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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 002151  
AFFIDAVIT OF SURVIVORSHIP

2016 JAN 14 AM 9:18  
MICHAEL B. BROWN  
RECORDER

Marvin Gibson, being first duly sworn upon his oath, states:

1. That the undersigned affiant resides at 5575 Cleveland Street, Merrillville, Lake County, Indiana.

2. That the undersigned affiant is the surviving and exclusive owner of the following parcel of real property located at 4842 Columbia Avenue, Hammond, Indiana, 46327 (Parcel No. 45-03-30-383-030.000-023) and legally described as:

The north 1/2 of lot numbered eighty (80) and all of lot numbered eighty-one (81) Stafford and Trankle's Ironworker's Addition to Hammond, as per plat thereof recorded in Plat Book 5, Page 23 in the Office of the Recorder of Lake County, Indiana

3. That Sophie Gibson a/k/a Sophie A. Gibson died on May 9, 2013. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Sophie B. Gibson.

**Document is NOT OFFICIAL!**  
*Marvin Gibson*  
 MARVIN GIBSON  
**This Document is the property of the Lake County Recorder!**  
 SUBSCRIBED and SWORN to before me, a Notary Public, this 13th day of January, 2016.  
*Karl E. Hand*  
 KARL E. HAND, Notary Public

**FILED**  
 JAN 14 2016  
 JOHN E. PETALAS  
 LAKE COUNTY AUDITOR

My Commission Expires: 11/10/17  
County of Residence: Lake

**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.**

THIS INSTRUMENT PREPARED BY:  
KARL E. HAND, Attorney at Law  
1000 Eagle Ridge Drive, Suite F, Schererville, Indiana 46375  
(219) 924-2640

AMOUNT \$ 14-  
 CASH  CHARGE   
 CHECK # \_\_\_\_\_  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM   
 CLERK AT

255A



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 001638

EDR No 00000322872

State No

1 Decedent's Legal Name (First, Middle, Last) <b>SOPHIE A GIBSON</b>				1a Maiden Name (if female) <b>GARCIA</b>		2 Sex <b>FEMALE</b>	3 Time Of Death <b>12:02 PM</b>	4 Date Of Death (Month/Day/Year) <b>05/09/2013</b>		
5 Social Security Number [REDACTED]	6a Age - Yrs <b>63</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>01/20/1950</b>	8 Birthplace (City and State of Foreign Country) <b>EAST CHICAGO, IN</b>			
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 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 checked="" 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>5575 CLEVELAND STREET</b>										
12 City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</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>MARVIN GIBSON</b>			15a (If Wife) Give Maiden Last Name			16 Decedent's Usual Occupation <b>BUS MONITOR</b>		17 Kind Of Business/Industry <b>SCHOOL CITY OF HAMMOND</b>		
18 Residence - State <b>INDIANA</b>		18a County <b>LAKE</b>		18b City Or Town <b>MERRILLVILLE</b>			18c Street And Number <b>5575 CLEVELAND STREET</b>	18d Apt. No.	18e Zip Code <b>46410</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>MEXICAN, MEXICAN AMERICAN, CHICANO</b>		21 Decedent's Race <b>White</b>					
22 Father's Name (First, Middle, Last) <b>ANGELO GARCIA</b>				23 Mother's Name (First, Middle, Last) <b>LOUISE GARCIA</b>			23a Mother's Maiden Last Name <b>MARTINEZ</b>			
24 Informant's Name <b>MARVIN GIBSON</b>		24a Relationship To Decedent <b>HUSBAND</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>5575 CLEVELAND STREET, MERRILLVILLE, IN 46410</b>						
25 Place Of Disposition										
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>REGIONAL CREMATION SERVICES</b>			25c Location - City, Town, And State <b>MUNSTER, IN</b>				
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312</b>					27a Funeral Home License Number <b>FH83001512</b>			
27b Signature Of Indiana Funeral Service Licensee <b>JOHN P. FIFE, BY ELECTRONIC SIGNATURE</b>		27c License Number (Of Licensee) <b>FD01020366</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.										
Immediate Cause (Final Disease Or Condition Resulting In Death)						A. <b>UTERINE CANCER</b> 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. _____ Due to (Or As A Consequence Of)				
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 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>ERWIN L ROBIN, 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>ERWIN L ROBIN, 801 MACARTHUR BOULEVARD SUITE 401, MUNSTER, IN 46321</b>						44. License Number <b>01038072A</b>		45 Date Certified <b>05/10/2013</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>MAY 10 2013</b>				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										

State Form 53395 ATTENTION ESTATE The Social Security # is being requested by this state agency in order to pursue responsibility Disclosure is voluntary and there will be no penalty for refusal

EXHIBIT A