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STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 077827

2014 DEC -8 AM 9:33

AFFIDAVIT OF SURVIVORSHIP

MICHAEL B. BROWN  
RECORDER

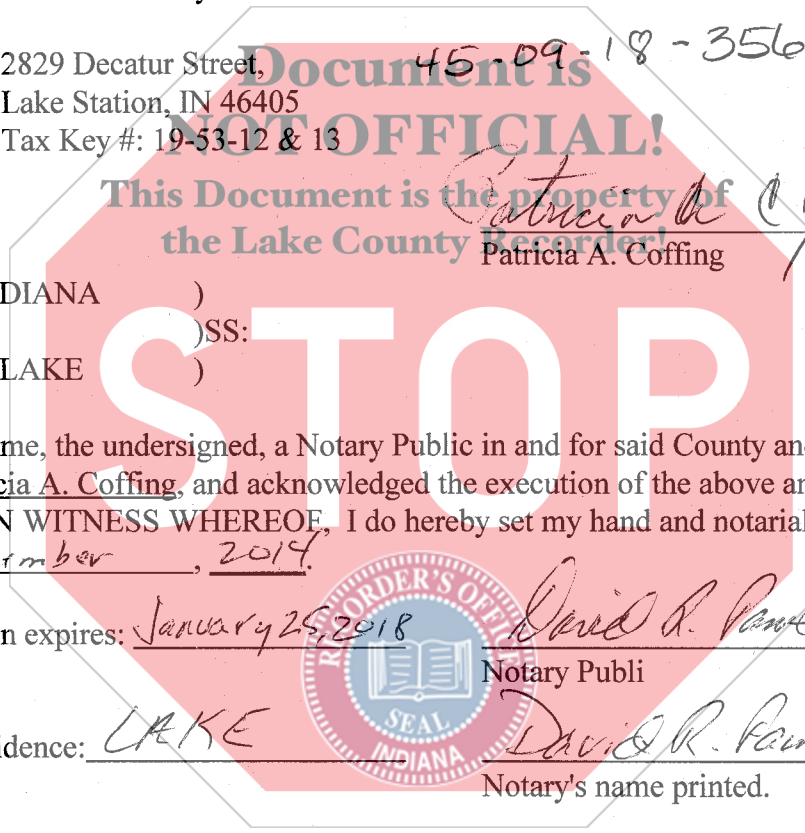
PATRICIA A. COFFING, being first duly sworn upon his oath, states as follows:

1. That she is the surviving tenant of a parcel of property with Donald G. Nixon, who died on October 8, 2014, in Hobart, Lake County, Indiana. (see attached Exhibit A, a certified copy of death certificate of Donald G. Nixon).
2. That Donald G. Nixon and Patricia A. Coffing (deceased) were co-tenants at the time they acquired title to the following real estate in Lake County, Indiana:

Lot No. 11 and the North Half of Lot 12, in Block 6, First Subdivision of East Gary, in the Town of East Gary (now Lake Station), as per plat thereof, recorded in Plat Book 7, Page 9, in the Office of the Recorder of Lake County, Indiana, more commonly known as:

2829 Decatur Street,  
Lake Station, IN 46405  
Tax Key #: 19-53-12 & 13

45-09-18-356-012.000-021



*Patricia A. Coffing*  
Patricia A. Coffing

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Patricia A. Coffing, and acknowledged the execution of the above and foregoing Power of Attorney. IN WITNESS WHEREOF, I do hereby set my hand and notarial seal this 2nd day of December, 2014.

My commission expires: January 25, 2018  
*David R. Pawlowski*  
Notary Public

County of Residence: LAKE  
*David R. Pawlowski*  
Notary's name printed.

This instrument was prepared by David R. Pawlowski, Forszt & Pawlowski, 390 West U.S. Highway 6, Suite 1151, Valparaiso, IN 46385.

**FILED**

DEC 08 2014

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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

14  
CASH  
BY  
NOT-COL



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 32146

Local No 003228

EDR No 00000409180

State No 046039

1. Decedent's Legal Name (First, Middle, Last) <b>DONALD G NIXON</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>19:10</b>	4. Date Of Death (Month/Day/Year) <b>10/08/2014</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>80</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>01/17/1934</b>		8. Birthplace (City and State or Foreign Country) <b>MONON, IN</b>
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 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>ST MARY MEDICAL CENTER INC</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 type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" 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>IRONWORKER</b>		17. Kind Of Business/Industry <b>LOCAL 395</b>
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>LAKE STATION</b>				
18c. Street And Number <b>2829 DECATUR STREET</b>						18d. Apt. No.	18e. Zip Code <b>46405</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>8TH GRADE OR LESS</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>GEORGE W NIXON</b>					23. Mother's Name (First, Middle, Last) <b>JESSIE NIXON</b>			23a. Mother's Maiden Last Name <b>BECKER</b>	
24. Informant's Name <b>PATRICIA COFFING</b>			24a. Relationship To Decedent <b>FRIEND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2829 DECATUR STREET, LAKE STATION, IN 46405</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</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>REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342</b>					27a. Funeral Home License Number. <b>FH83003069</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01006463</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) A. <b>MULTIORGAN SYSTEM FAILURE</b> 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						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ADULT FAILURE TO THRIVE						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 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>CHIGOZIE NWAMAKA NWEKE, 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>CHIGOZIE NWAMAKA NWEKE, 1500 SOUTH LAKE PARK AVE., HOBART, IN 46342</b>						44. License Number <b>01071320A</b>		45. Date Certified <b>10/13/2014</b>	
46. Additional Funeral Service Provider:						47. *Axes:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 15 2014</b>			
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									

RAISED SEAL AFFIXED