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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SURVIVORSHIP AFFIDAVIT
2014 046316

2014 AUG -1 AM 10: 57

MICHAEL S. BROWN
RECORDER

State of Indiana

County of Lake

I Myles Barnes Jr. residing at 4509 W. 10th AVE., being of legal age, dispose and say that:

1. On October 18, 1973 by Warranty deed recorded in Lake County. The affiant and OSSIE MAE BARNES became owner of the following legally described property: 45-08-07-105-013.000-00.4 Lots 38 and 39 IN block 19 IN Gary Heights, IN the City of Gary, as shown IN Plat Book 20, page 13, Lake County, Indiana; together with all rights, PRIVILEGES, improvements and appurtenances thereunto BELONGING.
2. Myles Barnes Jr and OSSIE M. Barnes own the property in joint tenancy with right of survivorship.
3. On May 17, 2012, OSSIE M. BARNES died, thereby terminating OSSIE M. BARNES interest in the above described real estate property. A certified copy of the death certificate of OSSIE M. BARNES is attached hereto as Exhibit A.
4. This affidavit is made for the purpose of furnishing a recordable document showing the termination of the estate and the ownership of said property interest in affiant.

I certify under penalty of perjury under Indiana law that I know the contents of affidavit signed by me that the statement are true and correct.

Signed: Myles Barnes Jr

Date: 7/31/14

Notary: Gwendolyn E. Parker

Date: 7-31-14

FILED

AUG 0 1 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

My Commission Expires: _____



"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."

PREPARED BY: K.M.

AMOUNT \$ 14-
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM

014387



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

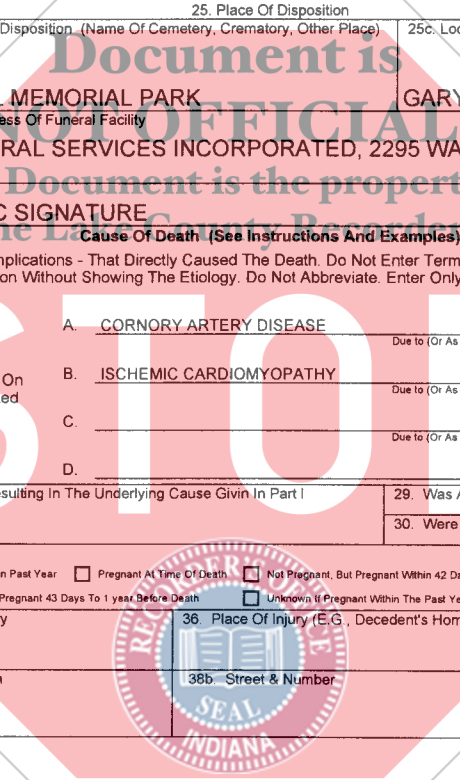
Tracking No. 24574

Local No 001623

EDR No 00000260942

State No 023470

1. Decedent's Legal Name (First, Middle, Last) OSSIE MAE BARNES				1a. Maiden Name (if female) TAYLOR		2. Sex FEMALE	3. Time Of Death 02:54 AM	4. Date Of Death (Month/Day/Year) 05/17/2012		
5. Social Security Number [REDACTED]	6a. Age - Yrs 80	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) 07/20/1931		8. Birthplace (City and State or Foreign Country) TUPELO, MS		
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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) METHODIST SOUTHLAKE HOSPITAL										
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410					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 MYLES BARNES JR				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY			18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 4509 WEST 10TH AVENUE			19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) FATE JAMES				23. Mother's Name (First, Middle, Last) WINNIE BARNES			23a. Mother's Maiden Last Name TAYLOR			
24. Informant's Name MYLES BARNES JR			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 4509 WEST 10TH AVENUE, GARY, IN 46404					
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) OAK HILL MEMORIAL PARK			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAKESHORE FUNERAL SERVICES INCORPORATED, 2295 WASHINGTON STREET, GARY, IN 46407					27a. Funeral Home License Number: FH11100019			
27b. Signature Of Indiana Funeral Service Licensee: EDDIE L. GOVAIN-LATIMER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29700004				
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. <u>CORNORY ARTERY DISEASE</u> 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. <u>ISCHEMIC CARDIOMYOPATHY</u> C. D.										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I END STAGE RENAL DISEASE, CONGESTIVE HEART FAILURE						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		
31. 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			Approximate Interval: Onset To Death 6 MONTHS	
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		Approximate Interval: Onset To Death 5 YEARS	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		Approximate Interval: Onset To Death 6 MONTHS	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other				
41. Signature, Of Person Certifying Cause Of Death: SANDRA L. GADSON, 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: SANDRA L. GADSON, 90 W 86TH AVE, MERRILLVILLE, IN 46410						44. License Number 01029525A		45. Date Certified 05/22/2012		
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): MAY 29 2012				



JUL 25 2014
Susan W. Best, MD
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED