

2014 049162

SURVIVORSHIP AFFIDAVIT

State of Indiana)
County of Lake) ss:

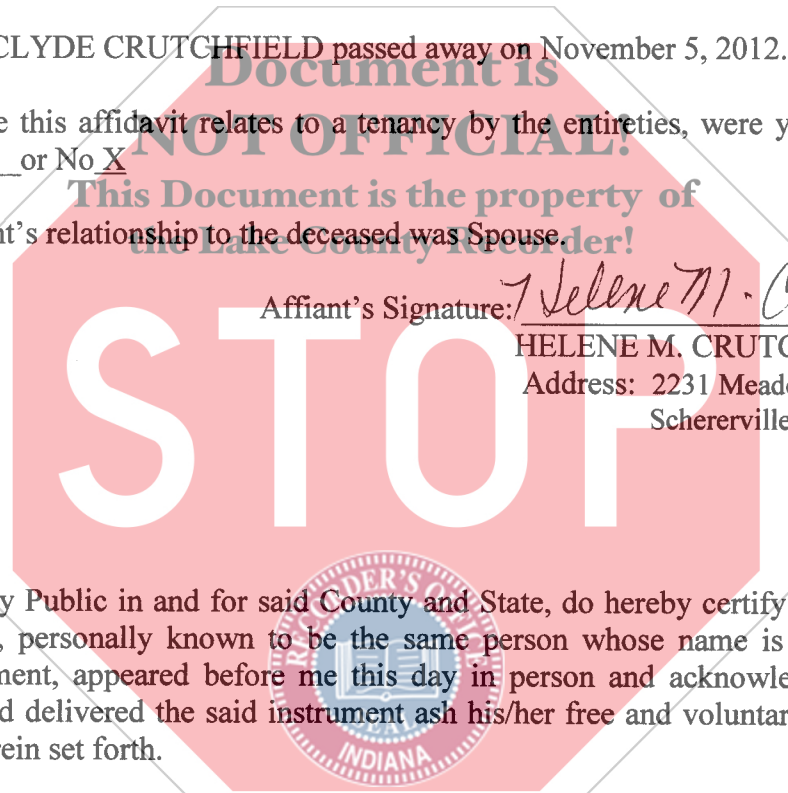
On this 11th day of August, 2014 before personally appeared HELENE M. CRUTCHFIELD to me personally known, who is dully sworn upon her oath did say the:

1. Affiant resided at the address given below affiant's signature.
2. Affiant is the surviving spouse of CLYDE CRUTCHFIELD.
3. Said premises described as follows:

Key #: 45-11-16-353-003.000-036
Lot 10 (10) Woodland Heights 4th Addition to Schererville, as shown in Plat Book 38, Page 35, in Lake County, Indiana.

4. Said premises were formally owned as joint tenants by the entireties by CLYDE CRUTCHFIELD and HELENE M. CRUTCHFIELD, husband and wife.
5. Said CLYDE CRUTCHFIELD passed away on November 5, 2012.
6. Where this affidavit relates to a tenancy by the entireties, were you ever divorced? Yes ___ or No X
7. Affiant's relationship to the deceased was Spouse

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 AUG 18 PM 1:40
MICHAEL D. JOHNSON
RECORDER



Affiant's Signature: Helene M. Crutchfield
HELENE M. CRUTCHFIELD
Address: 2231 Meadow Lane
Schererville, IN 46375

State of Indiana
County of Lake

I, a Notary Public in and for said County and State, do hereby certify that HELENE M. CRUTCHFIELD, personally known to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/ she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and Notarial Seal on August 11, 2014.

My Commission Expires:
03/26/17

Wendell W. Goad II
Wendell W. Goad II, Notary Public
Resident of Lake County, Indiana
AUG 18 2014

25862

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

16
CAST
NOW
Goad

AFFIRMATION

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.

Wendell W. Goad II

Wendell W. Goad II

Prepared by: Wendell W. Goad, Attorney at Law, 9010 Connecticut Drive, Merrillville, IN 46410
(219) 736-8080





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 24988

Local No 003448

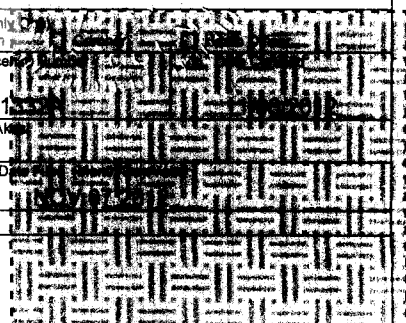
EDR No 00000288391

State No 049047

1. Decedent's Legal Name (First, Middle, Last) CLYDE CRUTCHFIELD				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 11:00 PM	4. Date Of Death (Month/Day/Year) 11/05/2012	
5. Social Security Number [REDACTED]		6a. Age - Yrs 79	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) 05/17/1933		8. Birthplace (City and State or Foreign Country) ST CHARLES, VA
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 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) 2231 MEADOW LANE									
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375					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 HELENE CRUTCHFIELD			15a. (If Wife) Give Maiden Last Name BUCK			16. Decedent's Usual Occupation CAR DEALER		17. Kind Of Business/Industry CAR DEALER	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town SCHERERVILLE		18c. Street And Number 2231 MEADOW LANE	18d. Apt. No.	18e. Zip Code 46375
18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) CLYDE CRUTCHFIELD SR				23. Mother's Name (First, Middle, Last) BONNIE CRUTCHFIELD			23a. Mother's Maiden Last Name DERITH		
24. Informant's Name DAVID CRUTCHFIELD			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 6620 WEST 86TH COURT, 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) MEMORY LANE MEMORIAL PARK		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 MEMORY LANE CEMETERY AND FUNERAL HOME CHAPEL, 6305 W LINCOLN HIGHWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH11100003		
27b. Signature Of Indiana Funeral Service Licensee: MANUEL MARTINEZ, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): ED21000096			
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. CARDIOPULMONARY ARREST		Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death SECONDS	
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. RESPIRATORY ARREST		Due to (Or As A Consequence Of):		MINUTES	
				C. METASTATIC THYROID CARCINOMA		Due to (Or As A Consequence Of):		YEARS	
				D.					
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I NONE						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 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			
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: KENDELL LYNN OETTER, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KENDELL LYNN OETTER, 505 WEST LINCOLN HIGHWAY, SCHERERVILLE, IN 46375						44. License Number: 02001			
46. Additional Funeral Service Provider:						47. *AK			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - D			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

THIS IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JUL 31 2014
Susan W. Best, M.D.
LAKE COUNTY HEALTH OFFICER



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