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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 002153
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 4838 Columbia Avenue, Hammond, Indiana, 46327 (Parcel No. 45-03-30-383-029.000-023) and legally described as:

Lots 75, 76 and the North 3.25 feet of Lot 77 in Stafford and Trankle's 8th Addition to Hammond, as per Plat thereof recorded in Plat Book 9, Page 8, 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.

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

STOP

RECORDER'S OFFICE
Karl E. Hand
KARL E. HAND
SEAL
INDIANA

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.

FILED

THIS INSTRUMENT PREPARED BY:

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

JAN 14 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 14
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK NA

000257



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001638

EDR No 00000322872

State No

1 Decedent's Legal Name (First, Middle, Last) SOPHIE A GIBSON				1a Maiden Name (if female) GARCIA		2 Sex FEMALE	3 Time Of Death 12:02 PM	4 Date Of Death (Month/Day/Year) 05/09/2013	
5 Social Security Number [REDACTED]	6a Age - Yrs 63	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) 01/20/1950	8 Birthplace (City and State or Foreign Country) EAST CHICAGO, IN		
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) 5575 CLEVELAND STREET				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 MARVIN GIBSON			15a (if Wife) Give Maiden Last Name		16 Decedent's Usual Occupation BUS MONITOR		17 Kind Of Business/Industry SCHOOL CITY OF HAMMOND		
18 Residence - State INDIANA		18a County LAKE		18b City Or Town MERRILLVILLE		18c Street And Number 5575 CLEVELAND STREET		18d Apt. No.	
18e Zip Code 46410		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 MEXICAN, MEXICAN AMERICAN, CHICANO		21 Decedent's Race White	
22 Father's Name (First, Middle, Last) ANGELO GARCIA			23 Mother's Name (First, Middle, Last) LOUISE GARCIA			23a Mother's Maiden Last Name MARTINEZ			
24 Informant's Name MARVIN GIBSON		24a Relationship To Decedent HUSBAND		24b Mailing Address (Street And Number, City, State, Zip Code) 5575 CLEVELAND STREET, MERRILLVILLE, IN 46410					
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) REGIONAL CREMATION SERVICES			25c Location - City, Town, And State MUNSTER, IN			
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility FIFE FUNERAL HOME, INC. 4201 INDIANAPOLIS BLVD. EAST CHICAGO, IN 46312					27a Funeral Home License Number FH83001512		
27b Signature Of Indiana Funeral Service Licensee JOHN P. FIFE, BY ELECTRONIC SIGNATURE		27c License Number (Of Licensee) FD01020366					28 Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Go Next To 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. UTERINE CANCER Due to (Or As A Consequence Of) _____ MONTHS 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 Given In Part I		
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 Location Of Injury - State		36a City Or Town		36b 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 Describe How Injury Occurred		38a Street & Number		38b City, State, Zip Code		38c Apt. No.		38d Zip Code	
41 Signature Of Person Certifying Cause Of Death ERWIN L ROBIN, 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 ERWIN L ROBIN, 801 MACARTHUR BOULEVARD SUITE 401, MUNSTER, IN 46321		44 License Number 01036072A		45 Date Certified 05/10/2013	
46 Additional Funeral Service Provider		47 *Akas		48 Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49 For Registrar Only - Date Filed (Month/Day/Year) MAY 10 2013			

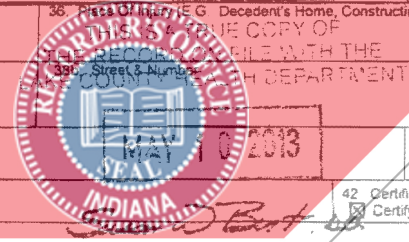


EXHIBIT A