## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

STATE OF INDIANA

SS:

2015 070894

2015 OCT 19 PM 3: 19

COUNTY OF LAKE

MICHAEL B. BROWN RECORDER

Before me personally appeared James Carpenter, who being duly sworn upon his oath did say that:

- 1. Affiant resides at the address given below affiant's signature.
- 2. Affiant is James Carpenter.
- 3. Said following described Real Estate 45-08 182-026.000-00. Lot 30, 31, 32 and 33, Block 7, The Great Gary Realty Co's. First Addition to Gary, as shown in Plat Book 11, Page 8 in Lake County, Indiana; was formerly owned by James Carpenter and Willette Carpenter, husband and wife, as Tenants by the Entirety. a/k/a 4052 Virginia Street, Gary, IN 46409.
- This Document is the property of 4. Said Willette Carpenter died on September 16, 2015 in Lake County, Merrillville, Indiana... (See attached Indiana State Department of Health Certificate of Death, Local No. 003182).

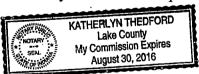
ffiant James Carpenter 4052 Virginia Street Gary, IN 46409

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 11th day of October 2015.

Lake County, IN

10/12/15

My Commission Expires:



This instrument prepared by:

"I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY PREPARED BY:\_

JOHN E. PETALAS

Attorney Clorius L. Law E COUNTY AUDITOR
P.O. Box 64886

Gary P.

