

A

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 048449

2014 AUG 12 PM 2:22

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

**SURVIVORSHIP AFFIDAVIT**

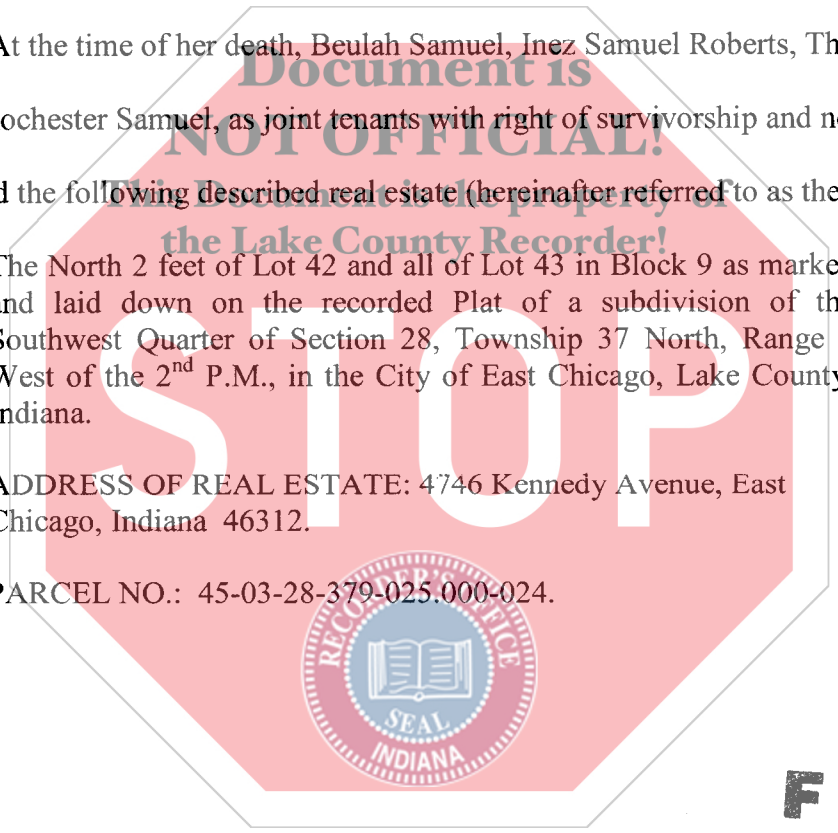
INEZ SAMUEL ROBERTS, being first duly sworn, states:

1. Beulah Samuel died on March 19, 2014, and was a resident of Lake County, Indiana. A copy of her Certificate of Death is attached hereto and incorporated herein.
2. Inez Samuel Roberts is the adult daughter of Beulah Samuel.
3. At the time of her death, Beulah Samuel, Inez Samuel Roberts, Thelma Samuel Matchem and Rochester Samuel, as joint tenants with right of survivorship and not as tenants in common, owned the following described real estate (hereinafter referred to as the "Real Estate"):

The North 2 feet of Lot 42 and all of Lot 43 in Block 9 as marked and laid down on the recorded Plat of a subdivision of the Southwest Quarter of Section 28, Township 37 North, Range 9 West of the 2<sup>nd</sup> P.M., in the City of East Chicago, Lake County, Indiana.

ADDRESS OF REAL ESTATE: 4746 Kennedy Avenue, East Chicago, Indiana 46312.

PARCEL NO.: 45-03-28-379-025.000-024.



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EW

**FILED**

**AUG 12 2014**

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

5589  
20589





WITNESS my hand and Notarial Seal.

