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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 072533

2015 OCT 27 AM 10:35

MICHAEL B. BROWN
RECORDER

Please send all tax bills to:

PARCEL NO. 45-08-08-480-009.000-004

Kate E. Walker
1817 West 20th Avenue
Gary, Indiana 46404

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Kate E. Walker an adult, of 1817 West 20th Avenue, Gary, Indiana 46404, declares under her oath:

1. That Aubrey L. Walker (Decedent) died on the 24th day of July, 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 his death, Decedent owned the following real estate, together with his surviving spouse, Kate E. Walker, as husband and wife.

Commonly Known As: 1817 West 20th Avenue, Gary, Indiana 46404

Legally Known As: Lots Nineteen (19) and Twenty (20), Block Two (2), Gary Park 3rd Addition to Gary, as per plat thereof, recorded in Plat Book 7, Page 16, in the Office of the Recorder of Lake County, Indiana.

3. That, therefore, Kate E. Walker, 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 Kate E. Walker by operation of law.

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

FILED
OCT 27 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR
016241

STATE OF INDIANA
COUNTY OF LAKE

Before me, a Notary Public, in and for said County and State, this 26th day of October, 2015, personally appeared Kate E. Walker and acknowledged the execution of the foregoing instrument to be her free and voluntary act.

Angela L. Gauler
Notary Public

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 - RESUBMIT

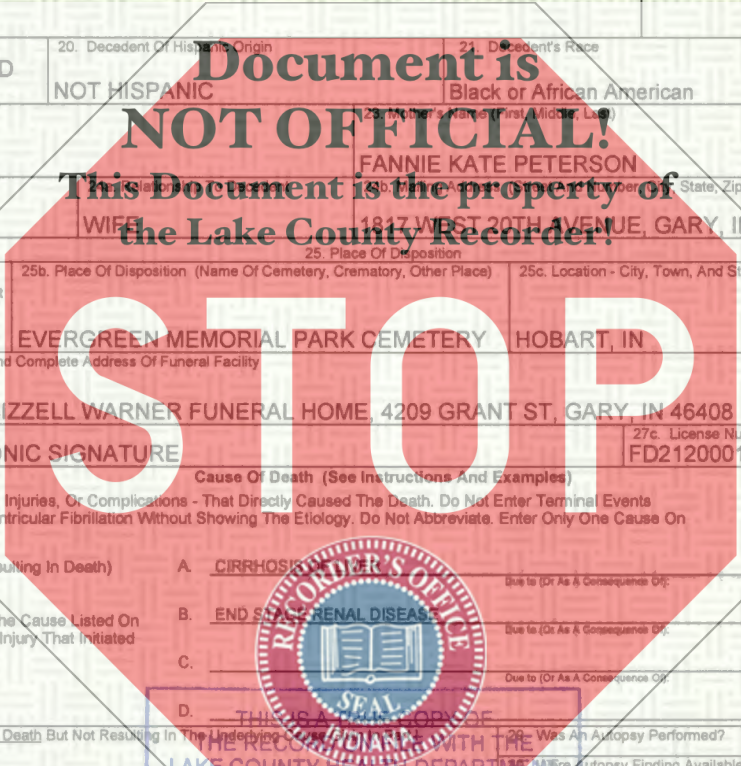
Tracking No. 68097

Local No 000339

EDR No 000000461176

State No 037323

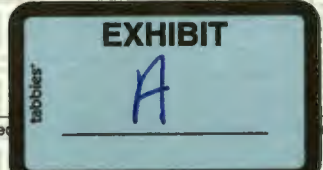
1. Decedent's Legal Name (First, Middle, Last) AUBREY L WALKER				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 02:00 AM	4. Date Of Death (Month/Day/Year) 07/24/2015		
5. Social Security Number		8a. Age - Yrs 74	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 06/02/1941		8. Birthplace (City and State or Foreign Country) STANTON, TN	
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"/> 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) METHODIST HOSPITAL SOUTHLAKE						12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410		13. County Of Death LAKE		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 KATE E WALKER			15a. (If Wife) Give Maiden Last Name RICHMOND			16. Decedent's Usual Occupation STEELWORKER		17. Kind Of Business/Industry AMERICAN STEEL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 1817 WEST 20TH AVENUE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American				
22. Father's Name (First, Middle, Last) GEORGE PETERSON				22b. Mother's Name (First, Middle, Last) FANNIE KATE PETERSON				23a. Mother's Maiden Last Name BOWLE		
24. Informant's Name KATE E WALKER				24b. Informant's Address (Street or P.O. Number, City, State, Zip Code) WIFE, 1817 WEST 20TH AVENUE, GARY, IN 46404						
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) EVERGREEN MEMORIAL PARK CEMETERY		25c. Location - City, Town, And State HOBART, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408						27a. Funeral Home License Number FH10500021		
27b. Signature Of Indiana Funeral Service Licensee: ANTHONY HOLMES, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD21200018						
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. CIRRHOSIS 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. END STAGE RENAL DISEASE C. D.									Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (See Instructions)									26. Was An Autopsy Performed? <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 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 (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: SURENDRA SHAH, BY ELECTRONIC SIGNATURE						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: SURENDRA SHAH, 5825 BROADWAY SUITE A, MERRILLVILLE, IN 46410						44. License Number 01032180A		45. Date Certified 08/07/2015		
46. Additional Funeral Service Provider:						47. *Ages:				
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 06 2015				



OCT 27 2015
Signature of Roland H Walker
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



RAISED SEAL AFFIXED