STATE OF INDIANA COUNTY OF LAKE

) Ss: 2016 040666 STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 JUN 30 AM 10: 21
MICHAEL B. BROWN
RECORDER

SURVIVOR'S AFFIDAVIT

Cynthia L. Del Rio (nee Adams), being first duly sworn upon oath deposes and states:

- I am the adult daughter of Jerry D. Adams and Shirley L. Adams and am competent to testify to the matters herein.
- 2. That Jerry D. Adams and Shirley L. Adams were a married couple and remained married at the time of Jerry D. Adams death of June 12-2013.
- 3. That these matters are stated upon my personal knowledge.

This Document is the property of
the Lake County Recorder!
Further Affidavit says not.

Conthia L. Del Rio

STATE OF INDIANA, COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State, this 24th day of June 2016, personally appeared:

acknowledged the execution of the foregoing deed. In winess whereof, I have hereunto subscribed my name and affixed my official seal.

My commission Expires: County

Printed Down Stanky Notary Public

DAWN STANLEY
Lake County
My Commission Expires
July 29, 2018

DAWN STANLEY
Lake County
Notary Public 239

JOHN E. DETUNNED

FIDELITY NATIONAL TITLE COMPANY

FIDELITY - HIGHLAND

92016104

SS:

"I affirm, under the penalties for periory finited have taken reasonable care to redact each Social Security further in this document, unless required by law."

