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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 070408

2015 OCT 16 AM 10:06

MICHAEL B. BROWN  
RECORDER

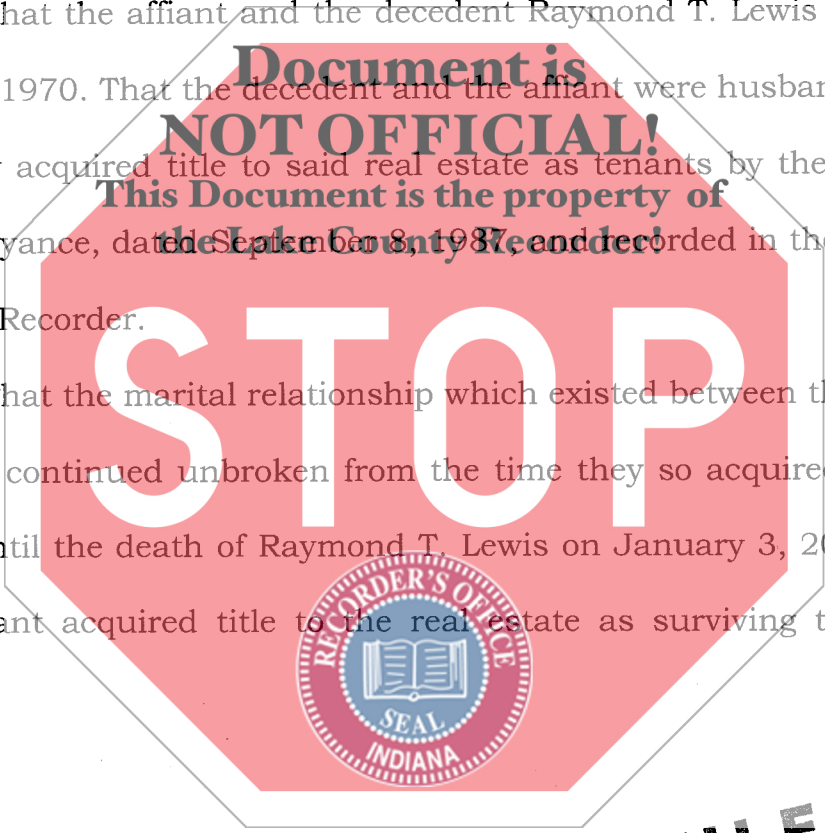
**SURVIVORSHIP AFFIDAVIT**

Comes now Sherry A. Lewis, being first duly sworn upon her oath and states and follows:

1. That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana more particularly described as follows: Lots 184 to 189, both inclusive, Pon & Co's Wildwood Shores, as shown in Plat Book 26, page 38.

2. That the affiant and the decedent Raymond T. Lewis were married on August 3, 1970. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entirety by deed of conveyance, dated September 8, 1988, and recorded in the Office of the Lake County Recorder.

3. That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Raymond T. Lewis on January 3, 2015, at which time the affiant acquired title to the real estate as surviving tenant by the entirety.



**FILED**

OCT 16 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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4. That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

5. That the decedent's estate was not subject to Indiana Inheritance Taxes.

Further, your affiant sayeth not.

*Sherry A. Lewis*  
Sherry A. Lewis

Subscribed and sworn to before me, a Notary Public in and for said County and State, this **16** day of October, 2015.

STATE OF INDIANA )  
COUNTY OF LAKE )

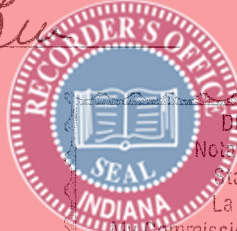
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**This Document is the property of the Lake County Recorder!**

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Sherry A. Lewis, who acknowledged the execution of the foregoing Survivorship Affidavit.

WITNESS my hand and Notarial Seal this **16** day of October, 2015.

*Debra Lewis*  
NOTARY PUBLIC

My Commission Expires:  
My County of Residence:



DEBRA LEWIS  
Notary Public - Seal  
State of Indiana  
La Porte County  
My Commission Expires Aug 21, 2022



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No.

41187

Local No 000122

EDR No 00000425347

State No 001613

1. Decedent's Legal Name (First, Middle, Last) <b>RAYMOND THOMAS LEWIS</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>09:40 PM</b>	4. Date Of Death (Month/Day/Year) <b>01/06/2015</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>67</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>11/28/1947</b>	8. Birthplace (City and State or Foreign Country) <b>MEMPHIS, TN</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 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)		
11. Facility Name (If Not Institution, Give Street and Number) <b>5817 WEST 249TH AVENUE</b>							
12. City Or Town, State, And Zip Code <b>LOWELL, IN, 46356</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>SHERRY LEWIS</b>		15a. (If Wife) Give Maiden Last Name <b>IRONS</b>		16. Decedent's Usual Occupation <b>INSTRUCTOR</b>		17. Kind Of Business/Industry <b>STEEL MILL</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>LOWELL</b>		18c. Street And Number <b>5817 WEST 249TH AVENUE</b>	18d. Apt. No.
18e. Zip Code <b>46356</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>			
20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>				22. Father's Name (First, Middle, Last) <b>ANCIL LEWIS</b>	
23. Mother's Name (First, Middle, Last) <b>LUCILLE LEWIS</b>		23a. Mother's Maiden Last Name <b>SMITHSON</b>		24. Informant's Name <b>SHERRY LEWIS</b>			
24a. Relationship To Decedent <b>SPOUSE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5817 WEST 249TH AVENUE, LOWELL, IN 46356</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>GEISEN CREMATION CENTRE</b>		25c. Location - City, Town, And State <b>CROWN POINT, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356</b>				27a. Funeral Home License Number: <b>FH83004277</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>JENNIFER LYNN OSBURN, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD21300013</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.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>PANCREATIC CANCER</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. _____ C. _____ D. _____			
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		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			
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		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		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>KATHRYN HENKLE MULLIGAN, 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>01052342A</b>		45. Date Certified <b>01/13/2015</b>	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311</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>JAN 14 2015</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					