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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 072531

2015 OCT 27 AM 10:35

MICHAEL B. BROWN  
RECORDER

**Please send all tax bills to:**

**PARCEL NO. 45-13-29-123-012.000-030**

James J. Wesley  
7135 East 86<sup>th</sup> Court  
Merrillville, Indiana 46410

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

James Jay Wesley, an adult, of 7135 East 86<sup>th</sup> Court, Merrillville, Indiana 46410, declares under his oath:

1. That Susan Y. Wesley ("Decedent") died on the 10<sup>th</sup> day of August, 2015, while domiciled in Lake County, Indiana. *A certified copy of Decedent's death certificate is herein attached as Exhibit A.*

2. That, at the time of her death, Decedent owned the following real estate, together with her surviving spouse, James Jay Wesley, as husband and wife:

**Commonly Known As:** 7135 East 86th Court, Merrillville, Indiana 46410

**Legally Known As:**

**Lot 29 in Ross Meadow Farms, an Addition to the Town of Merrillville, as per plat thereof, recorded in Plat Book 47 page 45, in the Office of the Recorder of Lake County, Indiana.**

3. That, therefore, James Jay Wesley, Decedent's surviving spouse, is entitled to delivery of the above-enumerated real property by operation of law.

WHEREFORE, the affiant herein hereby requests that the above-enumerated real property be transferred to same James Jay Wesley by operation of law.

I HEREBY AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

*James Jay Wesley*  
\_\_\_\_\_  
JAMES JAY WESLEY  
AFFIANT

016239

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

**FILED**  
OCT 27 2015

Before me, a Notary Public, and for said County and State, this 6<sup>th</sup> day of October, 2015, personally appeared James Jay Wesley and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

*[Signature]*  
\_\_\_\_\_  
Notary Public

JOHN E. STAS  
LAKE COUNTY AUDITOR

SOPHIA J. ARSHAD  
Notary Public  
Porter County  
Comm. # 832792  
NOTARY SEAL  
My Commission Expires 02-06-2020  
STATE OF INDIANA

**This instrument prepared by:**  
Sophia J. Arshad, Esq.  
Arshad, Pangere and Warring LLP  
7899 Taft Street, Merrillville, IN, 46410;  
(219) 736-6500

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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

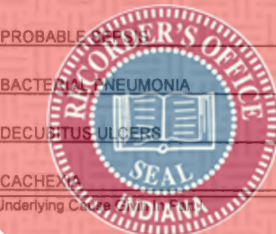
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Local No 002688

EDR No 00000463063

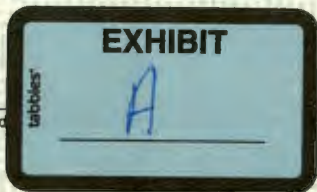
State No 038130

1. Decedent's Legal Name (First, Middle, Last) <b>SUSAN Y WESLEY</b>				1a. Maiden Name (if female) <b>AUSTIN</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>11:05 AM</b>	4. Date Of Death (Month/Day/Year) <b>08/10/2015</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>12/11/1947</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</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 checked="" 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 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 MARY MEDICAL CENTER INC</b>									
12. City Or Town, State, And Zip Code <b>HOBART, IN, 46342</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>JAMES WESLEY</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>BOOKKEEPER</b>		17. Kind Of Business/Industry <b>ELECTRICAL SERVICES</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>MERRILLVILLE</b>			18d. Apt. No.	18e. Zip Code <b>46410</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>7135 E 86TH COURT</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>					
19. Decedent's Education <b>SOME COLLEGE CREDIT, BUT NOT A DEGREE</b>		22. Father's Name (First, Middle, Last) <b>JOHN AUSTIN</b>		23. Mother's Name (First, Middle, Last) <b>MARJORIE AUSTIN</b>		23a. Mother's Maiden Last Name <b>ENGEL</b>			
24. Informant's Name <b>JAMES WESLEY</b>		24a. Informant's Relationship To Decedent <b>HUSBAND</b>		24b. Informant's Address (Street, City, State, Zip Code) <b>7135 E 86TH COURT, 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>NWI CREMATION SERVICES</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>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number. <b>FH83002445</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee) <b>FD20700059</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 Of Death (See Instructions And Examples). Immediate Cause (Final Disease Or Condition Resulting In Death) <b>FRONTOPIRIETAL DEMENTIA</b>		A. PROBABLE CAUSE OF DEATH <b>BACTERIAL PNEUMONIA</b>		B. BACTERIAL PNEUMONIA <b>DECUBITUS ULCERS</b>		C. DECUBITUS ULCERS <b>CACHEXIA</b>		D. CACHEXIA	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Etiology). <b>FRONTOPIRIETAL DEMENTIA</b>		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29a. Date Of Autopsy <b>AUG 13 2015</b>		29b. Location Of Autopsy <b>LAKE COUNTY HEALTH DEPARTMENT</b>		29c. Signature Of Certifier <b>Susan W Best, MD</b>	
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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)			
41. Signature, Of Person Certifying Cause Of Death: <b>DAWN L. HACKER ROGERS, 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>DAWN L. HACKER ROGERS, 2022 KELLE DRIVE, CHESTER, IN 46304</b>						44. License Number <b>02001902A</b>		45. Date Certified <b>08/13/2015</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 13 2015</b>			



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
AUG 13 2015  
Susan W Best, MD  
LAKE COUNTY HEALTH OFFICER

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



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