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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 024039

2015 APR 22 10:11 AM

MICHAEL J. ...
RECORDER

SURVIVING JOINT TENANCY AFFIDAVIT

CATHERINE ADCOCK, hereby referred to as the affiant, states under oath that the affiant was acquainted with WILLIAM E. ADCOCK, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Lake County, State of Indiana, and legally described as follows:

THE SOUTHEASTERLY ONE-HALF OF LOT 17 IN SCHRAGE'S FOURTH ADDITION TO THE CITY OF WHITING, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 5, PAGE 40, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 1745 Standard Avenue, Whiting Indiana 46394

Parcel Number: 45-03-08-156-020.000-025

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on May 10, 2011, per attached death certificate, leaving no last will and testament;

That the total value of decedent's probate estate was \$ 0.00.

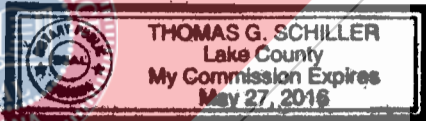
That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

Catherine Adcock
CATHERINE ADCOCK

Subscribed and sworn to before me this
09 day of April, 2015.

T. Clark
Notary Public



FILED

APR 17 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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.

FIDELITY - HIGHLAND
520150563

DAVID G. CLARK, Attorney

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This instrument prepared by: David G. Clark, Atty., 419 Ridge Road, Ste. C, Munster, IN 46321



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

540004

Local No 000103

EDR No 00000199019

State No

1. Decedent's Legal Name (First, Middle, Last) WILLIAM ADCOCK				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 09:26 PM	4. Date Of Death (Month/Day/Year) 05/10/2011						
5. Social Security Number		6a. Age - Yrs 48	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) 01/08/1963		8. Birthplace (City and State or Foreign Country) BENTON HARBOR, MI					
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 type="checkbox"/> Inpatient <input checked="" 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) ST CATHERINE HOSPITAL INC										12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312	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 TAMARA ADCOCK				15a. (If Wife) Give Maiden Last Name DORAN		16. Decedent's Usual Occupation MECHANIC		17. Kind Of Business/Industry MACHINARY						
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town WHITING			18d. Apt. No.	18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
18c. Street And Number 1745 STANDARD AVENUE				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) HOWARD ADCOCK Jr.				23. Mother's Name (First, Middle, Last) CATHERINE MARIE ADCOCK		23a. Mother's Maiden Last Name SPERK								
24. Informant's Name TAMARA ADCOCK			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1745 STANDARD AVENUE, WHITING, IN 46394									
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) REGIONAL CREMATION SERVICES				25c. Location - City, Town, And State MUNSTER, IN								
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408						27a. Funeral Home License Number: FH10200007						
27b. Signature Of Indiana Funeral Service Licensee: SHELIA C KIRBY-NUSS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29500088								
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.										Approximate Interval: Onset To Death				
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE MYOCARDIAL INFARCTION Due to (Or As A Consequence Of):										MINUTES				
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. TYPE 2 DIABETES Due to (Or As A Consequence Of):										YEARS				
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 OBESITY, TOBACCO ABUSE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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: STEVEN A. CORSE, 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: STEVEN A. CORSE, 3100 45TH AVENUE, HIGHLAND, IN 46322						44. License Number 02000686A		45. Date Certified 05/13/2011						
46. Additional Funeral Service Provider:						47. *Akas:								
48. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 13 2011								
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.

IVRA-20
(7/05)

VOID IF ALTERED OR ERASED. NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT