

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 000097

2016 JAN -4 PM 12: 58

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-08-08-180-004.000-004

Mary Etta Nichols, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Tommy Nichols, Jr.**, died (without leaving a will) (leaving a will) on November 11, 2014 in Merrillville, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 22, AND THE NORTH 1/2 OF LOT 21, IN BLOCK 1, IN SOUTH BEND AND GARY LAND COMPANY'S SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 8, PAGE 12, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: **1221 ELLSWORTH STREET, GARY, INDIANA 46404**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which could be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

Mary Etta Nichols
Mary Etta Nichols

STATE OF INDIANA, COUNTY OF LAKE SS:

Subscribed and sworn to before me, a Notary Public this 21ST day of DECEMBER 2015.

My Commission Expires: _____ Signature _____ My Commission Expires _____
County of Residence: _____ Printed _____ January 12, 2016 Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Elizabeth J. Webster
Signature of Preparer

ELIZABETH J WEBSTER
Printed Name of Preparer

05912

FILED

DEC 20 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$13.00
M.E
C.M

Community Title Company
File No. 159005



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

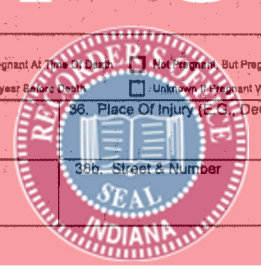
Tracking No. 35088

Local No 003597

EDR No 00000414691

State No 051394

1. Decedent's Legal Name (First, Middle, Last) TOMMY NICHOLS JR				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 12:45 PM		4. Date Of Death (Month/Day/Year) 11/11/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 86		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) 02/02/1928		8. Birthplace (City and State or Foreign Country) AMORY, MS									
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) 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 MARY E NICHOLS				15a. (If Wife) Give Maiden Last Name ARTHUR				16. Decedent's Usual Occupation FOREMAN		17. Kind Of Business/Industry USX STEEL CORP	
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town GARY		18c. Street And Number 1221 ELLSWORTH STREET	
18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
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) TOMMY NICHOLS SR				23. Mother's Name (First, Middle, Last) DEAL NICHOLS				23a. Mother's Maiden Last Name PACK			
24. Informant's Name MARY E NICHOLS				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 1221 ELLSWORTH STREET, 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				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 GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number FH83007704			
27b. Signature Of Indiana Funeral Service Licensee TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD20500009				27d. Signature Of Registrar Susan W. Best, via			
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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. NON SMALL CELL CANCER OF LUNG Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____				28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. MULTIPLE ORGAN FAILURE				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 type="checkbox"/> No <input checked="" 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			
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				41. Signature Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, 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: TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385				44. License Number 01057042A		45. Date Certified 11/11/2014	
46. Additional Funeral Service Provider:				47. *Atas				48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE			
49. For Registrar Only - Date Filed (Month/Day/Year) NOV 17 2014				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							



Community Title Company
File No. 159005

RAISED SEAL AFFIXED