

2014 077307

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 DEC -4 PM 1:18
MICHAEL S. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

State of Indiana)
) SS:
County of Lake)

Comes now Virginia Cantrell, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

1. Virginia Cantrell is an adult residing at 9828 Arthur Place, Crown Point, IN 46307-2318, and has personal knowledge of the facts stated herein as the surviving spouse of Ralph Cantrell, Jr.

2. Virginia Cantrell is the owner of the following described real estate:

Lot 43 in Willow Tree Farms Block Two, in the City of Crown Point, as per plat thereof recorded in Plat Book 42, page 75, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 9828 Arthur Place
Crown Point, IN 46307-2318

Property Number: 45-12-32-427-013.000-029

3. Said real estate was formerly owned by Ralph E. Cantrell, Jr. and Virginia Cantrell, husband and wife, by virtue of the Warranty Deed made by Robert D. Tomsic and Diane E. Tomsic, Husband and wife, dated October 3, 1975, and recorded on October 15, 1975, as document number 320993, in the Office of the Recorder of Lake County, Indiana.

4. Ralph E. Cantrell, Jr., also known as Ralph Ellis Cantrell Jr., died on August 4, 2014, a resident of Lake County, Indiana. A certified copy of the Indiana Department of Health Certificate of Death of Ralph E. Cantrell, Jr. is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.

5. There were no Federal Estate or State Inheritance taxes due by reason of Ralph E. Cantrell, Jr.'s death and no probate proceedings have been opened.

017338

(Survivorship Affidavit - page 1 of 2)

Being re-recorded to correct scrivener's error in address
Christina
12-29-2014

2014 083118

2014 DEC 29 PM 3:27

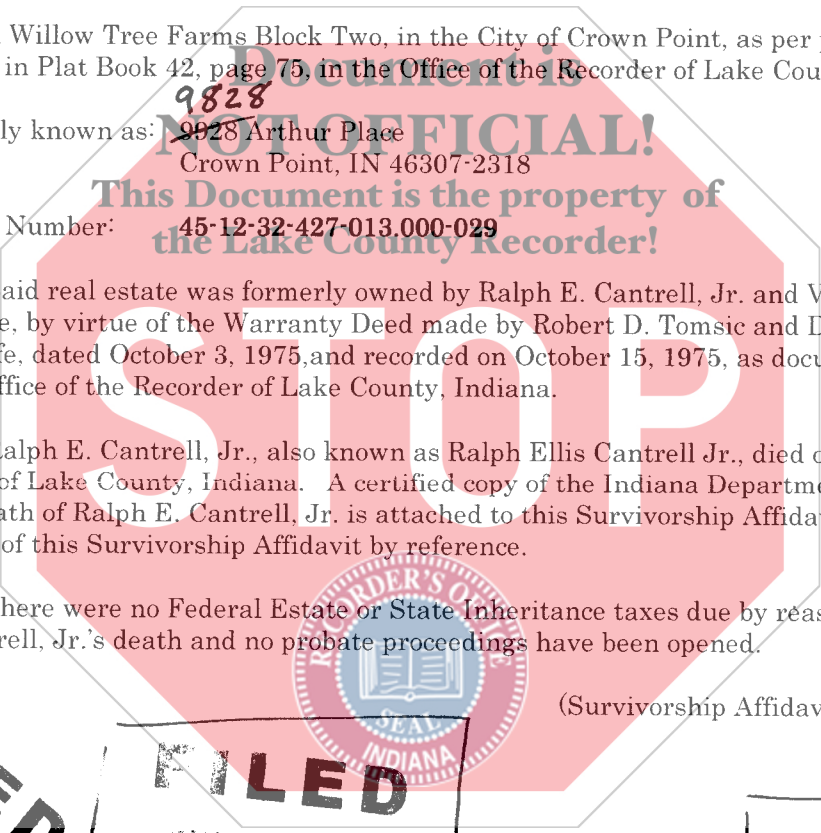
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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
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MICHAEL S. BROWN
RECORDER



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

25548

Local No 002440

EDR No 00000398124

State No 035098

1. Decedent's Legal Name (First, Middle, Last) RALPH ELLIS CANTRELL JR				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:45 AM	4. Date Of Death (Month/Day/Year) 08/04/2014			
5. Social Security Number [REDACTED]	6a. Age - Yrs 65	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) 06/16/1949		8. Birthplace (City and State or Foreign Country) BIRMINGHAM, AL			
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 <input type="checkbox"/> 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) METHODIST HOSPITAL SOUTHLAKE											
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410					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 VIRGINIA CANTRELL			15a. (If Wife) Give Maiden Last Name PALAZZOLO			16. Decedent's Usual Occupation MANAGER		17. Kind Of Business/Industry STEEL INDUSTRY			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 9828 ARTHUR PLACE	19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White						
22. Father's Name (First, Middle, Last) RALPH CANTRELL SR				23. Mother's Name (First, Middle, Last) LEE CANTRELL			23a. Mother's Maiden Last Name WATKINS				
24. Informant's Name VIRGINIA CANTRELL		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 9828 ARTHUR PLACE, CROWN POINT, IN 46307							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NORTHWEST INDIANA CREMATION SVS			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 BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number. FH83002445				
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. BURNS, BY ELECTRONIC SIGNATURE							27c. License Number (Of Licensee): FD01009461				
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. Cause Of Death (See Instructions And Examples)											
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. ASYSTOLE		B. CARDIOGENIC SHOCK		C. _____		D. _____	
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				A. _____		B. _____		C. _____		D. _____	
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? Susan W. Best, MD <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? LAKE COUNTY HEALTH OFFICER <input type="checkbox"/> Yes <input type="checkbox"/> No		Approximate Interval: Onset To Death MINUTES		Approximate Interval: Onset To Death DAYS	
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, Worked 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: ALBERT REYNOLDS, 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: ALBERT REYNOLDS, 600 W GRANT ST., GARY, IN 46402						44. License Number 01051168A		45. Date Certified 08/06/2014			
46. Additional Funeral Service Provider						47. *Age:					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 07 2014					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											