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STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

2015 06 7 7 85

**AFFIDAVIT OF SURVIVORSHIP**

Comes now Arthur E. Ward, being duly sworn upon his oath, and states as follows:

1. That I am the affiant;
2. That my wife, LUCILLE WARD, died on August 13, 2015, a copy of her death certificate is attached hereto and incorporated herein as Exhibit "A";
3. That LUCILLE WARD and I owned real estate located in Lake County, Indiana more particularly described as follows:

A tract of land described as follows: beginning at a point 410.99 feet West and 30.5 feet North of the Northeast corner of the Southwest Quarter of Section 8, Township 35 North, Range 8 West of the 2<sup>nd</sup> P.M., thence West along a line parallel to and 30.5 feet North of the North line of the Southwest Quarter of Section 8, Township 35 North, Range 8 West of the 2<sup>nd</sup> P.M., a distance of 150.51 feet; thence due South a distance of 169.0 feet; thence North 80 degrees 31 minutes 17 seconds East a distance of 133.36 feet; thence North degrees 20 minutes East a distance of 148.22 feet to the point of beginning, all in Lake County, Indiana.

Commonly Known As: 6500 Woodlane Drive, Merrillville, In 46410  
 Parcel No: 45-12-08-328-008-030  
 Property No: 45-12-08-328-008-000-030



4. That the aforementioned property should be placed solely in the name of ARTHUR E. WARD;
5. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand (\$50,000.00) dollars;
6. That forty-five (45) days have elapsed since the death of LUCILLE WARD;
7. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction;
8. That I am the sole party that is entitled to any part of this property;
9. That my wife, LUCILLE WARD, and I held the aforementioned property jointly and the property should be placed solely in my name;



*Arthur E. Ward*  
Arthur E. Ward, Affiant

**FILED**

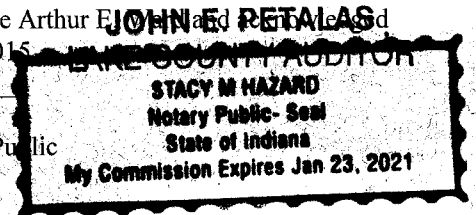
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CASH*

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

OCT 01 2015

Before me the undersigned, a Notary Public in and for said County and State, came Arthur E. Ward and read and acknowledged the execution of the foregoing instrument this 2nd day of September, 2015.

*Stacy M Hazard*  
Commission Expires: \_\_\_\_\_  
*Stacy M Hazard*, Notary Public  
Lake County Resident



04613



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 62769

Local No 002777

EDR No 00000463876

State No 039658

1. Decedent's Legal Name (First, Middle, Last) <b>LUCILLE WARD</b>				1a. Maiden Name (If female) <b>ABILA</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>07:23 AM</b>	4. Date Of Death (Month/Day/Year) <b>08/13/2015</b>			
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>80</b>	6b. Under 1 Year Months: Days:	6c. Under 1 Month Hours: Minutes:	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) <b>09/24/1934</b>		8. Birthplace (City and State or Foreign Country) <b>DEPUE, IL</b>		
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 checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				11. Facility Name (If Not Institution, Give Street and Number) <b>ST ANTHONY HOSPICE-CROWN POINT</b>		12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</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
15. Surviving Spouse's Name <b>ARTHUR E WARD</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>CLERK</b>		17. Kind Of Business/Industry <b>RAILROAD</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>MERRILLVILLE</b>		18c. Street And Number <b>6500 WOODLANE DRIVE</b>	18d. Apt. No.	18e. Zip Code <b>46410</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>		21. Decedent's Race <b>White</b>		22. Father's Name (First, Middle, Last) <b>FRANCISCO ABILA</b>		23. Mother's Name (First, Middle, Last) <b>RAMONA ABILA</b>		23a. Mother's Maiden Last Name <b>MONTANO</b>	
24. Informant's Name <b>ARTHUR E WARD</b>			24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>6500 WOODLANE DRIVE, MERRILLVILLE, IN 46410</b>						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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>CALUMET PARK CREMATORY</b>			25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>RENDINA FUNERAL HOME INC, 5100 CLEVELAND STREET, GARY, IN 46408</b>						27a. Funeral Home License Number. <b>FH83007819</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>MICHELLE L. HANRAHAN, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>020900062</b>				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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIOGENIC SHOCK</b> <b>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 B. ACUTE MYOCARDIAL INFARCTION</b> <b>C. PROTEIN CALORIE MALNUTRITION</b> <b>D. [REDACTED]</b>					
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. <b>PATIENT WITH ACTIVE OSTEOMYELITIS FROM PRESSURE ULCER AT TIME OF DEATH</b>		29. Was An Autopsy Performed? <b>LAKE COUNTY HEALTH OFFICER</b> <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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		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) <b>LAKE COUNTY HEALTH OFFICER</b> <input checked="" type="checkbox"/> No		
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>NOT VALID UNLESS</b>	41. Signature, Of Person Certifying Cause Of Death: <b>KRISTINE MARIE TEODORI, 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>02002441A</b>	45. Date Certified <b>08/20/2015</b>					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307</b>						46. Additional Funeral Service Provider:	47. Akas:	48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>			49. For Registrar Only Date Filed (Month/Day/Year): <b>AUG 24 2015</b>
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>											

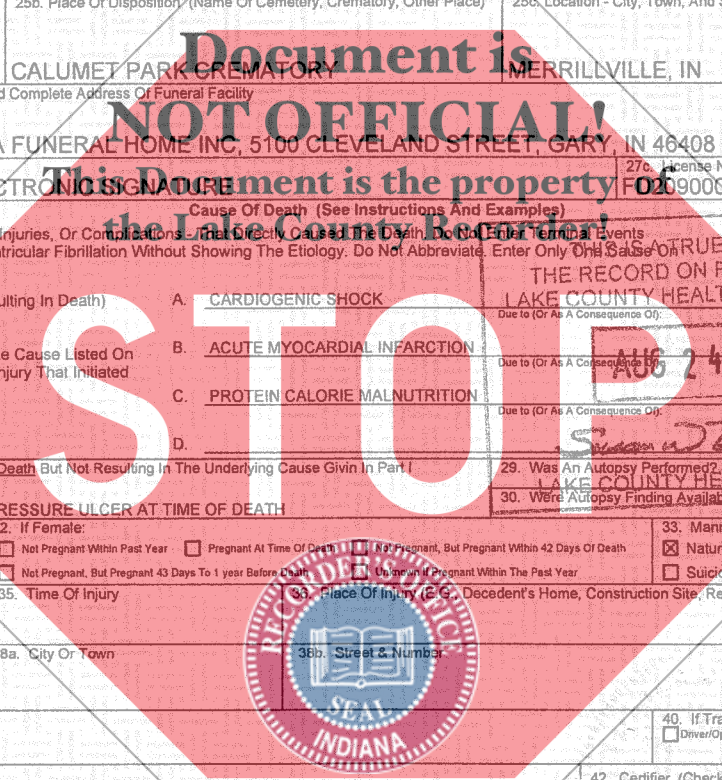


EXHIBIT  
"A"