

2015 059126

2015 SEP -1 AM 9:42

MICHAEL B. BROWN
RECORDER

7

SURVIVORSHIP AFFIDAVIT

Comes now James D. Williams, and upon his oath states:

1. I am the surviving spouse of Patricia E. Williams, who died a resident of Porter County, Indiana, on May 19, 2015.
2. James D. Williams and Patricia E. Williams, as husband and wife, acquired the following described real estate in Lake County, Indiana:

Tax ID No. 45-07-33-127-035.000-026

Unit B-1 in Building No. 5, in Georgetowne Condominium, a Horizontal Property Regime, created by a Declaration of Condominium recorded April 9, 1997, as Document No. 97021231, and First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, and Ninth Amendments thereto recorded respectively on July 1, 1997, as Document No. 97042363, on September 22, 1997, as Document No. 97063462, on August 18, 1998, as Document No. 98064476, on March 16, 1999, as Document No. 99023328, on June 17, 1999, as Document No. 99050973, on August 3, 1999, as Document No. 99064546, on April 24, 2000, as Document No. 2000 027519 and on July 27, 2000 as Document No. 2000 053270, and on January 25, 2002 as Document No. 2002 009192, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in the common elements appertaining thereto.

Property Address: 2649 Georgetowne Dr. #B1 Highland, IN 46322

and they were continuously married from the date they took title as husband and wife (tenants by the entireties) until the death of Patricia E. Williams, whereupon James D. Williams became the sole owner of said real estate.

3. All debts, expenses and taxes attributable to the estate of Patricia E. Williams have been paid.

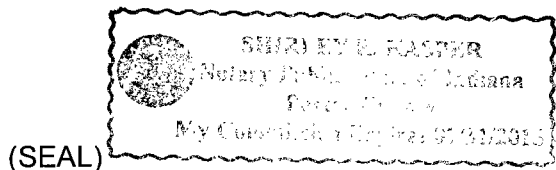
Dated August 27, 2015



James D. Williams
James D. Williams

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a Notary Public, in and for said County and State, on August 27, 2015, personally appeared James D. Williams, and he first being duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true, and he acknowledged the execution of the foregoing instrument.



[Signature]
Notary Public
Printed:
County of Residence:
My Commission Expires:

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. Michael B. Miller

Prepared By: Michael B. Miller, PC, Attorney At Law, 701 E. Lincolnway, Valparaiso, IN 46383

Mail Tax Bills To: 2649 Georgetowne Dr. #B1
Grantee's Address: Highland IN 46322

LIBERTY TITLE & ESCROW
FILED 1025

SEP 01 2015 21382

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Be on



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 54152

Local No 001714

EDR No 000000449634

State No 024159

1. Decedent's Legal Name (First, Middle, Last) PATRICIA EVELYN WILLIAMS
1a. Maiden Name (If female) KENNEDY
2. Sex FEMALE
3. Time Of Death 04:32 AM
4. Date Of Death (Month/Day/Year) 05/19/2015

5. Social Security Number [REDACTED]
6a. Age - Yrs 85
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) 03/18/1930
8. Birthplace (City and State or Foreign Country) HAMMOND, IN

9. Yes No Unknown
10. If Death Occurred In A Hospital Inpatient Emergency Department Outpatient Death on Arrival
10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL

12. City Or Town, State, And Zip Code MUNSTER, IN, 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name JAMES D WILLIAMS
15a. (If Wife/Give Maiden Last Name)
16. Decedent's Usual Occupation HOMEMAKER
17. Kind Of Business/Industry OWN HOME

18a. County LAKE
18b. City Or Town SCHERERVILLE

18c. Street And Number 401 EAST US HIGHWAY
18d. Apt. No.
18e. Zip Code 46375
18f. Inside City Limits? Yes No

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) ROY KENNEDY
23. Mother's Name (First, Middle, Last) JUDITH KENNEDY
24. Informant's Name JAMES D WILLIAMS
24a. Relationship To Decedent SPOUSE
24b. Mailing Address (Street And Number, City, State, Zip Code) 505 W LINCOLN HWY, SCHERERVILLE, IN 46375

25a. Method Of Disposition Burial Cremation Donation Entombment
 Removal From State
 Other (Specify)

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) WOODLAWN CREMATORY
25c. Place Of Disposition FOREST PARK, IL
25e. Location - City, Town, And State

26. Was Coroner Contacted? Yes No
27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322
27a. Funeral Home License Number P110300021

27b. Signature Of Indiana Funeral Service Licensee CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE
27c. Indiana Funeral Home Licensee Of THE KUIPER FUNERAL HOME

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 Of Death. Add Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIOPULMONARY ARREST
Cause Of Death (See Instructions And Examples) B. ACUTE RESPIRATORY FAILURE
C. PNEUMONIA
Approximate Interval - Onset To Death: MINUTES
DAYS
DAYS

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. NONE
31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
32. If Female: Not Pregnant When Died Pregnant At Time Of Death (Specify Gestation) Not Pregnant, But Pregnant At Days To Days Before Death Unknown If Pregnant Within The Past Year
33. Manner Of Death Natural Homicide Accident Pending Investigation Suicide Could Not Be Determined

34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Location Of Injury - State
36a. City Or Town
36b. Apt. No.
36c. Zip Code

37. Injury At Work? Yes No
38. Describe How Injury Occurred
39. For Registrar Only - Date Filed (Month/Day/Year) MAY 20 2015

41. Signature Of Person Certifying Cause Of Death YASIR FASIH, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One) Coroner Health Officer Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death YASIR FASIH, 505 W LINCOLN HWY, SCHERERVILLE, IN 46375
44. License Number 01068432A
45. Date Certified 05/19/2015

46. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
47. Yes
48. For Registrar Only - Date Filed (Month/Day/Year) MAY 20 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

NOT VALID UNLESS RAISED SEAL AFFIXED

State Form 53399 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and