

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



Fidelity National Title
Insurance Company.

2015 MAY 20 PM 3:35

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
COUNTY OF Lake) SS: 307-42-7294

Mary M. Collier, being first duly sworn upon oath, deposes and says:

1. That Aaron Collier died on Oct 16, 1996 at 9:38pm GARY IN.
(City/State)

2. That Mary M Collier and Aaron Collier were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 6 in Block 9 in Mid City Realty Company's Central subdivision, in the City of Gary, as per plat thereof recorded in plat Book 15, Page 31, in the office of the Recorder of Lake County, Indiana. Key # 45-01-15-001-000-004
Also known as street number 2421 Prosperity Ave Gary IN 46503

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 of the 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.

Mary M Collier
Affiant Signature

2015 031377

STATE OF IN)
COUNTY OF Lake) SS:

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Mary M Collier who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 12 day of May, 2015.

Resident of Lake County, Indiana.

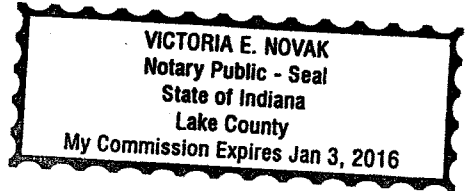
Signature Victoria E Novak

My Commission Expires: 1/3/2016

Printed Victoria E Novak

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. VICTORIA E NOVAK
(Name)

This instrument prepared by _____



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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

20546

MAY 20 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$13.00
M.E
CASH

10cc

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 96-0702

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) Aaron Collier				2. SEX Male		3a. TIME OF DEATH 9:38PM		3b. DATE OF DEATH (Month Day Yr) October 16, 1996		
5a. AGE - Last Birthday (Years) 61		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo Day Yr) Aug 16, 1935		7. BIRTHPLACE (City and State or Foreign Country) Hughes, AR 72348		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence						
9b. FACILITY NAME (If not institution, give street and number) 2738 Jefferson Street				9c. CITY TOWN OR LOCATION OF DEATH Gary			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary McCone		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker			12b. KIND OF BUSINESS INDUSTRY Manufacturing			
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Gary			13d. STREET AND NUMBER 2738 Jefferson Street			
13e. ZIP CODE 46407		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE - American Indian, Black, White, etc. (Specify) Airo Amer		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+) 11
18. FATHER'S NAME (First, Middle, Last) Leroy Collyear					19. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Douglas					
20a. INFORMANT'S NAME (Type/Print) Mary Collier				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2738 Jefferson Street, Gary, IN 46407				20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Oct 21, 1996 Oak Hill Memorial Park			21c. LOCATION - City or Town State Gary, IN				
22a. EMBALMER'S NAME Sherman G. Banks			22b. EMBALMER'S LICENSE NO. FDE1016254		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR 			24b. LICENSE NUMBER (of Licensee) FDO1042607		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH88900011 Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408					
26. PART I Enter the diseases injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>HYPTENSION AND APNEA</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>METASTATIC COLON CANCER</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any which gave rise to the immediate cause stating the underlying cause last								Approximate Interval Between Onset and Death <u>15 MINUTES</u> <u>1 YEAR</u>		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.										
29b. SIGNATURE AND TITLE OF CERTIFIER MD						29c. MEDICAL LICENSE NO. 01042940		29d. DATE SIGNED (Month Day Year) OCT 23 1996		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Nisheeth Gupta, 125 East 99th Avenue, Merrillville, IN 46410										
31. HEALTH OFFICER'S SIGNATURE 								32. DATE FILED (Month Day Year) OCT 25 1996		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident		33a. DATE OF INJURY (Month Day Year)		33b. TIME OF INJURY	33c. INJURY AT WORK? (Yes or no) No		33d. DESCRIBE HOW INJURY OCCURRED			