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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 APR 22 11:13 AM

MICHAEL J. ...
RECORDING

2015 024122

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Send Tax Bills To: 2630 E. 37th Ave.
Lake Station, IN 46405

AFFIDAVIT OF SURVIVORSHIP

Comes now Carolyn Sue Jones, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Larry W. Jones, deceased.
2. That Carolyn Sue Jones and Larry W. Jones, acquired the following property as **husband and wife** during the term of their marriage and remained married until Larry W. Jones's death on March 8, 2015.
3. That the legal description of the property is:

Lot 27 and the West 20 feet of Lot 28 in Block 7 in Spielman's Addition to Gary, as per plat thereof, recorded in Plat Book 13, page 7, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 2630 E. 37th Avenue, Lake Station, IN 46405
Parcel Number: 45-08-23-460-022-000-020

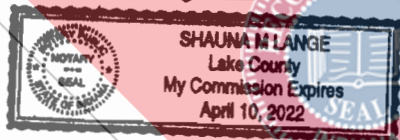
4. That Carolyn Sue Jones became the fee simple owner of the property at the death of Larry W. Jones.

I affirm under the penalties for perjury that the foregoing statements are true.

Carolyn Sue Jones
Carolyn Sue Jones

STATE OF INDIANA)SS: COUNTY OF LAKE)
Subscribed and sworn to before me this 22 day of April, 2015.

My Commission
Expires: 4/10/22



Shauna M. Lange
Shauna M. Lange, Notary Public
Resident of Lake County, IN

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

Shauna M. Lange
Shauna M. Lange

This Instrument Prepared by: The Law Offices of Patricia A. Rees, Shauna M. Lange, Esq., 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

JOHN E. PETALAS
LAKE COUNTY AUDITOR

APR 22 2015

FILED

#13.00
M-E
#12938



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000263

EDR No 000000436791

State No 011550

1. Decedent's Legal Name (First, Middle, Last) LARRY WILLIAM JONES
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 04:27 AM
4. Date Of Death (Month/Day/Year) 03/08/2015
5. Social Security Number
6a. Age - Yrs 67
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 07/28/1947
8. Birthplace (City and State or Foreign Country) ROBINSON, IL
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) VNA HOSPICE CENTER
12. City Or Town, State, And Zip Code VALPARAISO, IN, 46383
13. County Of Death PORTER
14. Marital Status At Time Of Death
15. Surviving Spouse's Name CAROLYN SUE JONES
15a. (If Wife) Give Maiden Last Name GRUBBS
16. Decedent's Usual Occupation STEELWORKER
17. Kind Of Business/Industry STEEL MANUFACTURING
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town LAKE STATION
18c. Street And Number 2630 EAST 37TH AVENUE
18d. Apt. No.
18e. Zip Code 46405
18f. Inside City Limits?
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) DENZIL JONES
23. Mother's Name (First, Middle, Last) NELLIE PAULINE JONES
23a. Mother's Maiden Last Name RICHART
24. Informant's Name JON JONES
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 5222 BROOKLINE DRIVE, PORTAGE, IN 46368
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HARDINVILLE CEMETERY
25c. Location - City, Town, And State HARDINVILLE, IL
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility FREDRICK & SON FUNERAL HOME, INC., 313 CHURCH STREET, VINCENNES, IN 47591
27a. Funeral Home License Number: FH83006944
27b. Signature Of Indiana Funeral Service Licensee: JAMES DOUGLAS GOODWINE, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD09100022
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. MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCTS; DIAGNOSIS AT UNIVERSITY OF CHICAGO
B. COMPLICATIONS OF WHIPPLE PROCEDURE; WOUND INFECTION, PORTAL VEIN THROMBOSIS, SEPSIS SYNDROME, MULTISYSTEMS FAILURE
C.
D.
Approximate Interval: Onset To Death FIVE MONTHS
MONTHS
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I
CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ATRIAL FIBRILLATION
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: MICHAEL CARL WEISS, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MICHAEL CARL WEISS, 2404 VALPARAISO STREET, VALPARAISO, IN 46383
44. License Number 01030965A
45. Date Certified 03/09/2015
46. Additional Funeral Service Provider: GOODWINE FUNERAL HOME
47. *Akas:
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAR 10 2015
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)