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 30th day of April, 2014.

My commission expires: 2/13/2018

Signature: Lesaa Potacki

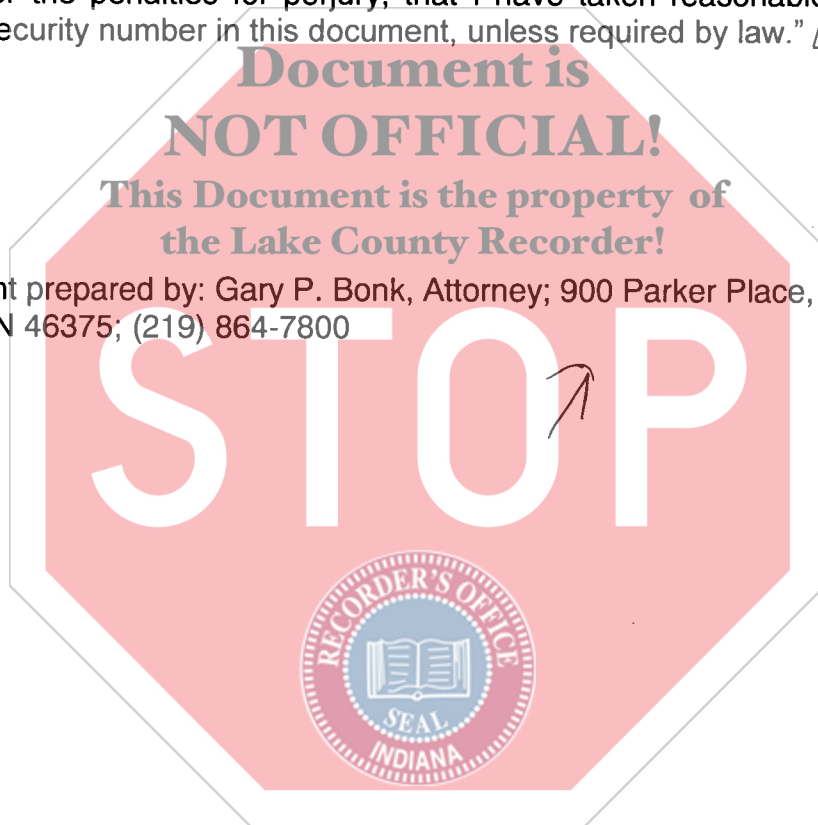


"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." /s/Gary P. Bonk

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A,
Scherville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000779

EDR No 00000249698

State No 011029

1. Decedent's Legal Name (First, Middle, Last) SHIRLEY ANN YOCUM				1a. Maiden Name (If female) AIKEN		2. Sex FEMALE	3. Time Of Death 04:30 AM	4. Date Of Death (Month/Day/Year) 03/12/2012
5. Social Security Number [REDACTED]	6a. Age - Yrs 82	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) 06/27/1929	8. Birthplace (City and State or Foreign Country) CROWN POINT, 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 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) 175 HARRINGTON AVENUE								
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 SYLVESTER YOCUM			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation NURSE'S AID		17. Kind Of Business/Industry NURSING HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT			18d. Apt. No.	18e. Zip Code 46307
18c. Street And Number 175 HARRINGTON AVENUE						18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) LESLIE JAMES AIKEN			23. Mother's Name (First, Middle, Last) VERA LEONE AIKEN			23a. Mother's Maiden Last Name MCCAULEY		
24. Informant's Name SYLVESTER YOCUM		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 175 HARRINGTON AVENUE, CROWN POINT, IN 46307				
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		25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356					27a. Funeral Home License Number: FH83004277	
27b. Signature Of Indiana Funeral Service Licensee: MOHAMED I. FARHAT, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09200061		
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. SMALL CELL LUNG CANCER, EXTENSIVE, METASTATIC TO BRAIN 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 B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____								Approximate Interval: Onset To Death 7/2010 THRU 3/2012
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I SMALL CELL LUNG CANCER						29. Was An Autopsy Performed? <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						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: MOHAMED I. FARHAT, BY ELECTRONIC SIGNATURE		
42. Certifier (Check Only One) IS A TRUE AND COMPLETE <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: MOHAMED I. FARHAT, 1205 SOUTH MAIN STREET, STE 301, CROWN POINT, IN 46307		
44. License Number 01066282A						45. Date Certified 03/13/2012		
46. Additional Funeral Service Provider:						47. *Akas: MAR 13 2012		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 13 2012		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								