$^{\gamma}$

SURVIVORSHIP AFFIDAVIT

On thisbefore me personally appeared Charles L. w	acts
(insert date)	
	<u>න</u>
to me personally known, who being duly sworn on oath did say that:	
1. Affiant resides at the address given below affiant's signature:	မ
	6
Document is	လ ယ
2. Affiant is OFFICIAL	
state interest of affiant in the above premises as "owner", son of owner", et This Document is the property of	c.
3. Said premises were formerly owned as joint tenants or as tenants by the	ie 🛌
entireties by Charles L. Watts and Donna G. Watt	SE 2 (2)
4. Said Donna G. Watts	
died on April 17, 2012 (death certificate attack	
No.	· 물 : 유록
leaving No will;	
5. The legal description of the premises in question is:	
52 in a Resubdivision of Parts of Indiana Ridge	
livision, in the City of Hobart as per plat of Resubdivision, recorded in Puat Book 31 page 38,	
the Office of the Recorder of Lake County, Indiana.	
non Address - 3010 W. 38th Place, Hobart, IN 46342	
el ID 45-08-25-105-013.000-018	
6. Is there Federal or State inheritance tax liability by reason of the death	of said
0. Is there rederal of State inheritance tax hability by reason of the death	Of Said
decedent? Yes No	
If yes, then estimated taxes due are \$ N/A	
if yes, then estimated taxes due are \$	
The taxes due are paid or unpaid.	
a a 2016	hou and
JUN 0 9 2016	con cast
003246	3
JOHN E. PETALA. LAKE COUNTY AUDI	TUR
LANE	0/5
→	1400-

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever
divorced? No
(If answer is "Yes" . identify the divorce proceedings:
8. Affiant's relationship to the deceased was Husband
Documentiniere: Charles &. welts
NOT OFFI Charles L. Watts
This Document is the Andasserty of 38th Place
the Lake County Recorder! IN 46342
Subscribed and sworn to before me by the affiant This 6-6-16
This 6-6-16 (insert date)
Notary Public
Printed Name Ervin C. Carstenson
My County of Residence is: Lake
In the State of Indiana FALL WOLAN COUNTY
My Commission Expires 7-1-17
This instrument prepared by Atty Ervin C. Carstensen ID 3141-45
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.
$\mathcal{U}_{\mathcal{L}_{\alpha}}$

