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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

2014 051772

2014 AUG 27 PM 12: 57

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Comes now, Margaret J. Sanders, being duly sworn upon her oath and states as follows:

1. That Margaret J. Sanders, referred to hereafter as the "Affiant", is the surviving aunt of Sharon L. Crawford who died a resident of Lake County, Indiana, on December 5, 2013.

2. That Margaret J. Sanders and Sharon L. Crawford, resided at 48 Detroit St., Hammond, Indiana, and said real property was titled in the names of Margaret Jean Sanders and Sharon L. Crawford as joint tenants with rights of survivorship which is legally described as follows:

All of Lots 8 and 9 and the West 4.5 feet of Lot 7, I Block 9, as marked and laid down on the recorded plat of Homewood Addition to Hammond, as the same appears of record in Plat Book 2, Page 29, in the Office of the Recorder of Lake County, Indiana

3. That said Margaret Jean Sanders and Sharon L. Crawford lived together until the time of the death of Sharon L. Crawford on December 5, 2013.

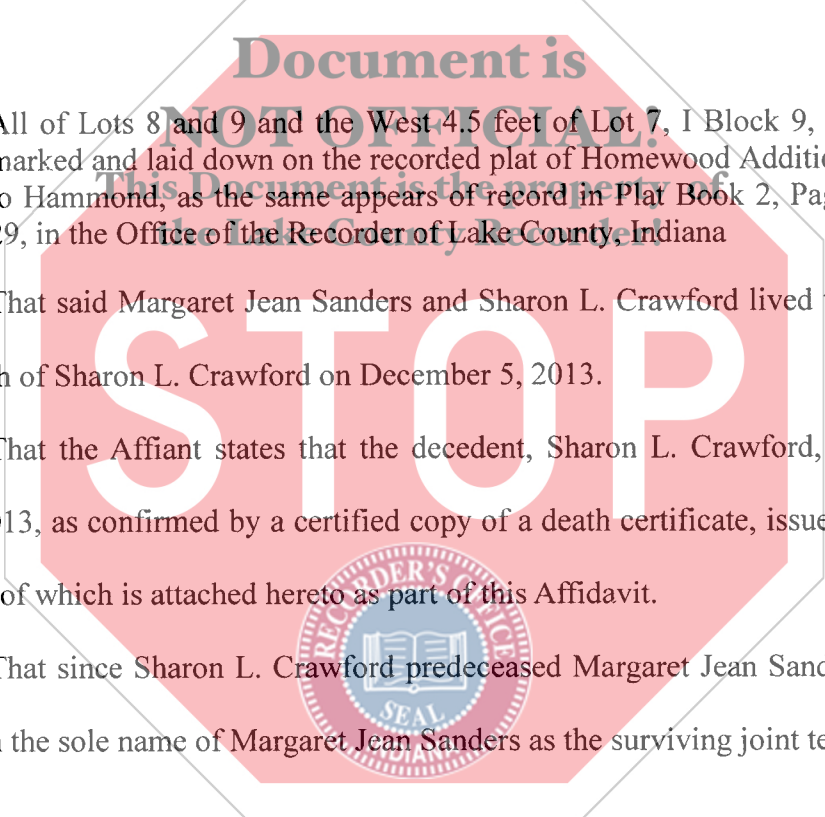
4. That the Affiant states that the decedent, Sharon L. Crawford, passed away on December 5, 2013, as confirmed by a certified copy of a death certificate, issued by the State of Indiana, a copy of which is attached hereto as part of this Affidavit.

5. That since Sharon L. Crawford predeceased Margaret Jean Sanders, the property is now vested in the sole name of Margaret Jean Sanders as the surviving joint tenant.

FURTHER AFFIANT SAYETH NOT.

HOLD FOR MERIDIAN TITLE CORP

14-30658



**FILED**  
25982  
AUG 26 2014  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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MT  
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Dated this 4<sup>th</sup> day of August, 2014.

