

RECORDING REQUESTED BY:

Timios, Inc.  
5716 Corsa Ave., Suite 102  
Westlake Village, CA 91362

AND WHEN RECORDED MAIL TO:

COLLEEN HICKMAN  
1702 W 95TH AVE  
CROWN POINT, IN 46307-2113

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 AUG -2 AM 9:42

MICHAEL B. BROWN  
RECORDER

2016 048880

Deal No.: 386897

APN: 45-12-32-231-016-000-029 SPACE ABOVE THIS LINE FOR RECORDER'S USE

R# 1299424

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF INDIANA)

COUNTY OF LAKE)

COLLEEN HICKMAN of legal age, being first duly sworn, deposes and says:  
**Document is NOT OFFICIAL!**  
**STOP**  
**This Document is the property of the Lake County Recorder!**

**DONALD EUGENE HICKMAN SR.** is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as **DONALD E. HICKMAN**, named as one of the parties in that certain deed dated **06/27/2005**, executed by **COLLEEN N. HICKMAN** to **COLLEEN N. HICKMAN AND DONALD E. HICKMAN** as **joint tenants**, recorded on **07/11/2005**, as Instrument No. **2005 057277**, Official Records of LAKE County, INDIANA describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

Most Commonly Known As: 1702 W 95TH AVE, CROWN POINT, IN 46307-2113

Dated: 6/27/14

*Colleen Hickman*  
COLLEEN HICKMAN

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 27 day of June 2014

Signature Johny P. Castor

24929

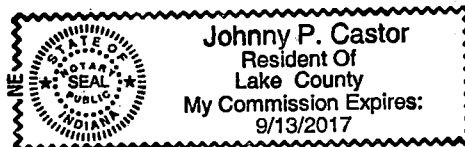
AUG 02 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

1 ref



\$18.00-

✓ # 2122102  
✓ # 21704  
E AS

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

*Alex Kalkan*

**Document is**

**Name**

*Alexander Kalkan Agent*

**NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

**STOP**





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3185-03

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>DONALD EUGENE HICKMAN SR.</b>				1a. Maiden Last Name (If Female) <b>NA</b>		2. Sex <b>M</b>	3. Time Of Death <b>3:43 AM</b>	4. Date Of Death (Month/Day/Year) <b>SEPTEMBER 18, 2008</b>	
5. Social Security Number [REDACTED]		6a. Age Yrs <b>68</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>February 17, 1940</b>		8. Birthplace (City And State Or Foreign Country) <b>PARKERSBURG, WEST VIRGINIA</b>
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) <b>METHODIST HOSPITAL SOUTHLAKE CAMPUS</b>									
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, INDIANA 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>COLLEEN HICKMAN</b>			15a. (If Wife) Give Maiden Last Name <b>NEWSOME</b>			16. Decedent's Usual Occupation <b>TOOL &amp; DIE MAKER</b>		17. Kind Of Business/Industry <b>MANUFACTURING</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>					
18c. Street And Number <b>1702 WEST 95TH AVENUE</b>						18d. Apt. No. <b>NA</b>	18e. Zip Code <b>46307</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>No, not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>JOHNNIE CLARENCE HICKMAN</b>			23. Mother's Name (First, Middle, Last) <b>ALMA JUANITA HICKMAN</b>			23a. Mother's Maiden Last Name <b>HEFLING</b>			
24. Informant's Name <b>COLLEEN HICKMAN</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1702 WEST 95TH AVENUE, CROWN POINT, INDIANA 46307</b>					
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>OAKLAND MEMORY LANES</b>			25c. Location - City, Town, And State <b>DOLTON, ILLINOIS</b>				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>CHAPEL LAWN FUNERAL HOME, 8178 S. CLINE AVE., SCHERERVILLE, INDIANA 46375</b>						27a. Funeral Home License Number: <b>FH19900051</b>	
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee) <b>FD08600181</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) <b>A. Blunt force injuries of the head</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>B. _____</b> Due To (Or As A Consequence Of): _____ <b>C. _____</b> Due To (Or As A Consequence Of): _____ <b>D. _____</b> Due To (Or As A Consequence Of): _____									Approximate Interval: Onset To Death <b>Unknown</b>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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) <b>September 18, 2008</b>		35. Time Of Injury <b>Unknown</b>		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>Roadway</b>			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State <b>Indiana</b>		38a. City Or Town <b>Hobart</b>		38b. Address <b>Eastbound Route 30 and Mississippi</b>			38c. Apt. No.	38d. Zip Code <b>46342</b>	
39. Describe How Injury Occurred <b>Motorcycle accident</b>						40. If Transportation Injury, Specify: <input checked="" 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: 						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>						44. License Number <b>N/A</b>		45. Date Certified <b>Sept. 23, 2008</b>	
46. Additional Funeral Service Provider: <b>NA</b>						47. *Akas: <b>NA</b>			
48. Signature of Local Health Officer: <b>Susan W Burt, D.O.</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>September 23, 2008</b>			



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

File No: 08-01291794

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY, IN THE STATE OF INDIANA:

LOT 5, IN FOUNTAIN RIDGE 2ND ADDITION, UNIT 2, TO THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 42 PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

APN: 45-12-32-231-016.000-029

BEING THE SAME PROPERTY CONVEYED TO COLLEEN N. HICKMAN AND DONALD E. HICKMAN BY DEED FROM COLLEEN N. HICKMAN RECORDED 07/11/2005 IN INSTRUMENT NO. 2005-057277, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

