

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 069785

2014 NOV -4 AM 11:42

MICHAEL D. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

I, Cricket Dee Boyd (Formerly Known as Cricket C. Boyd), being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows;

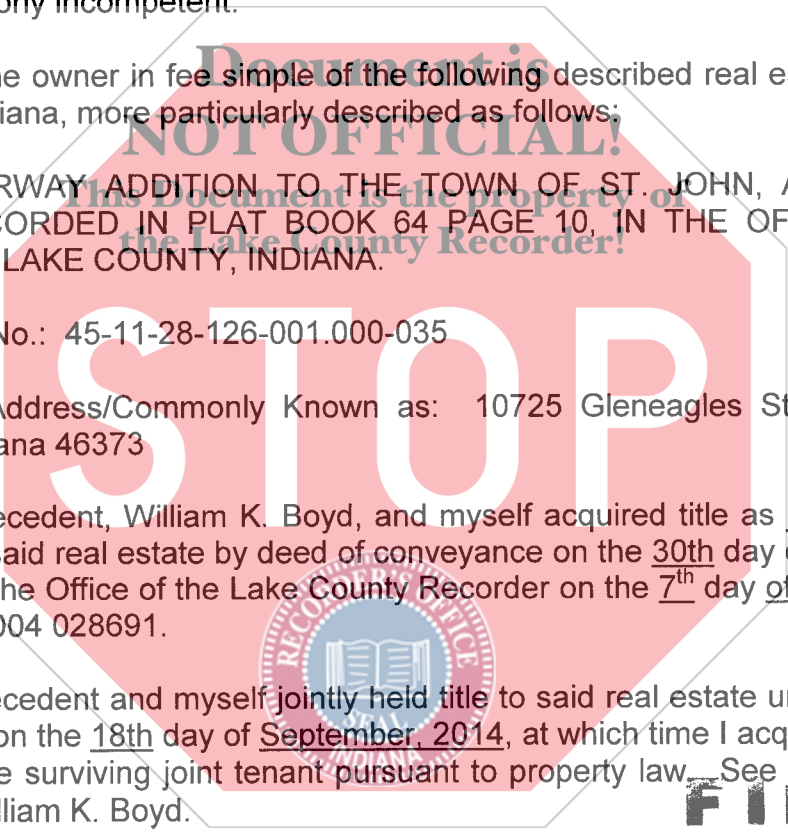
LOT 45 IN FAIRWAY ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 64 PAGE 10, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Tax Key No.: 45-11-28-126-001.000-035

Affiant's Address/Commonly Known as: 10725 Gleneagles Street, St. John, Indiana 46373

3. The decedent, William K. Boyd, and myself acquired title as joint tenants by the entireties to said real estate by deed of conveyance on the 30th day of March, 2004, and recorded in the Office of the Lake County Recorder on the 7th day of April, 2004, as Document No. 2004 028691.

4. The decedent and myself jointly held title to said real estate until the death of William K. Boyd on the 18th day of September, 2014, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for William K. Boyd.



FILED


NOV 04 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

27796

15ck
7262
EVA

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



Cricket Dee Boyd, Affiant
(Formerly Known as Cricket C. Boyd)

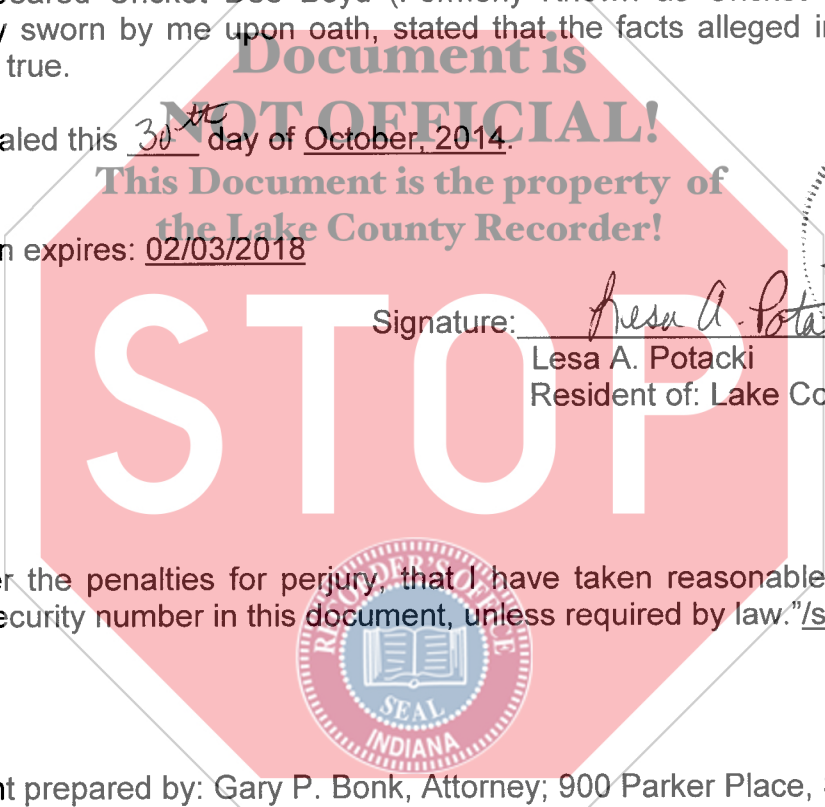
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Cricket Dee Boyd (Formerly Known as Cricket C. Boyd), and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 30th day of October, 2014.

