

2016 053802

2016 AUG -8 AM 9:36

MICHAEL S. BROWN  
RECORDER

**AFFIDAVIT of SURVIVORSHIP**

TAX: I.D. NO. 45-07-17-356-024.000-023

Mary E. Williams, being first duly sworn upon oath, deposes and says:

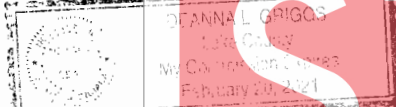
1. That Affiant's spouse, **Billy Fay Williams a/k/a Billy F. Williams**, died without leaving a will on May 3<sup>rd</sup>, 2013 at Crown Point, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

**THE SOUTH 10 FEET OF LOT 79 AND ALL OF LOT 80, 81, AND 82, IN UNIT 26 OF WOODMAR, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19 PAGE 25, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

Commonly known as: **7938 NORTHCOTE AVENUE, HAMMOND, IN 46324**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

**FURTHER, your Affiant says naught.**



*Mary E. Williams*  
MARY E. WILLIAMS

STATE OF INDIANA, COUNTY OF Lake SS:

Subscribed and sworn to before me, a Notary Public this 8<sup>th</sup> day of AUGUST, 2016

My Commission Expires: 2/20/21      Signature: *[Signature]*  
County of Residence: Lake      Printed: DEANNA L. GRISS, Notary Public **011434**

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 278134-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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**  
Signature of Preparer  
AUG 05 2016

*Deanna L Griggs*  
Printed Name of Preparer

**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR

Community Title Company  
File No. 1610274

#13  
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INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Benefit Request

# 33071649

Local No 001629

EDR No 00000322072

State No

1. Decedent's Legal Name (First, Middle, Last) <b>BILLY FAY WILLIAMS</b>				2. Sex <b>MALE</b>		3. Time Of Death <b>01:45 PM</b>		4. Date Of Death (Month/Day/Year) <b>05/03/2013</b>							
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>70</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>01/24/1943</b>		8. Birthplace (City and State or Foreign Country) <b>HUTCHINSON, KS</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 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>VIBRA HOSPITAL OF NORTHWESTERN INDIANA</b>										12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</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>MARY WILLIAMS</b>			15a. (If Wife) Give Maiden Last Name <b>LANDIS</b>			16. Decedent's Usual Occupation <b>MINISTER</b>			17. Kind Of Business/Industry <b>CHURCH</b>						
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18d. Apt. No.		18e. Zip Code <b>46324</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Father's Name (First, Middle, Last) <b>ORVILLE WILLIAMS</b>		23. Mother's Name (First, Middle, Last) <b>HARRIET WILLIAMS</b>		23a. Mother's Maiden Last Name <b>KELLAM</b>					
24. Informant's Name <b>MARY WILLIAMS</b>			24a. Relationship To Decedent <b>WIFE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7938 NORTH NORTHCOTE AVENUE, HAMMOND, IN 46324</b>			25. Place Of Disposition 25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>KELLY CARROLL CREMATORY</b> 25b. Location - City, Town, And State <b>GARY, IN</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)		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>WHITE FUNERAL HOME &amp; CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319</b>		27a. Funeral Home License Number: <b>FH10600026</b>		27b. Signature Of Indiana Funeral Service Licensee: <b>RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD08700089</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>FAILURE TO THRIVE</b> Due to (Or As A Consequence Of) B. <b>RESPIRATORY FAILURE</b> Due to (Or As A Consequence Of) C. Due to (Or As A Consequence Of) D. 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										Approximate Interval: Onset To Death <b>WEEKS</b> <b>WEEKS</b>					
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>NATURAL</b>										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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 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 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 (To G.O., 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							
19. Describe How Injury Occurred										39. 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>UPESH J. SHAH, BY ELECTRONIC SIGNATURE</b>										42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>02002106A</b>		45. Date Certified <b>05/09/2013</b>	
3. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>UPESH J. SHAH, 202 E 86TH PLACE, MERRILLVILLE, IN 46411</b>										47. <b>Susan W Best</b> <b>LAKE COUNTY HEALTH OFFICER</b>		48. For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 09 2013</b>			
6. Signature of Local Health Officer <b>USAN W. BEST, VIA ELECTRONIC SIGNATURE</b>										49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 09 2013</b>					



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)