STATE OF INDIANA) SS: **COUNTY OF LAKE**

2015 026434

STATE OF INDIANA

2015 MAY - 1 PM 4:32

AFFIDAVIT OF SURVIVORSHIP

Comes now Preston Cecil Wells who, being first duly sworn upon his oath, says:

1. Preston Cecil Wells is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot No. Eight (8) in Block North recorded plat of Riverside Addition to Hammond in Lake County, Indiana.

This Document is the property of Subject, however, to all highways, rights-of-way, easements, and restrictions of Accord

more commonly known as 850 Truman Street, Hammond, Indiana 46320 Co

- The Affiant and the decedent, Stephanie Regina Wells, were married on the 2. day of
- 3. The decedent, Stephanie Regina Wells, and Preston Cecil Wells were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated September 10, 1985 and recorded in the office of the Lake County Recorder.
- 4. The marital relationship which existed between this Affiant and Stephanie Regina Wells, his wife, continued unbroken from the time they so acquired title to the real estate until the death of Stephanie Regina Wells, his wife, on August 15, 2013, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.
- 5. There has not been any administration upon the estate of Stephanie Regina Wells, deceased, nor is any administration contemplated. 011913

6. The estate of the decedent, Stephanie Regina Wells, is not subject to any Federal estate tax.

Further Affiant saith not.

Preston Cecil Wells

Document is

STATE OF INDIANA

COUNTY OF LAKE

This Document is the property of the Lake County Recorder!

Before me, a Notary Public in and for said County and State, personally appeared Preston Cecil Wells, who having read the foregoing Affidavit of Survivorship, acknowledged the execution of said document this _____ day of November 2014.

, Notary Public

- Wells

Resident of Lake County, Indiana

OFFICIAL SEAL
ALICIA PANTOJA
NOTARY PUBLIC - INDIANA
LANE COUNTY
My Comm. Expine 1-18-2015

This instrument was prepared by Daniel Cueller, Attorney at Law, THE CUELLER LAW OFFICE, Inland Building, 156 East Market Street, Suite 600, Indianapolis, Indiana 46204

ATTN: ESTATES

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DEPT.

