

# AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA  
COUNTY OF LAKE

I, HELEN O. PAYNE, residing at 641 CAMBRIDGE CT. 1B  
in the county of LAKE in the state of INDIANA  
and being duly sworn, do hereby depose and attest that:

1. The Decedent, DONALD W. PAYNE, is named in the attached death certificate.

2. The Decedent died on July 14, 2015 and ~~(was)~~ was not legally married at the time.

3. The names of the Decedent's survivors are HELEN O. PAYNE

4. My relationship to the Decedent was WIFE

5. At the time of death, the Decedent was the joint owner of 641 CAMBRIDGE CT. 1B  
MUNSTER, IN 46321 along with HELEN O. PAYNE

6. The property is legally described as follows: SEE Exhibit

Parcel # 45-06-25-226-11.000-027

HELEN O. PAYNE

Helen O. Payne

Affiant

10-22-15

Date



**FILED**

OCT 23 2015  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2015 OCT 3 PM 12:46  
MICHAEL M. BRANN  
RECORDER

Subscribed and sworn to before me  
this

Paul R Garcia  
LAKE County.

22nd day of October 20 15  
(Notary Public).

My commission expires March 10 20 22



16c  
CASH  
PAY  
NON-CASH

Exhibit A.

Unit 1D in Building No. 18 in Cambridge Court Condominiums, a Horizontal Property Regime, established under the Declaration of Condominium recorded under Document No. 2003-124289, and all amendments thereto, including but not limited to the Fourteenth Amendment recorded October 14, 2005 as Document No. 2005-090643, in the Office of the Recorder of Lake County, Indiana, together with the undivided interest in the common elements and limited common elements appertaining thereto.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH - RESUBMIT

Tracking No.

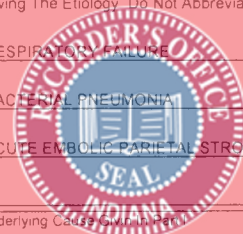
59373

Local No 002361

EDR No 00000458795

State No 033488

* Decedent's Legal Name (First, Middle, Last) <b>DONALD W PAYNE</b>				1a Maiden Name (if female)		2 Sex <b>MALE</b>	3 Time Of Death <b>02:20 AM</b>	4 Date Of Death (Month/Day/Year) <b>07/14/2015</b>		
5 Social Security Number [REDACTED]	6a Age - Yrs <b>91</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>06/16/1924</b>		8 Birthplace (City and State or Foreign Country) <b>WYANDOTTE, MI</b>		
9 Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 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>WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE</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		
12 City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>			15a (If Wife) Give Maiden Last Name <b>FISCHER</b>			16 Decedent's Usual Occupation <b>ELECTRICIAN</b>		17 Kind Of Business/Industry <b>ELECTRICAL</b>		
15 Surviving Spouse's Name <b>HELEN PAYNE</b>		18a County <b>LAKE</b>		18b City Or Town <b>MUNSTER</b>		18d Apt No <b>1D</b>		18e Zip Code <b>46321</b>		
18c Street And Number <b>641 CAMBRIDGE COURT</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>NOT HISPANIC</b>		21 Decedent's Race <b>White</b>		
22 Father's Name (First, Middle, Last) <b>EARL PAYNE</b>			23a Mother's Maiden Last Name <b>DOW</b>			24 Informant's Name <b>HELEN PAYNE</b>			24b Mailing Address (Street And Number, City, State, Zip Code) <b>641 CAMBRIDGE COURT APT 1D, MUNSTER, IN 46321</b>	
25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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>ABRAHAM LINCOLN NATIONAL CEMETERY</b>		25c Location - City, Town, And State <b>ELWOOD, IL</b>		26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321</b>		
27b Signature Of Indiana Funeral Service Licensee <b>KEVIN W. KISH, BY ELECTRONIC SIGNATURE</b>		27c License Number (Of Licensee) <b>FD01021590</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		28 Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Only In Part I)		29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
28 Part I Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. RESPIRATORY FAILURE</b>		28 Part I Cause Of Death (See Instructions And Examples) <b>B. BACTERIAL PNEUMONIA</b>		28 Part I Cause Of Death (See Instructions And Examples) <b>C. ACUTE EMBOLIC PARIENTAL STROKE</b>		28 Part I Cause Of Death (See Instructions And Examples) <b>D.</b>		Approximate Interval Onset To Death <b>2 WEEKS</b>		
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		
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		
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)				
41 Signature, Of Person Certifying Cause Of Death <b>LEONARD JOSEPH BUCCELLATO, BY ELECTRONIC SIGNATURE</b>						42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43 Name, Address And Zip Code Of Person Certifying Cause Of Death <b>LEONARD JOSEPH BUCCELLATO, 761 45TH STREET, 108, MUNSTER, IN 46321</b>		
46 Additional Funeral Service Provider						44 License Number <b>01058760A</b>		45 Date Certified <b>07/14/2015</b>		
48 Signature of Local Health Officer <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49 For Registrar Only - Date Filed (Month/Day/Year) <b>JUL 16 2015</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
49: 07/16/2015 8-City: WYANDOTTE										



JUL 16 2015  
THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT