

STATE OF INDIANA )  
 ) SS.  
COUNTY OF LAKE )

2016 055440

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 AUG 15 PM 3:39

MICHAEL B. BROWN  
RECORDER

3

### SURVIVORSHIP AFFIDAVIT

KYLE C. HARMON, before me personally appeared and who after being duly sworn upon their oath depose and state as follows:

1. That KYLE C. HARMON resides at 7233 Ash Pl., Gary, Indiana 46403.
2. That KYLE C. HARMON survives OSCAR DONELSON, who died September 24, 2015 (said Death Certificate is attached as Exhibit "A")
3. That forty-five (45) days have elapsed since the death of the decedent.
4. That OSCAR LEE DONELSON was at the time of his death owner of the following described real estate:

**Document is NOT OFFICIAL!**  
 This Document is the property of the Lake County Recorder!

LOT 27 IN BLOCK "B", IN MARSHALLTOWN TERRACE, SECTION 2, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 62, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No. 45-08-14-276-012.000-004

More commonly known as 2421 Marshalltown Terrace, Gary Indiana 46407

5. That KYLE C. HARMON acquired title to said real estate pursuant to a Transfer on Death Deed filed on March 28 2013 in the Office of the Lake County Recorder as document number 2013-023951, which was in effect up to and at the time of death of OSCAR DONELSON.

6. That all funeral expenses in connection with the death of said Decedent have been paid in full.

7. That all of the assets of said Decedent which would be includable for

1.

**FILED**

AUG 15 2016

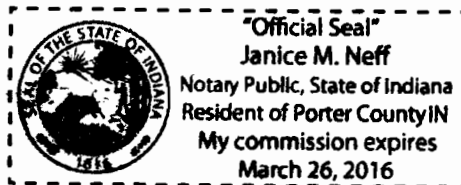
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

4532

16-  
New-Com  
CASH  
BR

State and Federal Tax purposes, including joint bank accounts and life insurance on Decedent's life were not sufficient or existed to necessitate payment of Federal Estate Taxes or Indiana Inheritance Tax.

*Kyle Harmon*  
KYLE C. HARMON



STATE OF INDIANA )  
  ) SS.  
COUNTY OF LAKE )

SUBSCRIBED AND SWORN before me, a Notary Public this 25<sup>th</sup> day of January 2016 in the aforementioned State and County.

My Commission Expires:

3-26-2016

County of residence Porter

**Document is**

**NOT OFFICIAL!**

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

*Janice M Neff*  
Notary Public

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.



*Cornell Collins*

PREPARED BY: CORNELL COLLINS  
ATTORNEY AT LAW  
607 S. LAKE ST.  
GARY, IN 46403  
219-938-8080



RETURN TO: CORNELL COLLINS, ATTY. AT LAW, 607 S. LAKE ST., GARY, IN 46403

MAIL TAX BILLS TO: KYLE C. HARMON, 7233 Ash Pl., GARY, IN 46403



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 66297

Local No 003224

EDR No 00000471137

State No 046112

1. Decedent's Legal Name (First, Middle, Last) <b>OSCAR LEE DONELSON SR</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:05 AM</b>		4. Date Of Death (Month/Day/Year) <b>09/24/2015</b>			
5. Social Security Number		6a. Age - Yrs <b>85</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
7. Date of Birth (Month/Day/Year) <b>03/21/1930</b>		8. Birthplace (City and State or Foreign Country) <b>WESTPOINT, MS</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 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 <b>CROWN POINT, IN 46007</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name				15a. (If Wfwe) Give Maiden Last Name				16. Decedent's Usual Occupation <b>STEELWORKER</b>		17. Kind Of Business/Industry <b>U S STEEL</b>			
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>GARY</b>			18d. Apt. No.		18e. Zip Code <b>46407</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>2421 MARSHALLTOWN LANE</b>			19. Decedent's Education <b>8TH GRADE OR LESS</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>Black or African American</b>				
22. Father's Name (First, Middle, Last) <b>JOHN E. BIR...</b>				23. Mother's Name (First, Middle, Last) <b>ANNIE B DONELSON</b>				23a. Mother's Maiden Last Name <b>MITCHELL</b>					
24. Informant's Name <b>EMM...</b>				24a. Relationship To Decedent <b>DAUGHTER</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7233 ASH PLACE, GARY, IN 46403</b>					
25. Place Of Disposition													
25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other Entombment				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>EVERGREEN MEMORIAL PARK</b>				25c. Location - City, Town, And State <b>GARY, IN</b>					
26. Was Death Certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>				27a. Funeral Home License Number: <b>FH83007704</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>ED9700070</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. ACUTE MYOCARDIAL INFARCTION</b>										Approximate Interval: Onset To Death <b>HOURS</b>			
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. BOWEL OBSTRUCTION</b>										<b>YEARS</b>			
<b>C. EXTENDED SPECTRUM BETA-LACTAMASE BACTEREMIA</b>										<b>YEARS</b>			
<b>D. CARDIAC ARRHYTHMIA</b>										<b>YEARS</b>			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>HYPERTENSION, COLON CANCER</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 checked="" 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"/> 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) <b>LAKE COUNTY HEALTH DEPARTMENT</b>					
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				38. Location Of Injury - State				38a. City Or Town		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred													
40. 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>ADOLPHUS A ANEKWE, BY ELECTRONIC SIGNATURE</b>													
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: <b>ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409</b>						44. License Number <b>01036654A</b>			45. Date Certified <b>09/29/2015</b>				
46. Additional Funeral Service Provider:													
47. *As:						48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>							
49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 01 2015</b>						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