Gary, IN 46401 (219) 712-1494

> AMOUNT \$ CASH \_\_\_\_ \_ CHARGE CHECK #\_ OVERAGE\_ COPY\_\_\_\_ NON - COM \_\_\_\_ CLERK \_\_\_\_\_

Tracking No. 65961

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local N	E	EDR No (	State No											
1 Decedent's Legal Name (First, N	Aiddle, Last)				1a. M	aiden Name	(If female)		2. Sex	3.	Time Of	Death	4. Date C	of Death (Month/Day/Year)
WILLETTE CARPENTE	ΞR				WHIT	AKER			FEM	AIF	06:5	1 ΔΜ		09/16/2015
5. Social Security Number 6a. A		6b Under	1 Year	6c. Under 1 M	onth 6d. Unde		6e. Under 1 Ho	our 7. Da	te of Birth (Mor					or Foreign Country)
	70	Months		Down	Maura		Minutes	$\neg$	40/00/4			D) ( II)		
70 Months Days Hours Minutes  9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Son									10/06/1944 GARY, IN					
☐ Hospice Facility ☐ Decedent's Home ☐ Nur												me/Long-ten	m Care Facili	ty
☐ Yes ☒ No ☐ Unknown	☐ Inpatie	nt 🗵 Emei	gency De	partment Outpa	tient 🔲 Dead	on Arrival	Other (Spec	cify)			-	_		•
11. Facility Name (If Not Institution														<del></del>
METHODIST HOSPITA  12. City Or Town, State, And Zip Co		HLAKE					12 Co	ab. Of Dogsth	-	_	1 44	Martin Cu	tur At Time	Of D #
12. Ony or rown, state, And 21p of	13. County Of Death				14. Marital Status At Time Of Death  ☑ Married ☐ Married, But Separated ☐ Divorced									
MERRILLVILLE, IN, 46410					LAKE						☐ Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name					15a. (if Wife)G	ive Maiden		-	16. Decede	ent's Usual Oc	cupation	ı	17. Kind (	Of Business/Industry
JAMES CARPENTER  18. Residence - State			18a. C	outh	<del></del> .		18b. City Or	Tour	BARBER	₹			BARBE	R
10. Nesidence - State			100. 0	ounty			100. City Of	TOWIT						
INDIANA			LAKE				GARY							
18c. Street And Number										18d. Apt. N	0.	18e. Zip	Code	18f. Inside City Limits?
4040 VIRGINIA STREET												10.100		⊠ Yes ☐ No
19. Decedent's Education	· · · · · · · · · · · · · · · · · · ·		1 20	Decedent Of His	consis Origin	0444	N 0 10	Donator	la Paga			46	409	
SOME COLLEGE CREI	DIT. BU	T NOT A		Decedent Of All	Spanic Origin	Cul	Helk	Decedent	S Mace					
DEGREE	·		NO	THISPAN	IIC		Ble	ck or Af	rican Ame	rican				
22. Father's Name (First, Middle, Las	st)						23. Mother's Nan	ne (First, Mic	idle, Last)			23a. N	Mother's Maid	en Last Name
			/_				// OL & \A/! !!	TAKED				۸۵۸	MOON	
WILLIE WHITAKER  24. Informant's Name	····		4	24a Relationsh	ocum Ocum	ent	VIOLA WH 24b. Mailing Add	TAKER Tess (Street	And Number	ity State Zir	Code)	ADA	MSON	
JAMES CARPENTER		-	11	HUSBAND	Lake		040 VIRG	MALSIT	RHELLIGA	KRY, IN 4	6409			
25a, Method Of Disposition			25b. Place	Of Disposition	(Name Of Cem		Of Disposition atory, Other Pla	ce) 25c. I	Location - City,	Town, And S	tate			
☑ Burial ☐ Cremation ☐ Donati	tion 🔲 Ento				(	,,		7	,,					
Removal From State														
Other (Specify): 26, Was Coroner Contacted?	1 67 4			LAWN CE				GAF	RY, IN				1 270 Euro	ral Home License Number:
26, was Coroner Contacted?	27. 5	rame And C	ompiete A	doress Of Fune	eral Facility								Z/a, ruile	al nome License Number.
ý⊟ Yes ⊠ No	RID	GELAN	/N FUI	JERAL HO	OME INC	4201 V	V. RIDGE	ROAD (	GARY IN	46408			FH1020	00007
27b. Signature Of Indiana Funeral S	ervice Licen	see:				12011		(	27/	License No	mber (O	(Licensee);		
RONALD DUANE COOF	<del></del> _					(D 1		15	IF.	77110005	RUE	<del>COP'r (</del>	·	
28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira	vente - Dis	eases Ini	ries Or (	omplications	- That Directly	Caused Tr	nstructions Ar	of Enter Te	minal Events	RECORD	ON F	ILE WIT	H THE	Approximate Interval: Onset
Such As Cardiac Arrest, Respira	atory Arrest	Or Ventrio	cular Fibri	llation Without	Showing The	Etiology. D	o Not Abbrevia	te. Enter 0	nly-One Gaus	BAWIN H	IEALT!	H DEPA	RTMENT	To Death
A Line, Add Additinal Lines If No	ecessary.					OF	Richin			-				
Immediate Cause (Final Disease	e Or Condit	ion Resultii	ng In Dea	th) A.	CARDIAC	ARREST		Due to (Or	As A Consequence	OF SEP	2/8-	ا جيبوه		· I
				lod Op B.	CORONAL	Y ARTERN	/ DISEASE	<u>a</u>		OE!	K 0			İ
Sequentially List Conditions, If A Line A. Enter The Underlying Co	Any, Leadin ause (Disea	ig To The ( ase Or Iniu	Cause Lis rv That In	leu OII	CONOLINA			Due to (Or	As A Consequence	on'		<del></del>		
The Events Resulting In Death)				C.	. HYPERTE	NSION	الكبا		4	Markey ca.	مام (ر	B-1-76-	പ്ര	.
			`		E	ST.	CAL /	Due to (Dr		COUNTY	cue. :	THE RESERVE	* 6 . 7 3 4 9 * <b>8 m</b>	
				D.		e. /hm		1		California and Albertanean	112 / <b>1</b> {	.119 OFF	TOTAL	
Part II. Enter Other Significant Condit	tions Contrib	uting to Dea	ith But No	Resulting In Th	he Underlying C	ause Givin I	H Pad Fire		s An Autopsy F			☐ Yes	⊠ No	<b></b>
								30. We	re Autopsy Fin	_			ause Of Deat	<sup>h?</sup> ☐ Yes ☐ No
31. Did Tobacoo Use Contribute To	Death?		If Female:				1			33. Manne				Deading Investigation
☐ Yes ☐ Probably ☐ No 🗵 U	Jnknown	1 —		_	Pregnant At Time		Not Pregnant, But P Unknown If Pregnan	-			_	ld Not Be De	-	Pending Investigation
34. Date Of Injury (Month/Day/Year)	<del></del> -		Time Of I		ys to 1 year belote D		Of Injury (E.G., D							Injury At Work?
		ĺ								•				☐ Yes ☐ No
38. Location Of Injury - State		38a	City Or T	own		38b. Stree	et & Number			·	- 1	38c. Apt. N	o. 38d	. Zip Code
So, Escation of injury - State		1 300	Ony Or 1	····		000. 0			, ~	-				F
										r				
39. Describe How Injury Occurred									-	40. If Trans	sportation eter Pa	Injury, Sperssenger	ceach of line	DowNLESS
						<u>_</u>					<del></del>		v #~====	
41 Signature, Of Person Certifying ( SURESH D REDDY, BY			SIGN	ATURE						fier (Check Cifying Physicia		Coroner	` n +	eath Officer
43. Name, Address And Zip Code Of									Cart		icerse N	<del></del>		Date Certified
		-				181 45 4	10			10:5	, , , , , , , , , , , , , , , , , , ,	^		00/00/0045
SURESH D REDDY , 87		ADWA	Y STE	A, MERR	ILLVILLE,	IN 4641	10				38650 Akbs	Α		09/22/2015
46. Additional Funeral Service Provide	ier.									""	l			
48 Signature of Local Health Officer			-						49. For Reg	istrar Only	•			
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE											¦ S	EP 28 2	015	
				AMENDA	MENT TO CER	TIFICATE	OF DEATH (E	NTRY OR C	ORIGINAL)		<u>i                                    </u>			
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											1			
											į			
													בס פרי	AL AFFIVED
State Form 53395 ATTENTION E	STATE Th	e Social Se	ecurity # i	s being reques	sted by this sta	ite agency i	in order to purs	ue respons	ibility. Disclos	ure is volunt	ary and	there will b	e no penalty	To refusal FIXED
			•	•		,								