Del Rio

Del Rip



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local	EDR	DR No 000000326731					State No 026504 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)								
1. Decedent's Legal Name (F	-irst, Middle, L	ast)			1a. Maiden Nan	ne (It tema	ale)		2. Se						
JERRY D ADAMS 5. Social Security Number	6a. Age - Yrs	6b. Under 1	Year 6c. Under 1	Month 6	d, Under 1 Day	6e. Un	der 1 Hour	7. Date	of Birth (IALE Month/Day/		3:00 A B. Birthpla			06/01/2013 rr Foreign Country)
302-20-6067	83	Months	Days	н	lours	Minutes	- 1		08/22			HAMN	MOND	, IN	
9. Ever in U.S. Armed Forces ☐ Yes ☑ No ☐ Unknown		Death Occurred In	A Hospital: ency Department Outp	atient [Dead on Arrival	│ □ Hos	Death Occur spice Facility er (Specify)					g Home/L	_ong-term	Care Facili	ty
11. Facility Name (If Not Inst 8750 HARRISON A		treet and Number)										-		
12. City Or Town, State, And	Zip Code					1	13. County C	f Death						us At Time (
MUNSTER, IN, 46321 15. Surviving Spouse's Name					f Wife)Give Maide		LAKE t Name			16. Decedent's Usual Occupat			Married ☐ Married, But Separated ☐ Divor ☐ Widowed ☐ Never Married ☐ Unknow on 17. Kind Of Business/Industry		
SHIRLEY ADAMS 18. Residence - State 18a. County					(S	18b.	18b. City Or Town			TENAN	CE		PAPERMILL		
,															
18c. Street And Number			LAKE			IMUI	NSTER	·,-		18d. /	Apt. No.	1	8e, Zip C	ode	18f. Inside City Limits?
8750 HARRISON AVENUE									311			46321		⊠ Yes □ No	
19. Decedent's Education HIGH SCHOOL GR COMPLETED	RADUATE	OR GED	20. Decedent Of		Jocu	ım	ent White	ecedenis 15	s Race						
22. Father's Name (First, Mid	die, Last)		N	10	TO	23. Mot	ner's Name (F	irst, Mid	dle, Last)				23a. M	other's Maio	den Last Name
MAX ADAMS 24. Informant's Name			24a Relation	ship (To (C	eumeni		RGIA AD		And Nemb	er, cim st	ate, Zip Co	ode)	DOUG	GLAS.	
SHIRLEY ADAMS			SPOUSE	e L	ake Co	8750	HARRIS		•	/			ER, IN	l <u>46321</u>	
25a. Method Of Disposition			5b. Place Of Disposition	on (Name		rematory, C		25c. L	_ocation - C	City, Town,	And State				
☐ Burial ☑ Cremation ☐ Removal From State	Donation [_]	Entombment													
Other (Specify): 26. Was Coroner Contacted?			REGIONAL CR			ICE		MUN	NSTER	, IN				27a Fund	eral Home License Number
⊠ Yes □ No			RAL HOME, 1			AVE. M	UNSTE	R. IN	46321					FH107	
27b. Signature Of Indiana Fu KEVIN W. KISH, B	neral Service	Licensee:								27c. Lice FD010	nse Numb	er (Of Lic	censee):		
28. Part I. Enter The Cha Such As Cardiac Arrest, I	in Of Events	- Diseases, Iniu	ries, Or Complication	ns - That	e Of Death (Sec Directly Caused	The Dea	th. Do Not E	nter Ter	rminal Eve	ents					Approximate Interval: Onset
A Line. Add Additinal Lin	es if Necessa	ary.			ID STAGE	1111111	TITE .		nly One C	ause On					To Death YEARS
minodate oddae (i mart) ;	Olditol Hesdidi	ig in beauty		Zi.O.	313	QUE.	Due to (Or	As A Consequ	ence Oi):		/			ZEARO
Sequentially List Condition Line A. Enter The Under	lying Cause (eading To The d Disease Or Injui	ause Listed On y That Initiated	В		rece	n G	Due to (Or a	As A Consequ	ence Of):					
The Events Resulting In I	Death) Last			c				Due to (Or i	As A Consequ	ence Of):					
				D		SEAL									
Part II. Enter Other Significan	t Conditions C	ontributing to Dea	th But Not Resulting Ir	The Und	lerlying Cause Giv		HILLIA		s An Autor				Yes	No use Of Dea	th2
31. Did Tobacoo Use Contrib	oute To Death?	? 32.	If Female:	\				50. VVC	- Autopay		Manner O			, — DCE	Yes No
Yes Probably N	o 🛭 Unknov	vn I	Not Pregnant Within Past Year			_				h ⊠≀	Natural 🔲	Homicio			Pending Investigation
34. Date Of Injury (Month/Da	y/Year)		Not Pregnant, But Pregnant 43 Time Of Injury	Days 10 1 y			yn If Pregnant Witi y (E.G., Dece				Suicide te, Restaur				. Injury At Work?
				. ,		THIS	IS A TRU	JE CO	PY OF						Yes No
38. Location Of Injury - State		38a.	City Or Town		385TP LAKE	E COUN	NO D界野 VIV HEA	I FILE	WITH EPART	THE MENT		38	c. Apt. Ño	38	d. Zip Code
39. Describe How Injury Occi	urred						MW.	s 20	113	40.	If Transpo rive/Operator	rtation In	jury, Spec	cify: destrian Ot	her (Specify)
41. Signature, Of Person Ce GARY ALLEN MAR	rtifying Cause	Of Death: BY ELECT	RONIC SIGNA	TURE	=		COLVED .	0. 10	- 4	Certifier (C	Check Only		Coroner	П	Heath Officer
43. Name, Address And Zip (Code Of Perso	n Certifying Caus	e Of Death;			Suz	im u	Sec.	- J- A	0	44. Lice	nse Num			Date Certified
GARY ALLEN MAR 46. Additional Funeral Service		, 15900 W	IUTST AVE, D	r⊨R, l	IN 40311	AKE ÉÇ	NTY H	EALT	HIDEEL	CER	02000 47. *Ak				06/04/2013
48. Signature of Local Health	Officer:	-						1 7 - c	49. Fpr	Registrar	Only - Da	ate Filed	(Month/D	av/Year):	
SUSAN W. BEST, \		TRONIC S		D			Tree :			35,			N 06 2		
			AMEN	DMENT	TO CERTIFICA	TE OF DE	EATH (ENT	RY OR C	DRIGINAL	-)					
											•				

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

Apartment 311 in Harrison Heights Condominiums, a horizontal property regime, as per declaration recorded may 22, 1974 as document no. 252280, as per plat thereof, recorded in plat book 41 page 38, in the office of the recorder of Lake County, Indiana. Together with an undivided interest in and to the common and limited areas and facilities appertaining thereto.

