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STATE OF INDIANA)  
  )SS:  
COUNTY OF LAKE )

IN RE DECEDENT:  
**JULIET WEBB**

**AFFIDAVIT OF SURVIVORSHIP**

Comes now, EZEKIEL KELLY aka EZEKIEL D KELLY being duly sworn upon his oath and states as follows:

That EZEKIEL KELLY aka EZEKIEL D KELLY is the owner in fee simple of the following described real estate in Lake County, Indiana, more particularly described as follows:

Germania No. 1 Lot 1 Block 1, Lot 2 Block 1, as recorded in the Office of the Recorder of Lake County, Indiana.

More commonly known as: 2701 W. 19<sup>th</sup> Avenue, Gary, IN 46404

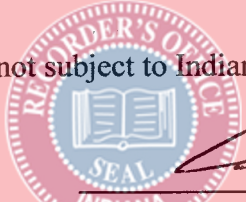
Property No: 45-08-08-355-012.000-004

That the Affiant and the decedent, **JULIET WEBB**, acquired title, as joint tenants with rights of survivorship, to said real estate, by deed of conveyance dated the 9<sup>th</sup> Day of November 2002, and recorded in the Office of the Lake County Recorder.

That the Affiant and the decedent, **JULIET WEBB**, held joint title to said real estate until the death of **JULIET WEBB**, on the 4<sup>th</sup> day of January 2013, at which time the Affiant acquired title to the real estate, pursuant to property law, as the surviving joint tenant.

That the gross value of the estate of the Decedent, **JULIET WEBB**, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.



*[Signature]*  
EZEKIEL KELLY aka EZEKIEL D KELLY

**FILED**

AUG 21 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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non conf

2014  
050405

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDED  
MICHAEL D. BROWN  
RECORDER  
AUG 21 AM 11:57

6/6<sup>00</sup>  
Cash  
SP

JULIET WEBB, Decedent  
Affidavit of Survivorship  
Page No. 2

STATE OF Florida  
SS:  
COUNTY OF St. Johns

Before me, a Notary Public in and for said County and State, personally appeared EZEKIEL KELLY aka EZEKIEL D KELLY, who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 11 day of August 2014.

Lauren Eckloff  
Notary Public

My Commission Expires: 9/18/14

My County of Residence: Duval



This Instrument Prepared by **Charles D. Brooks, Jr.**, Attorney at Law  
504 Broadway, Suite 517  
Gary, Indiana 46402  
(219) 886-1210



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No 000041

EDR No 00000298896

State No 000441

1. Decedent's Legal Name (First, Middle, Last) <b>JULIET WEBB</b>				1a. Maiden Name (If female) <b>RICHARDSON</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>01:45 AM</b>	4. Date Of Death (Month/Day/Year) <b>01/04/2013</b>
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>98</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>02/09/1914</b>		8. Birthplace (City and State or Foreign Country) <b>MOBILE, AL</b>
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 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>SEBO'S NURSING AND REHABILITATION CENTER</b>								
12. City Or Town, State, And Zip Code <b>HOBART, IN, 46342</b>					13. County Of Death <b>LAKE</b>		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			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>DOMESTIC</b>		17. Kind Of Business/Industry <b>HOMES</b>
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>				
18c. Street And Number <b>2701 WEST 19TH AVENUE</b>						18d. Apt. No.	18e. Zip Code <b>46404</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>UNAVAILABLE UNAVAILABLE</b>			23. Mother's Name (First, Middle, Last) <b>MARY SMITH</b>			23a. Mother's Maiden Last Name <b>RICHARDSON</b>		
24. Informant's Name <b>EZEKIEL DEAR</b>		24a. Relationship To Decedent <b>SON-IN-LAW</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7045 FORREST AVENUE, GARY, IN 46403</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>EVERGREEN MEMORIAL PARK CEMETERY</b>			25c. Location - City, Town, And State <b>HOBART, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>MANUEL MEMORIAL FUNERAL HOME, 421 W 5TH ST, GARY, IN 46402</b>					27a. Funeral Home License Number: <b>FH11100005</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>ANGELA R MANUEL, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20600080</b>		
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 Each Line. Add Additional Lines If Necessary.								
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>DEBILITY NOS</u>		Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death		<b>MONTHS</b>
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>ALZHEIMERS DISEASE</u>		Due to (Or As A Consequence Of):		<b>JAN 08 2013</b>		<b>MONTHS</b>
		C. <u>DEPRESSIVE DISORDER</u>		Due to (Or As A Consequence Of):				<b>MONTHS</b>
		D. _____		Due to (Or As A Consequence Of):				<b>MONTHS</b>
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>ALZHEIMERS DISEASE</b>						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			
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: <b>JOSE LUIS AGUSTI, 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>JOSE LUIS AGUSTI, 60 VALPARAISO STREET, VALPARAISO, IN 46383</b>						44. License Number <b>01061624A</b>		45. Date Certified <b>01/07/2013</b>
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 08 2013</b>		
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>								