2
2

2014 078264

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 DEC -9 PM 12: 12
MICHAEL B. BROWN
RECORDER

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA)
) SS:
COUNTY OF LAKE )

Bonnie M. Johnson, being first duly sworn upon oath, deposes and says:

1. That Eddie O. Johnson died on August 12, 2014 in Lake County, Indiana.
2. That Bonnie M. Johnson and Eddie O. Johnson were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

   All Lot 28 and the North half of Lot 27, in Block 34 in Bryan's Island Park Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 20, page 36 in the Office of the Recorder of Lake County, Indiana. Key number: ~~41-0229-0022~~ 45-08-16-276-008.000-004

   Commonly known as 2345 Madison Street, Gary, Indiana 46407

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including bank accounts and life insurance on decedent's life were not sufficient to necessitate payment for Federal Estate Tax.



Further affiant sayeth not.

Bonnie M. Johnson
Bonnie M. Johnson, Affiant Signature

Subscribed and sworn to before me, a Notary Public this 5th day of Dec, 2014

Russell Long
Notary Public

My Commission Expires: 6/30/2017 County of Residence: Lake

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

FILED
DEC 09 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

13
AO
CS

016917

CERTIFICATE OF DEATH

# INDIANA STATE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

Local No 000359 EDR No 000000401446 State No

| 1. Decedent's Legal Name (First, Middle, Last) | 1a. Maiden Name (If female) | 2. Sex | 3. Time Of Death | 4. Date Of Death (Month/Day/Year) |
|---|---|---|---|---|
| EDDIE O JOHNSON | | MALE | 11:05 PM | 08/12/2014 |

| 5. Social Security Number | 6a. Age - Yrs | 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) | 8. Birthplace (City and State or Foreign Country) |
|---|---|---|---|---|---|---|---|
| [redacted] | 92 | | | | | 09/20/1921 | MOUND BAYOU, MS |

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): TIMBERVIEW HEALTH CARE CENTER

| 12. City Or Town, State, And Zip Code | 13. County Of Death | 14. Marital Status At Time Of Death |
|---|---|---|
| GARY, IN, 46404 | LAKE | ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown |

| 15. Surviving Spouse's Name | 15a. (If Wife) Give Maiden Last Name | 16. Decedent's Usual Occupation | 17. Kind Of Business/Industry |
|---|---|---|---|
| BONNIE M JOHNSON | MAYERS | SCAFFER | U S X STEEL CORP |

| 18. Residence - State | 18a. County | 18b. City Or Town | 18c. Street And Number | 18d. Apt. No. | 18e. Zip Code | 18f. Inside City Limits? |
|---|---|---|---|---|---|---|
| INDIANA | LAKE | GARY | 2345 MADISON STREET | | 46407 | ☒ Yes ☐ No |

| 19. Decedent's Education | 20. Decedent Of Hispanic Origin | 21. Decedent's Race |
|---|---|---|
| HIGH SCHOOL GRADUATE OR GED COMPLETED | NOT HISPANIC | Black or African American |

| 22. Father's Name (First, Middle, Last) | 23. Mother's Name (First, Middle, Last) | 23a. Mother's Maiden Last Name |
|---|---|---|
| BALAAM JOHNSON | MARIAH JOHNSON | COLEMAN |

| 24. Informant's Name | 24a. Relationship To Decedent | 24b. Mailing Address (Street And Number, City, State, Zip Code) |
|---|---|---|
| BONNIE M JOHNSON | WIFE | 2345 MADISON STREET, GARY, IN 46407 |

| 25a. Method Of Disposition | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) | 25c. Location - City, Town, And State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify): | OAK HILL CEMETERY | GARY, IN |

| 26. Was Coroner Contacted? | 27. Name And Complete Address Of Funeral Facility | 27a. Funeral Home License Number: |
|---|---|---|
| ☐ Yes ☒ No | GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404 | FH83007704 |

| 27b. Signature Of Indiana Funeral Service Licensee | 27c. License Number (Of Licensee): |
|---|---|
| PATRICIAN L. OWENS , BY ELECTRONIC SIGNATURE | FD08700298 |

**Cause Of Death (See Instructions And Examples)**

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 Additinal Lines If Necessary.

| | | Approximate Interval: Onset To Death |
|---|---|---|
| Immediate Cause (Final Disease Or Condition Resulting In Death) | A. SEVERE CHRONIC OBSTRUCTIVE LUNG DISEASE | 25 YEARS |
| 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. SEVERE DEMENTIA | 5 YEARS |
| Due to (Or As A Consequence Of): | | |
| | C. CONGESTIVE CARDIAC FAILURE | 3 MONTHS |
| Due to (Or As A Consequence Of): | | |
| | D. MALNUTRITION DUE TO DYSPHAGIA | 3 MONTHS |

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? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

| 31. Did Tobacco Use Contribute To Death? | 32. If Female | 33. Manner Of Death |
|---|---|---|
| ☐ Yes ☐ Probably ☐ No ☒ Unknown | ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown if Pregnant Within The Past Year | ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? |
|---|---|---|---|
| | | | ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

| 41. Signature Of Person Certifying Cause Of Death | 42. Certifier (Check Only One) |
|---|---|
| KRISHNAN POTTI , BY ELECTRONIC SIGNATURE | ☒ Certifying Physician ☐ Coroner ☐ Heath Officer |

| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death | 44. License Number | 45. Date Certified |
|---|---|---|
| KRISHNAN POTTI , 8300 BROADWAY STE 1B, MERRILLVILLE, IN 46410 | 01025043A | 08/25/2014 |

46. Additional Funeral Service Provider:

47. *Akas:

| 48. Signature of Local Health Officer | 49. For Registrar Only - Date Filed (Month/Day/Year) |
|---|---|
| ROLAND H WALKER, VIA ELECTRONIC SIGNATURE | AUG 26 2014 |

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

VOID IF ALTERED OR ERASED