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local N	No 001	1161 EDR No 000000255705							S	tate No	No 016987			
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (if female)				2. Sex		3. Time C	of Death	ath 4. Date Of Death (Month/Day/Year)			
DONNA G WATTS				MULLINS			1-8:	FEM			55 AM		04/17/2012	
5. Social Security Number 6a.	Age - Yrs	6b. Under 1 Yea	ar 6c. Under 1 N	fonth 6d. Under 1 D	-	Under 1 Hour	7. Date	of Birth (Mo		<i>'</i>			or Foreign Country	<i>''</i>
9. Ever in U.S. Armed Forces?		Months Occurred In A H	Days lospital:	Hours		nutes a. If Death Occu	rred Some	06/22/1 where Othe			NKINS, F	<u>(Y</u>		
☐ Yes ☒ No ☐ Unknown	☐ Inpatient	t Emergency		atient Dead on A	🛛	Hospice Facility Other (Specify)	/ 🔲 De	ecedent's Ho	_		ome/Long-tern	n Care Facil	ity	
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE														
12. City Or Town, State, And Zip	Code					13. County (Of Death			1	14. Marital Sta			Divorced
MUNSTER, IN, 46321				LAKE						Widowed				
15. Surviving Spouse's Name				15a. (If Wife)Give M	Maiden Las	t Name		16. Deced	dent's Usi	ual Occupation	on	17. Kind	Of Business/Indus	stry
CHARLES WATTS								BAR MA	ANAG	ER		ENTER	TAINMENT	
18. Residence - State		18	Ba. County			18b. City Or To	wn							
18c. Street And Number)LA	KE			IOBART			18d. <i>A</i>	Apt. No.	18e. Zip (Code	18f. Inside Cit	y Limits?
	۸۵۶												⊠ Yes □] No
3010 WEST 38TH PLA 19. Decedent's Education	-CE		20. Decedent Of	lispanic Origin		21, [Desedent's	Rase			463	342		
HIGH SCHOOL GRAD COMPLETED 22. Father's Name (First, Middle, I		RGED	NOT HISPA	NIC	um	Mother's Name ((to t asth				Mother's Mai	den Last Name	
22. I autei 3 Manie (i iist, Middle, i	-asty		N	OT U		FIC.	IA						GOTT EGG(TIGHTG	
DONALD MULLINS 24. Informant's Name			24a Retations	hip To Decedent @1		RY M MUI		kneiskiúmber	. Gital Sta	ate. Xip Code		TLEY		
CHARLES WATTS			HUSBAN			10 WEST		✓						
			the	25	5. Place Of	Disposition	COIC	ici.						
25a. Method Of Disposition Burial Cremation Dor Removal From State Other (Specify): 26. Was Coroner Contacted?		mbrent KEL		LL CREMATIC				CY, IN	y, Town,	And State		1 27a Eur	eral Home Licens	e Number
Yes No				OBART CHA	PEL, 6	00 W OLD	RIDGE	RD, H	OBAR	RT, IN 46	342	FH830		o ramoci.
27b. Signature Of Indiana Funera JAMES J. KRAUSE, E	Service Licens	see: RONIC SI	IGNATURE							nse Number 06463	(Of Licensee):			
28. Part I. Enter The Chain O Such As Cardiac Arrest, Res A Line. Add Additinal Lines If	of Events - Dis	seases, Injuries	s, Or Complication		used The	Death. Do Not	Enter Ten	minal Even					Approxim Interval: To Death	Onset
Immediate Cause (Final Dise	•	ion Resulting In	n Death)	A. NON SMALL	ELLEUN	G CANCER MI	ETASTAT	IC TO BRA	IN, BON	ES, AND A	DRENAL		2 YEARS	
•						O	Due to (Or A	As A Consequent	oe 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 City): C.														
				D	S_{EA}			As A Consequent						
Part II. Enter Other Significant Con	nditions Contrib	buting to Death B	But Not Resulting In	The Underlying Causi	, WIDIA	MALLIN		s An Autopsy re Autopsy F			Yes	No ause Of Dea	ath?	-
31. Did Tobacoo Use Contribute	To Death?	32. If Fe	emale:				/	/	33.	Manner Of D	eath:		Li res	
Yes Probably No 2	₫ Unknown		Pregnant Within Past Year Pregnant, But Pregnant 43	Pregnant At Time Of D Days To 1 year Before Death		iot Pregnant, But Pregi Inknown if Pregnant W					omicide D		Pending Invest	igation
34. Date Of Injury (Month/Day/Ye	ar)		ne Of Injury			Injury (E.G., Dec		ome, Consta	uction Sit	e. Restauran	E AN EO CHE DEE	17H ON F32	E luiyty At Work?	İ
38. Location Of Injury - State		200 014	h. Or Tour	20	b. Street 8	Numbos		LAK	E COUN	ПҮ НЕАЦТ	DEPARTMENT 3BC. Apt. N		Yes L	No
38. Location Or injury - State		36a. Cię	ty Or Town	}	ob. Street o	x Number							u. Zip Code	
39. Describe How Injury Occurred	d								40.	If Transporta	tion Injury, Spe	2017 ecify:		
										niver/Operator	Passenger P	edestrian 🔲 🔾	ither (Specify)	
41. Signature, Of Person Certifyi LYLE R MUNN, BY E			ATURE					\$2. Ci ⊠ C	ertifier (C ertifying F	heck Only O Physician	ne) Corone	· . 🗆	Heath Officer	
43. Name, Address And Zip Code										44. License	Number	45	5. Date Certified	
LYLE R MUNN , 1190 NORTH STATE ROAD 49, PORTER, IN 46304								0103158			04/17/20	12		
46. Additional Funeral Service Pro										47. *Akas:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					49. For R	49. For Registrar Only - Date Filed (Month/Day/Year): APR 18 2012								
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)														