

This document re-records document #04902 dated 10/31/14 with corrections made.

2015 024842

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana )  
 ) SS:  
COUNTY OF Lake )

Jessie Mae Turnage, being first duly sworn upon oath, deposes and says:

1. That Lee J. Turnage died on 2/3/2012 at Gary, IN (City/State)
2. That Lee J. Turnage and Jessie Mae Turnage were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 45-08-28-232-003,000-004  
125 W. Ridge Rd Gary, Indiana 46408  
Lot 8, except the West 11.9 feet thereof, and Lot 7, Block 2, South Broadway Land Co's Fifth South Broadway Addition to Gary, as shown in Plat Book 9, page 2, in Lake County Indiana.
3. That the marital relationship, which existed between them at the time, they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



Jessie Mae Turnage  
(Affiant Signature)

Jessie Mae Turnage  
(Affiant printed)

STATE OF Indiana )  
 ) SS:  
COUNTY OF Lake )

APR 24 2015  
ACKNOWLEDGEMENT  
INDIANA

Before me, a Notary Public in and for said Lake County, State, personally appeared Jessie Mae Turnage who acknowledged the execution of the foregoing instrument, and who, having being duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 24<sup>th</sup> day of April, 2015.

Resident of Lake County, Indiana  
My Commission Expires: 02/18/2019

Signature Melissa Boyd  
Printed Melissa Boyd

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. \_\_\_\_\_ (Name)

011750

This Instrument prepared by \_\_\_\_\_  
All recorded documents are to be mailed to 3803 Adams St, Gary, IN 46408

140  
OK 1970  
DR  
WOW CON  
2 copies

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 000042

EDR No. 000000243726

State No.

1. Decedent's Legal Name (First, Middle, Last) <b>LEE JAMES TURNAGE JR</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:30 PM</b>		4. Date Of Death (Month/Day/Year) <b>02/03/2012</b>	
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5. Social Security Number		6a. Age & Yrs <b>77</b>		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) <b>10/29/1934</b>		8. Birthplace (City and State or Foreign Country) <b>YAZOO CITY, MS</b>	
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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 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
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11. Facility Name (If Not Institution, Give Street and Number)  
**2956 WEST 13TH AVENUE**

12. City Or Town, State, And Zip Code <b>GARY, IN, 46404</b>		13. County Of Death <b>LAKE</b>		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			
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15. Surviving Spouse's Name <b>JESSIE MAE TURNAGE</b>		16a. (If Wife) Give Maiden Last Name <b>WADE</b>		16. Decedent's Usual Occupation <b>CRANESMAN</b>		17. Kind Of Business/Industry <b>STEEL MILL</b>	
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18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>			
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18c. Street And Number <b>2956 WEST 13TH AVENUE</b>		18d. Apt. No.		18e. Zip Code <b>46404</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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19. Decedent's Education <b>8TH GRADE OR LESS</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>			
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22. Father's Name (First, Middle, Last) <b>LEE JAMES TURNAGE SR</b>		23. Mother's Name (First, Middle, Last) <b>HELOU-REE TURNAGE</b>		23a. Mother's Maiden Last Name <b>UNAVAILABLE</b>			
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24. Informant's Name <b>JESSIE MAE TURNAGE</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2956 WEST 13TH AVENUE, GARY, IN 46404</b>			
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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) <b>EVERGREEN MEMORIAL</b>		25c. Location - City, Town, And State <b>HOBART, IN</b>			
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408</b>		27a. Funeral Home License Number: <b>FH10500021</b>			
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27b. Signature Of Indiana Funeral Service Licensee: <b>TAMIKA L ROMAYNE, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD21000065</b>					
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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)  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		Cause Of Death: (See Instructions And Examples) A. <u>CORONARY ARTERY DISEASE</u> Due to (Or As A Consequence Of): B. <u>DIABETES MELLITUS</u> Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence Of):				Approximate Interval: Onset To Death	
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Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>OLD MYOCARDIAL INFARCTION HYPERTENSION, HYPERLIPIDEMIA, DIABETES MELLITUS, PREVIOUS CORONARY BYPASS</b>		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			
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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			
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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	
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38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
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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)			
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41. Signature, Of Person Certifying Cause Of Death: <b>ANDRE K ARTIS, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01037773A</b>		45. Date Certified <b>02/12/2012</b>	
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ANDRE K ARTIS, 5800 BROADWAY, SUITE A-J, MERRILLVILLE, IN 46410</b>		46. Additional Funeral Service Provider		47. *Akas*			
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48. Signature of Local Health Officer: <b>RICARDO HOOD, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB. 13, 2012</b>					
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)