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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 057174

2016 AUG 23 AM 11:11



Fidelity National Title
Insurance Company

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

SS:

ALICE JOHNSON being first duly sworn upon oath, deposes and says:

1. That HARVEY C. JOHNSON died on August 23, 2011 at GARY INDIANA
A.K.A. HARVEY C. JOHNSON (City/State)

2. That HARVEY C. JOHNSON and Alice Johnson were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT # 34 in Block #3 as marked on RECORDED PLAT OF TARRY
APPEAR ON RECORDED PLAT BOOK 30 PAGE 13 IN RECORDS OFFICE
the Lake County Recorder's Office

- 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) (her) death.
- That all funeral expenses in connection with the death of said decedent have been paid in full.
- That all of the assets of said decedent which would be includable 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 affiant sayeth not.

Parcel # 45-08-07-352-027.000-004

Alice JOHNSON
Affiant Signature

STATE OF Indiana
COUNTY OF LAKE

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Alice Johnson who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 22 day of August, 2016.

Resident of LAKE County, Indiana

Signature

My Commission Expires: MAY 18, 2024

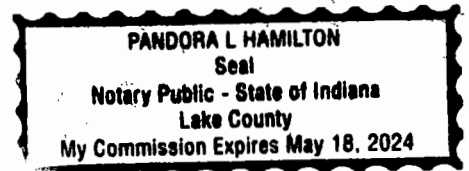
Printed

PANDORA L HAMILTON

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.

Christa Dea Johnson
[Name]

This instrument prepared by PANDORA L. Hamilton



FILED

AUG 23 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

014803

\$13,000-

CASH
JTB



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000376

EDR No 00000215863

State No

1. Decedent's Legal Name (First, Middle, Last) HARVEY C JOHNSON SR				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 10:50 AM	4. Date Of Death (Month/Day/Year) 08/23/2011	
5. Social Security Number [REDACTED]	6a. Age - Yrs 92	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) 01/22/1919		8. Birthplace (City and State or Foreign Country) CHARLESTON, MS	
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 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) 4306 WEST 19TH PLAZA									
12. City Or Town, State, And Zip Code GARY, IN, 46404				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 ALICE JOHNSON			15a. (If Wife) Give Maiden Last Name WILLIAMS		16. Decedent's Usual Occupation AUTO PAINTER		17. Kind Of Business/Industry LYLES AUTO		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16c. Street And Number 4306 WEST 19TH PLAZA	19. Decedent's Education 8TH GRADE OR LESS	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race Black or African American	22. Father's Name (First, Middle, Last) UNKNOWN UNKNOWN	23. Mother's Name (First, Middle, Last) UNKNOWN UNKNOWN	23a. Mother's Maiden Last Name JOHNSON			
24. Informant's Name ALICE JOHNSON			24a. Relationship To Decedent WIFE	24b. Mailing Address (Street And Number, City, State, Zip Code) 4306 WEST 19TH PLAZA, GARY, IN 46404					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) EVERGREEN MEMORIAL PARK				25c. Location - City, Town, And State HOBART, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number: FH83007704		
27b. Signature Of Indiana Funeral Service Licensee: TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20500009			
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. PULMONARY EMBOLISM	Date to (Or As A Consequence Of):	10 YEARS						
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.	Date to (Or As A Consequence Of):							
	C.	Date to (Or As A Consequence Of):							
	D.	Date 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.						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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"/> 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: HAYSSAM KADAH, 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: HAYSSAM KADAH, 9330 BROADWAY, CROWN POINT, IN 46307						44. License Number 01039940A		45. Date Certified 09/01/2011	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: RICARDO HOOD, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 02 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