*Margaret J. Sanders*  
MARGARET J. SANDERS

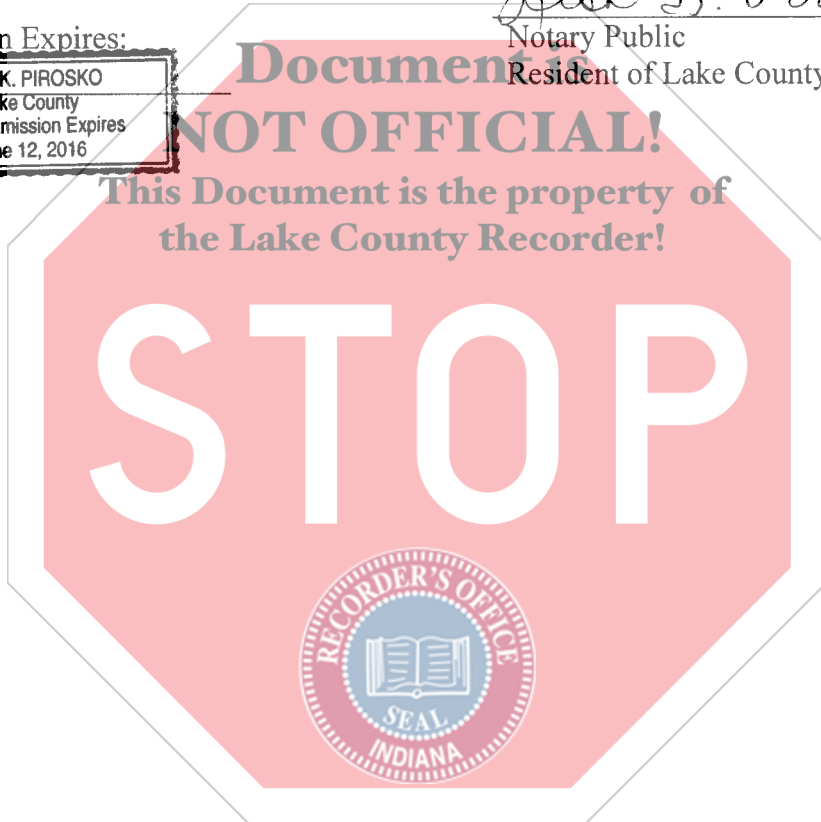
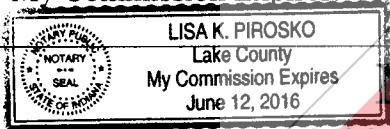
STATE OF INDIANA,     )  
  )  
COUNTY OF LAKE       )     SS:

Before me, the undersigned Notary Public in and for said County and State, do hereby certify that Margaret J. Sanders personally appeared and executed the above document as her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 4<sup>th</sup> day of August, 2014.

*Lisa B. Pirosko*  
\_\_\_\_\_  
Notary Public  
Resident of Lake County, Indiana

My Commission Expires:



This instrument prepared by and should be mailed to: Stuart J. Friedman, Attorney at Law, Hinshaw & Culbertson LLP, 322 Indianapolis Blvd., Suite 201, Schererville, Indiana 46375, (219) 864-5051.

**CERTIFICATE OF DEATH**

Local No **003957**

EDR No **000000357121**

State No **055840**

1. Decedent's Legal Name (First, Middle, Last) <b>SHARON L CRAWFORD</b>				1a. Maiden Name (if female) <b>MALCOLM</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>09:10 AM</b>	4. Date Of Death (Month/Day/Year) <b>12/05/2013</b>	
5. Social Security Number [REDACTED]		8a. Age - Yrs <b>68</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>03/02/1945</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</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 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) <b>COMMUNITY HOSPITAL</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</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 <b>KENNETH CRAWFORD</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>MUNSTER</b>				
18c. Street And Number <b>1610 MOURNING DOVE DRIVE</b>						18d. Apt. No.	18e. Zip Code <b>46321</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>White</b>			
22. Father's Name (First, Middle, Last) <b>JAMES MALCOLM</b>					23. Mother's Name (First, Middle, Last) <b>JULIA MALCOLM</b>			23a. Mother's Maiden Last Name <b>SANDERS</b>	
24. Informant's Name <b>KENNETH CRAWFORD</b>			24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1610 MOURNING DOVE DRIVE, MUNSTER, IN 46321</b>				
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>CHAPEL LAWN MEMORIAL GARDENS</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME, INC - MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321</b>					27a. Funeral Home License Number: <b>FH83002916</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>KYLE J. KUTLIK, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD208000089</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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. RUPTURED ABDOMINAL AORTIC ANEURYSM</b>									Approximate Interval: Onset To Death <b>HOURS</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>B. SEVERE ANEMIA</b>									<b>HOURS</b>
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>NONE</b>									<b>HOURS</b>
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 checked="" 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			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, <del>Wooded Area</del> ) <b>LAKE COUNTY HEALTH DEPARTMENT</b>			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>FULTON LOUIS PORTER III, 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>FULTON LOUIS PORTER III, 901 MACARTHUR BLVD., MUNSTER, IN 46321</b>						44. License Number <b>01071861A</b>		45. Date Certified <b>12/07/2013</b>	
46. Additional Funeral Service Provider: <b>SCHROEDER-LAUER FUNERAL HOME</b>						47. *Alias:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 09 2013</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

