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2015 072887

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 28 PM 2:39

MICHAEL B. BROWN
RECORDER

Please send all tax bills to:
James William Denham
4644 Ralston Place
Griffith, Indiana 46319

PARCEL NO. 45-07-36-202-004.000-001

STATE OF INDIANA)
) **SS:**
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

James William Denham, an adult, of 4644 Ralston Place, Griffith, Indiana 46319, declares under his oath:

1. That Nancy C. Denham ("Decedent") died on the 19th day of September, 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 William Denham, as husband and wife:

Commonly Known As: 4644 Ralston Place, Griffith, Indiana 46319

Legally Known As:

LOT 4 IN BLOCK 2 IN ELMWOOD PARK 2ND ADDITION AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 34, PAGE 83, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. That, therefore, James William Denham, 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 William Denham by operation of law.

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

JAMES WILLIAM DENHAM
AFFIANT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a Notary Public, in and for said County and State, this 28th day of October, 2015, personally appeared James William Denham and acknowledged the execution of the foregoing instrument to be his free and voluntary act.

Angela L. Gauler
Notary Public

ANGELA LOVE GAULER
NOTARY PUBLIC, STATE OF INDIANA
COMMISSION EXPIRES March 1, 2023
LAKE COUNTY

22705

FILED
OCT 28 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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E 8974 nr

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

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 66118

Local No 003177 EDR No 000000470150 State No 045357

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
NANCY CAROL DENHAM	RUSK	FEMALE	03:25 PM	09/19/2015

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	70					08/19/1945	RENSSELAER, IN

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☒ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): ST ANTHONY HOSPICE-CROWN POINT

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
CROWN POINT, IN, 46307	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
JAMES DENHAM		HOMEMAKER	OWN HOME

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	GRIFFITH

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
4644 RALSTON PLACE		46319	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
HAROLD RUSK	RUBY RUSK	MARTIN

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
JAMES DENHAM	HUSBAND	4644 RALSTON PLACE, GRIFFITH, IN 46319

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	CHAPEL LAWN MEMORIAL GARDENS	SCHERERVILLE, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375	FH19900051

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
SHELIA C. KIRBY , BY ELECTRONIC SIGNATURE	FD09500088

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. SEPSIS	Due to (Or As A Consequence Of):	
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.	Due to (Or As A Consequence Of):	
	C.	Due to (Or As A Consequence Of):	
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacoo Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☐ No ☒ Unknown	☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
KATHRYN HENKLE MULLIGAN , BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
KATHRYN HENKLE MULLIGAN , 919 MAIN STREET, SUITE 102, DYER, IN 46311	01052342A	09/25/2015

46. Additional Funeral Service Provider:	47. *Aka:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	SEP 29 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

24b-Street: PALSTON
49: 09/28/2015
18c-Street: PALSTON

EXHIBIT A

State Form 53395 ATTENTION ESTATE: The Social Security # is being reque[illegible]esponsibility. Disclosure is voluntary an[illegible]

RAISED SEAL AFFIXED

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 29 2015
Susan W. Best, MD
LOCAL HEALTH OFFICER
LAKE COUNTY