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STATE OF INDIANA)
COUNTY OF LAKE)

) SS: 2016 055192

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG 15 AM 9:23

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

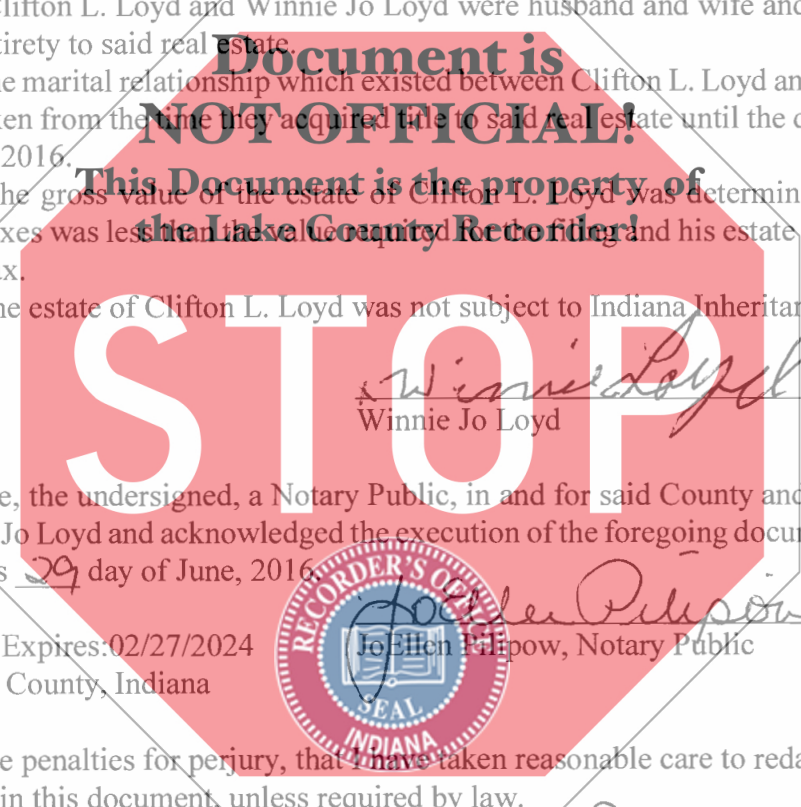
Comes now Winnie Jo Loyd, being duly sworn upon her oath and states as follows:

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:

All of Lots 21 and 22 in Block 1, Nickle Plate City, and the West Half of Lots 23, 24 and 25, in Nickel Plate City, as per plat thereof, recorded in Plat Book 2, page 44, in the office of the recorder of Lake County, Indiana.

Commonly known as 2778 Dallas Street, Gary, Indiana 46406
Parcel No.: 45-07-13-353-023.000-003

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 Pulpow
Jo Ellen Pulpow, 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 Pulpow

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

FILED
AUG 12 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25201

AMOUNT PAID	14-
CASH	CHARGE
CHECK #	2871
OVERAGE	
COPY	
NON-COM	
CLERK	AR

E



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) GLIFTON 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			
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): FD20000073				27d. Date of Death (See Instructions And Examples)	
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. Enter Shock, Seizure, Or Other Terminal Event On Line A. Add Additional Lines, If Necessary.							
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. MYOCARDIAL INFARCTION		Due to (Or As A Consequence Of)		Approximate Interval: Onset To Death 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							
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 checked="" 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: 414-34-4167							