Local No 002754			EDR No 000000338593					State No 038020 x 3 Time Of Death 4. Date Of Death (Month/Day/Year)				
Decedent's Legal Name (First, Middle, Last)			ta Maiden Nar	ne (If female	If female)					- Date		
STEPHANIE REGINA WELLS 5. Social Security Number 6a Age - Yrs	6b. Under 1 Year 6c	Under 1 Month	GASKEY	Se. Unde	a Nave T	7 Date o	FEMALE		:35 PM Birthplace (Cit	y and State	08/15/2013 or Foreign Country	
					ar i nour							i
9 Ever in U.S. Armed Forces? 10. If Dea	Months Day	3	Hours	Minutes 10a. If D	eath Occur	red Somev	03/05/1951 where Other Than		EAST CHIC	JAGO, I	IN	
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)									Home/Long-ten	m Care Faci	ility	
11 Facility Name (If Not Institution, Give Stre 850 TRUMAN STREET	et and Number)											
12. City Or Town, State, And Zip Code 13. County Of Death									14. Marital Status At Time Of Death			
HAMMOND IN 46220	١.,	LAKE				Married Married, But Separated Divorced Never Married Unknown						
HAMMOND, IN, 46320 Surviving Spouse's Name	. (If Wife)Give Maid	KE	16. Decedent's Usual C			cupation 17. Kind Of Business/			istry			
DDECTON OFOU WELLS		ال			UOMEMAK	MEMAKER			OWN HOME			
PRESTON CECIL WELLS 18 Residence - State		18b. City Or Town			HOWEWAN	MAKEK			TOTAL TOTAL			
INDIANA	LAKE			НАМ	MOND							
18c. Street And Number			Docu	1100	nt	is	180	d. Apt. No.	18e. Zip	Code	18f. Inside C	•
850 TRUMAN STREET	•		Ducu	11116		19			46	320	⊠ Yes I	□ No
19 Decedent's Education	20. Dec	edent Of Hispa	nic Ongin	21 21	21. D	ecedents	Race					
9TH - 12TH GRADE; NO DIPL	OMA NOT	HISPANIC		40.40	White		1.					
22 Father's Name (First, Middle, Last)	Th	is Do	cument	t 13Meth	Telepi	rio pide	erty of		23a.	Mother's M	aiden Last Name	
JOSEPH GASKEY		the I	Lake Co	SMER	HARIE	eetre	ler!		MU	RZYN		
24. Informant's Name	248	. Relationship 1					and Number, City,	State, Zip Co	ode)			
PRESTON C WELLS	HL	ISBAND		850 TF	RUMAN	STRE	ET, HAMM	OND, IN	46320			
25a. Method Of Disposition	25b. Place QI	Disposition (N	25. P ame Of Cemetery, C	lace Of Dispo		25c. Lo	ocation - City, Tov	vn, And State				
☐ Burial ☐ Cremation ☐ Donation ☐ E. ☐ Removal From State	nlombment											
Other (Specify):	CONCOR	RDIA CEM	IETERY	-		HAM	MOND, IN					
26. Was Coroner Contacted? 27	Name And Complete Add	ress Of Funeral	Facility							27a. Ft	uneral Home Licer	ise Number:
☑ Yes ☐ No	HAYNE FUNERA	L HOME,	INC., 6955 S	SOUTHE	ASTER	N AVE	NUE, HAM	MOND,	IN 46324		100004	
27b. Signature Of Indiana Funeral Service Lic JAMES F. SEEBERG, BY EL		ATURE						icense Numb 0900076	oer (Of Licensee):		
28 Part I Enter The Chain Of Events	Disease la la la Ca		ause Of Death (S					THIS	S A TRUE	CODY	Approx	imate I: Onset
28. Part I. Enter The Chain Of Events - Such As Cardiac Arrest, Respiratory Arre A Line Add Additinal Lines If Necessan	est, Or Ventricular Fibrilla	tion Without S	howing The Eliolog	gy. Do Not (h, 66 Not Ibbreviate.	Enter On		HE REC	ORD ON F	LE WITH	H THE TO Dea	- 4
Immediate Cause (Final Disease Or Cor			CARDIOVASCUI		NA.		LAN	E COUN	TYHEALTI	H DEPAI	H THE TOUR	DS
,					(F)	Oue to (Or /	As A Consequence On.	A	110 3 4	2040	I	
Sequentially List Conditions, If Any, Lea Line A Enter The Underlying Cause (Di			EMPHYSEMA	SEAL	7 🖠	Due to (Or	As A Consequence Of	LAI	U.J. C. 1.,	2013 	13 YEAF	(5
The Events Resulting In Death) Last C. HYPERTENSION Out to GOTAS A Compaquance Off: D. CIRRHOSIS OF THE LEVER D. CIRRHOSIS OF THE LEVER												
		D.	CIRRHOSIS OF	THE LUCK	m			- Block		ut.	A 3 YEAR	s
Part II. Enter Other Significant Conditions Con	Inbuting to Death But Not R	esulting in The	Underlying Cause (Bivin In Part I			s An Autopsy Per	The same and the s		TH ONE IN	CER	
31. Did Tobacoo Use Contribute To Death?	32. If Female:					30. We	re Autopsy Findin	g Available To 33. Manner C		Cause O/ 6	Yes	No No
☑ Yes ☐ Probably ☐ No ☐ Unknown	Not Pregnant Wi		Pregnant At Time Of Deat	th Not Pre	gnant, But Prep	nant Wilhin 42	Days Of Death	🛭 Natural 🗌] Homicide [Pending Inve	stigation
34. Date Of Injury (Month/Day/Year)	Not Pregnant, Bu 35. Time Of Inju		To 1 year Before Death		rn If Pragnant V		ome, Construction		Could Not Be		37. Injury At World	k?
		•			, , ,							□ No
38. Location Of Injury - State	38a, City Or Tov	vn	38b.	Street & Nu	mber				38c. Apt	No.	38d. Zip Code	
39. Describe How Injury Occurred								40. If Transp	If Transportation Injury, Specify: Ditver/Operator Passanger Padestrian Other (Specify)			
									Check Only One) Physician Coroner Heath Officer			
13. Name, Address And Zip Code Of Person Certifying Cause Of Death:									ense Number	er Heath Officer 45. Date Certified		
EBRA ANN ZACK , 6924 INDIANAPOLIS BLVD, HAMMOND, IN 46324								0200	1389A		08/20/2013	
6 Additional Funeral Service Provider:								47. *A				
Signature of Local Health Officer:							49. For Regis	trar Only - 0	Date Filed (Mon		·):	
USAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									AUG 20	2013		
			IS SERVIPIC		(EN	0	O. TOMAL)					