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2015 022205

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 APR 15 PM 2:21

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

I, Bertice Trice, 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 70 in Madison Meadows, Phase 2, an Addition to the Town of Merrillville, as per plat thereof, recorded in Plat Book 99 page 95, in the Office of the Recorder of Lake County, Indiana.

Tax Key Number: 45-12-21-126-020.000-030

Grantee's Address/Commonly known as: 851 West 77th Avenue, Merrillville, IN 46410

3. I acquired title to said real estate by transfer on death deed on the 17th day of June, 2014, and recorded in the Office of the Lake County Recorder on June 26, 2014, as Document No. 2014-036878.

4. That Essie Hicks died on the 24th day of March, 2015, at which time I acquired title of said real estate pursuant to property law. See attached Death Certificate for Essie Hicks.

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.

Bertice Trice, Affiant

FILED

APR 15 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

15-
7475
MM

20469

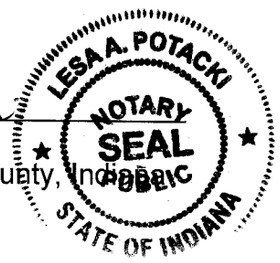
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Bertice Trice, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 15th day of April, 2015.

My commission expires: 02/03/2018

Signature: Lesa A. Potacki
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. 49375

Local No 001104 EDR No 000000440121 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)
ESSIE HICKS	THOMPSON	FEMALE	11:59 PM	03/24/2015

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]	86					08/17/1928	MARKS, 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): METHODIST HOSPITAL SOUTHLAKE

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
MERRILLVILLE, IN, 46410	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
		SERGEANT	CORRECTIONAL CENTER

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	MERRILLVILLE

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
851 WEST 77TH AVENUE		46410	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
ASSOCIATE DEGREE (AA, AS)	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
EARNEST THOMPSON	MARTHA THOMPSON	WILLIAMS

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
BERTICE TRICE	DAUGHTER	851 WEST 77TH AVENUE, MERRILLVILLE, IN 46410

25. Place Of Disposition

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):	EVERGREEN MEMORIAL PARK	HOBART, 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):
CARMELITA V. PERRY , BY ELECTRONIC SIGNATURE	FD29700070

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. CARDIOPULMONARY ARREST	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. SEPSIS	Due to (Or As A Consequence Of):
	C. ALZHEIMERS DISEASE	Due to (Or As A Consequence Of):
	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? ☐ Yes ☒ No

30. Were Autopsy Findings 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 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: SURENDRA SHAH , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
SURENDRA SHAH , 5825 BROADWAY SUITE A, MERRILLVILLE, IN 46410	01032180A	03/30/2015

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	APR 01 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE LAKE COUNTY DEPARTMENT OF HEALTH

APR 01 2015

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS RAISED SEAL AFFIXED

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.