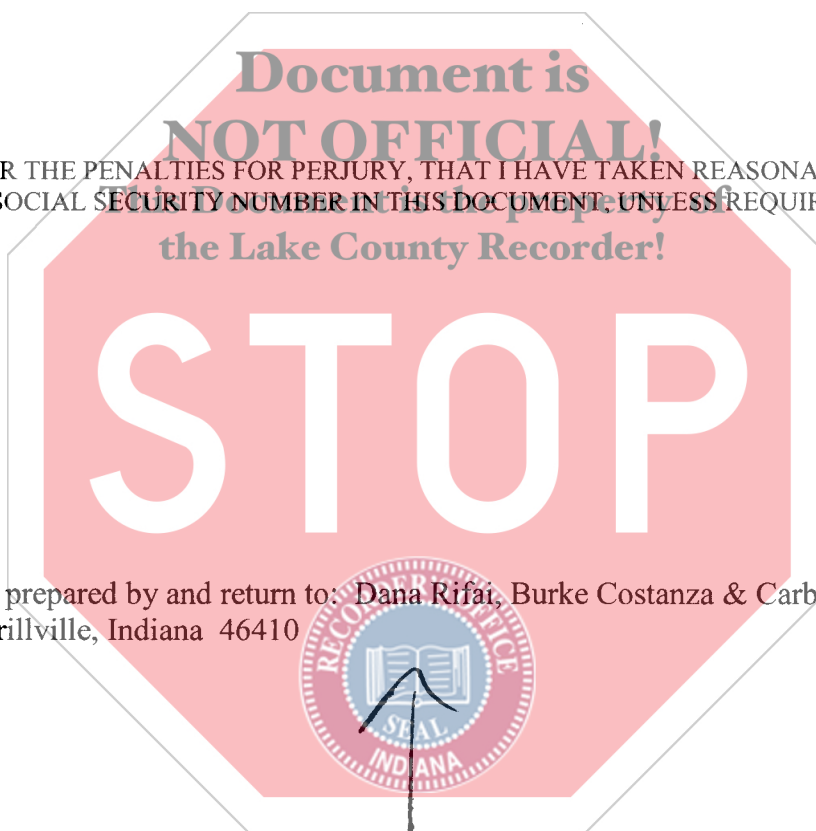
Renee E Smith  
Notary Public

MY COMMISSION EXPIRES: 2-2-2017

LAKE

Resident of Lake County

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.  
Dana Rifai.



This instrument prepared by and return to: Dana Rifai, Burke Costanza & Carberry LLP, 9191 Broadway, Merrillville, Indiana 46410



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 15135

Local No 001087

EDR No 00000377557

State No 015484

1. Decedent's Legal Name (First, Middle, Last) <b>BEULAH M SAMUEL</b>				1a. Maiden Name (If female) <b>HARRIS</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>03:15 AM</b>	4. Date Of Death (Month/Day/Year) <b>03/19/2014</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>95</b>	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) <b>09/29/1918</b>		8. Birthplace (City and State or Foreign Country) <b>RUSSELL COUNTY, AL</b>
10. If Death Occurred In A Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <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) <b>HAMMOND-WHITING CARE CENTER</b>									
12. City Or Town, State, And Zip Code <b>WHITING, IN, 46394</b>					13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>HOME</b>
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>EAST CHICAGO</b>				
18c. Street And Number <b>4746 KENNEDY AVENUE</b>						18d. Apt. No.	18e. Zip Code <b>46312</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>Black or African American</b>			
22. Father's Name (First, Middle, Last) <b>GEORGE HARRIS</b>				23. Mother's Name (First, Middle, Last) <b>MARY LOU HARRIS</b>			23a. Mother's Maiden Last Name <b>GARY</b>		
24. Informant's Name <b>THELMA MATCHEM</b>		24a. Relationship To Decedent <b>DAUGHTER</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4746 KENNEDY AVENUE, EAST CHICAGO, IN 46312</b>				
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) <b>RIDGELAWN CEMETERY</b>			25c. Location - City, Town, And State <b>GARY, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404</b>					27a. Funeral Home License Number <b>FH10800011</b>		
27b. Signature Of Indiana Funeral Service Licensee <b>BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee) <b>FD09200084</b>			
Cause Of Death (See Instructions And Examples)									
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. <b>END STAGE RENAL DISEASE</b> YEARS									
B. <b>DEMENCIA</b> YEARS									
C.									
D.									
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 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 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							
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 checked="" 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: <b>ALFONSO A BLUM, BY ELECTRONIC SIGNATURE</b>						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: <b>ALFONSO A BLUM, 4035 ELM ST, EAST CHICAGO, IN 46312</b>						44. License Number <b>01062815A</b>		45. Date Certified <b>04/03/2014</b>	
46. Additional Funeral Service Provider:						47. *Alas: D			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar-Only - Date Filed (Month/Day/Year) <b>APR 08 2014</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
APR 16 2014

NOT VALID UNLESS

RAISED SEAL AFFIXED