

2014 030168

2014 MAY 27 AM 9: 24

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

ON THIS 8th DAY OF May, 2014, personally appeared Ida Mae Pittman, the affiant, who being duly sworn her upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant has a life estate in the premises located at 8322 Taft Street, Merrillville, Indiana, and described below;
3. Said premises are owned by the Pittman Family Revocable Living Trust trustees, James D. Pittman and Ida Mae Pittman.
4. James reserved a life estate;
5. Said James D. Pittman died testate on the 21st day of July, 2013.
6. The legal description of the said premises in question is:

Lot 147 in Independence Hill 3rd Addition as per plat thereof recorded in Plat Book 24, page 69 in the Office of the Recorder of Lake County, Indiana.
Tax ID: 45-12-20-381-023.000-030

7. Affiant, Ida Mae Pittman and James D. Pittman were married and continued to be until the date of his death. They were never divorced.



Ida Mae Pittman
Ida Mae Pittman, Affiant
8322 Taft Street
Merrillville, Indiana

STATE OF INDIANA) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 8th day of May, 2014.

My Commission expires:
February 27, 2022
Resident of Lake County.

AMY ST. MICHAEL
Notary Public
SEAL
State of Indiana
My Commission Expires February 27, 2022

Amy St. Michael
NOTARY PUBLIC

This instrument prepared by:
BARBARA M. SHAVER, ESQ.
9013 Indianapolis Blvd.
Highland, IN 46322
219/838-9200

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.

Barbara M. Shaver

Return To: Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322
Send Tax Bills To: 8322 Taft Street, Merrillville, IN 46410

22952

FILED

MAY 23 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 13-
CASH _____ CHARGE _____
CHECK # 5971
OVERAGE _____
COPY _____
NON-COM _____
CLERK AM

E



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002514

EDR No 000000334366

State No 034735

1. Decedent's Legal Name (First, Middle, Last) JAMES D. PITTMAN				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 05:18 AM		4. Date Of Death (Month/Day/Year) 07/21/2013					
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) 03/15/1931		8. Birthplace (City and State or Foreign Country) GARY, IN													
9. Ever in U.S. Armed Forces? <input checked="" 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 type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" 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 NURSING HOME															
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 IDA MAE PITTMAN				15a. (If Wife) Give Maiden Last Name CAMPBELL				16. Decedent's Usual Occupation ROLLER		17. Kind Of Business/Industry US STEEL					
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MERRILLVILLE			18d. Apt. No.		18e. Zip Code 46410				
18c. Street And Number 8322 TAFT STREET															
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White							
22. Father's Name (First, Middle, Last) VIRGIL LEE PITTMAN -				23. Mother's Name (First, Middle, Last) METTIE PITTMAN				23a. Mother's Maiden Last Name CARTER							
24. Informant's Name IDA MAE PITTMAN				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 8322 TAFT STREET, MERRILLVILLE, IN 46410							
25. Place Of Disposition															
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) HISTORIC MAPLEWOOD MEMORIAL CEMETERY						25c. Location - City, Town, And State CROWN POINT, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83001261						
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009893									
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.															
Cause Of Death (See Instructions And Examples)															
Immediate Cause (Final Disease Or Condition Resulting In Death)															
A. <u>GENERALIZED WEAKNESS AND DEBILITY</u>															
Due to (Or As A Consequence Of)															
B. <u>ALZHEIMERS DEMENTIA</u>															
Due to (Or As A Consequence Of)															
C.															
Due to (Or As A Consequence Of)															
D.															
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															
ATRIAL FIBRILLATION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CEREBROVASCULAR ACCIDENT WITH EXPRESSIVE APHASIA, GASTROESOPHAGEAL REFLUX DISEASE AND HYPERLIPIDEMIA															
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			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 type="checkbox"/> No			
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: JOSEPH KACMAR, 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: JOSEPH KACMAR, 123 N. COURT ST., CROWN POINT, IN 46307						44. License Number 01027088A		45. Date Certified 07/29/2013							
46. Additional Funeral Service Provider:															
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						47. *Akas: AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
49. For Registrar Only - Date Filed (Month/Day/Year): JUL 30 2013															