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STATE OF INDIANA)
COUNTY OF LAKE)

) SS: 2016 055191

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG 15 AM 9:23

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Winnie Jo Loyd, being duly sworn upon her oath and states as follows:

1. That she is competent and has personal knowledge of the facts contained herein.
2. That at the time of his death, Clifton L. Loyd was the owner in fee simple of the following described real estate located at 2784 Dallas Street, Gary, Indiana and more particularly described as follows:

The East Half of Lots Twenty-three (23), Twenty-four (24) and Twenty-five (25), Nickel Plate City, a subdivision in Calumet Township, Lake County, Indiana.

Commonly known as 2784 Dallas Street, Gary, Indiana 46406
Parcel No.: 45-07-13-353-022.000-003

3. That Clifton L. Loyd and Winnie Jo Loyd were husband and wife and acquired title as tenants by the entirety to said real estate.
4. That the marital relationship which existed between Clifton L. Loyd and Winnie Jo Loyd continued unbroken from the time they acquired title to said real estate until the death of Clifton L. Loyd on April 1, 2016.
4. That the gross value of the estate of Clifton L. Loyd was determined for purpose of Federal Estate Taxes was less than the value required for the filing and his estate was not subject to Federal Estate Tax.
5. That the estate of Clifton L. Loyd was not subject to Indiana Inheritance Taxes.



Winnie Jo Loyd
Winnie Jo Loyd

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Winnie Jo Loyd and acknowledged the execution of the foregoing document. Witness my hand and seal this 29 day of June, 2016.

Jo Ellen Pilepov
Jo Ellen Pilepov, Notary Public

My Commission Expires: 02/27/2024
Resident of Lake County, Indiana

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.

Jo Ellen Pilepov

This instrument prepared by: Robert L. Taylor, 1787-45, 200 W. Glen Park Avenue, Griffith, IN 46319

FILED
AUG 12 2016

25200

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 14-
 CASH _____ CHARGE _____
 CHECK # 2871
 OVERAGE _____
 COPY _____
 NON-COM ✓
 CLERK *ilr*

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 000166

EDR No 00000505082

State No 016363

1. Decedent's Legal Name (First, Middle, Last) CLIFTON L LOYD		1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 04:48 AM		4. Date Of Death (Month/Day/Year) 04/01/2016																										
5. Social Security Number		6a. Age - Yrs 80		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) 08/06/1935		8. Birthplace (City and State or Foreign Country) CARBON HILL, AL																				
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) 2778 DALLAS STREET										12. City Or Town, State, And Zip Code GARY, IN, 46406					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 WINNIE LOYD					15a. (If Wife) Give Maiden Last Name WARD					16. Decedent's Usual Occupation CRANE OPERATOR					17. Kind Of Business/Industry STEEL MILL																			
18. Residence - State INDIANA					18a. County LAKE					18b. City Or Town GARY					18c. Street And Number 2778 DALLAS STREET					18d. Apt. No.					18e. Zip Code 46406					18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education 8TH GRADE OR LESS					20. Decedent Of Hispanic Origin NOT HISPANIC					21. Decedent's Race White					22. Father's Name (First, Middle, Last) EMORY LOYD					23. Mother's Name (First, Middle, Last) LORINE LOYD					23a. Mother's Maiden Last Name DOWNEY									
24. Informant's Name WINNIE LOYD					24a. Relationship To Decedent WIFE					24b. Mailing Address (Street And Number, City, State, Zip Code) 2778 DALLAS STREET, GARY, IN 46406					25. Place Of Disposition 25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):					25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY MILLS CEMETERY					25c. Location - City, Town, And State DOUBLE SPRINGS, AL									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOHMAN AVE, HAMMOND, IN 46321					27a. Funeral Home License Number FH83002819					27b. Signature Of Indiana Funeral Service Licensee APOLINARIO MORENO, BY ELECTRONIC SIGNATURE					27c. License Number (Of Licensee) FD20600073														
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.															Approximate Interval: Onset To Death																			
Immediate Cause (Final Disease Or Condition Resulting In Death) A. MYOCARDIAL INFARCTION Due to (Or As A Consequence Of)															2 WEEKS																			
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. RESPIRATORY FAILURE Due to (Or As A Consequence Of)															2 WEEKS																			
C. _____ Due to (Or As A Consequence Of)																																		
D. _____ Due to (Or As A Consequence Of)																																		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I CARDIOPULMONARY ARREST										28. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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 (E.G., 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														
39. Describe How Injury Occurred										40. If 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 RAKESH N. PARIKH, 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: RAKESH N. PARIKH, 5490 BROADWAY, MERRILLVILLE, IN 46410										44. License Number 01043290A					45. Date Certified 04/07/2016																			
46. Additional Funeral Service Provider:										47. *Akas:																								
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE										49. For Registrar Only - Date Filed (Month/Day/Year): APR 13 2016																								

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

49: 04/07/2016
5: 414-44-4167

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to verify residency. Original document has a multicolored background on special white security paper and a large seal of the State of Indiana on back that turns from orange to yellow when rubbed. Original document has hidden void on front that appears when photo copied.

WARNING:

STATE OF INDIANA

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

