

2015 000127

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 JAN -2 PM 12: 39

MICHAEL L. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

State of Indiana

County of Lake

I Myles Barnes Jr. residing at 4509 W. 10th Avenue, being of legal age, dispose and say that:

1. On October 18, 1973 by warranty deed recorded in Lake County. The affiant and Ossie Mae Barnes became owner of the following legally described property: 45-08-07-105-013.000-00.4 Lots 38 and 39 in block 19 in Gary Heights, in the city of Gary, as shown in Plat book 20, page 13, Lake County, Indiana; together with all rights, privileges, improvements and appurtenances thereunto belonging.
2. Myles Barnes Jr. and Ossie Mae Barnes own the property in joint tenancy with right of survivorship.
3. On May 17, 2012, Ossie Mae Barnes died, thereby terminating her interest in the above described real estate property. A copy of the death certificate of Ossie Mae Barnes is attached hereto as Exhibit A.
4. This affidavit is made for the purpose of furnishing a recordable document showing the termination of the estate and the ownership of said property interest in affiant.

I certify under penalty of perjury under Indiana law that I know the contents of affidavit signed by me that the statement are true and correct.

Signed: Myles Barnes Jr.
(print)

Date: 5/5/14

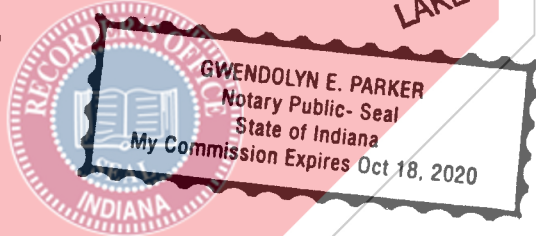
Myles Barnes Jr.

Notary: [Signature]

Date: 5-5-14

FILED
JAN -2 2015
JOHN E. PETALAS
LAKE COUNTY RECORDER

My Commission Expires: 10-18-20



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 24574

Local No 001623

EDR No 00000260942

State No 023470

1. Decedent's Legal Name (First, Middle, Last) OSSIE MAE BARNES				1a. Maiden Name (If female) TAYLOR		2. Sex FEMALE	3. Time Of Death 02:54 AM	4. Date Of Death (Month/Day/Year) 05/17/2012	
5. Social Security Number [REDACTED]		6a. Age - Yrs 80	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) 07/20/1931		8. Birthplace (City and State or Foreign Country) TUPELO, MS
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) METHODIST SOUTHLAKE HOSPITAL									
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 MYLES BARNES JR				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town GARY			18d. Apt. No.	18e. Zip Code 46404
18c. Street And Number 4509 WEST 10TH AVENUE					18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education 8TH GRADE OR LESS			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) FATE JAMES				23. Mother's Name (First, Middle, Last) WINNIE BARNES			23a. Mother's Maiden Last Name TAYLOR		
24. Informant's Name MYLES BARNES JR		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 4509 WEST 10TH AVENUE, GARY, IN 46404					
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) OAK HILL MEMORIAL PARK GARY, IN			25c. Location - City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAKESHORE FUNERAL SERVICES INCORPORATED, 2295 WASHINGTON STREET, GARY, IN 46407					27a. Funeral Home License Number: FH11100019		
27b. Signature Of Indiana Funeral Service Licensee: EDDIE L. GOVAIN-LATIMER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD29700004			
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. CORNORY ARTERY DISEASE		Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death 6 MONTHS	
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. ISCHEMIC CARDIOMYOPATHY		Due to (Or As A Consequence Of):		5 YEARS	
				C.		Due to (Or As A Consequence Of):		LAKE COUNTY HEALTH OFFICER	
				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 END STAGE RENAL DISEASE, CONGESTIVE HEART FAILURE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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						37. Injury At Work? <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, 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			
41. Signature, Of Person Certifying Cause Of Death: SANDRA L. GADSON, 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: SANDRA L. GADSON, 90 W 86TH AVE, MERRILLVILLE, IN 46410						44. License Number 01029625A		45. Date Certified 05/22/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 29 2012			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

NOT VALID UNLESS
RAISED SEAL AFFIXED