My commission expires: 02/03/2018

Signature: 
Lesa A. Potacki
Resident of: Lake County, Indiana



"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." /s/ Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

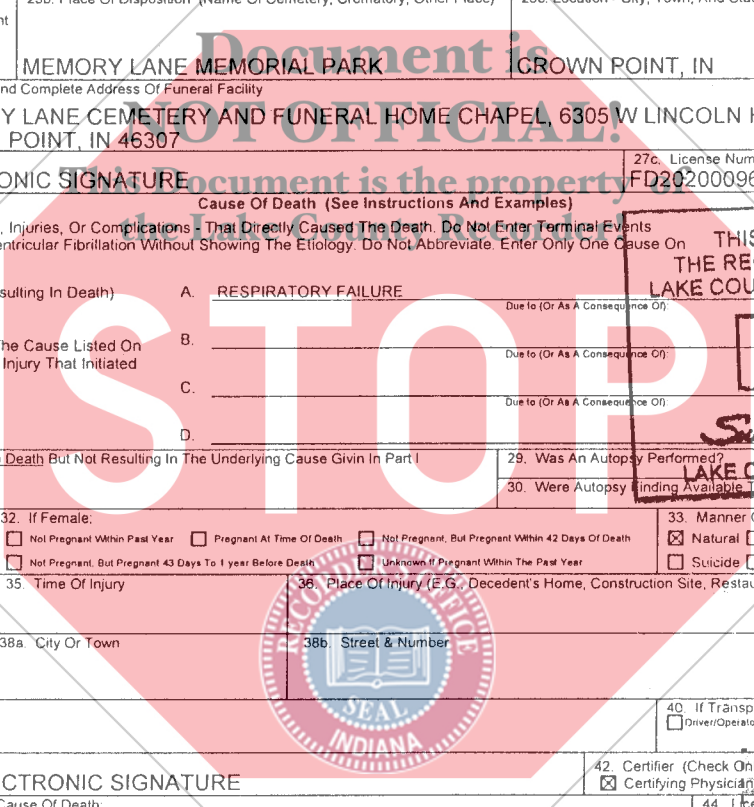
Tracking No. 29898

Local No 002961

EDR No 000000405372

State No

1. Decedent's Legal Name (First, Middle, Last) WILLIAM KEITH BOYD				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 02:50 AM	4. Date Of Death (Month/Day/Year) 09/18/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 56	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) 06/07/1958		8. Birthplace (City and State or Foreign Country) BELLEVILLE, IL
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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER									
12. City Or Town, State, And Zip Code DYER, IN, 46311					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 CRICKET DEE BOYD			15a. (If Wife) Give Maiden Last Name AMIS			16. Decedent's Usual Occupation PASTOR		17. Kind Of Business/Industry PASTOR	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town ST. JOHN				
18c. Street And Number 10725 GLENEAGLE PLACE						18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ROBERT HUDSON BOYD				23. Mother's Name (First, Middle, Last) LINDSAY LUCILLE BOYD			23a. Mother's Maiden Last Name WILLIAMS		
24. Informant's Name CRICKET DEE BOYD		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 10725 GLENEAGLE PLACE, ST. JOHN, IN 46373					
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) 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: ROBERT A. ACEVEZ, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20200096			
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. RESPIRATORY FAILURE Due to (Or As A Consequence Of)									
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. Due to (Or As A Consequence Of)									
C. Due to (Or As A Consequence Of)									
D. Due to (Or As A Consequence Of)									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
QUADRIPLEGIA						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
30. Were Autopsy Findings 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"/> Other			
41. Signature, Of Person Certifying Cause Of Death: GARY ALLEN MARCOTTE, 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: GARY ALLEN MARCOTTE, 15900 W 101ST AVE, DYER, IN 46311						44. License Number 02000603A		45. Date Certified 09/23/2014	
46. Additional Funeral Service Provider:						47. [REDACTED]			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only Date Filed (Month/Day/Year): SEP 23 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 23 2014
Susan W Best, do
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED