

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG 23 PH 12: 04

STATE OF INDIANA)

2016 057176

COUNTY OF LAKE)

)SS:

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Unsk Boylen, and upon being duly sworn does attest and say:

1. That the affiant is the surviving spouse of Wesley Boylen aka Wesley Boylen, Jr., deceased.
2. That Unsk Boylen and Wesley Boylen aka Wesley Boylen, Jr., acquired the following property as Husband and Wife during the term of their marriage to wit:

This Document is the property of the Lake County Recorder!

Lots 22, 23 and 24 in Block 4 in Second Addition to East Gary Gardens, as per plat thereof, recorded in Plat Book 24, page 51, in the office of the recorder of Lake County, Indiana.

Commonly known as: 2470 Allen St. Gary, Indiana
Parcel No.: 45-08-13-280-022.000-017

Commonly known as: 2478 Allen St. Gary, Indiana
Parcel No.: 45-08-13-280-023.000-017

Commonly known as: 2480 Allen St. Gary, Indiana
Parcel No.: 45-08-13-280-024.000-017
3. That Unsk Boylen and Wesley Boylen aka Wesley Boylen, Jr. remained married until the death of Wesley Boylen aka Wesley Boylen, Jr. on the 18th day of December, 2009.
4. That Unsk Boylen became the fee simple owner of the above described property upon- the death of Wesley Boylen aka Wesley Boylen, Jr..

I affirm under the penalties for perjury that the foregoing statements are true.

004828

FILED

AUG 23 2016

Unsk Boylen

(Signature of Unsk Boylen)

15
13670
(Handwritten initials)

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.

State No.

| | | | | | | | | | |
|---|--|---|---|---|---|--|--|---|---|
| 1. Decedent's Legal Name (First, Middle, Last) WESLEY BOYLEN, JR. | | | | 1a. Maiden Last Name (If Female) N/A | | 2. Sex Male | 3. Time Of Death 10:07AM | 4. Date Of Death (Month/Day/Year) December 18, 2009 | |
| 5. Social Security Number [REDACTED] | | 6a. Age - Yrs 72 | 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) August 28, 1937 | | 8. Birthplace (City And State Or Foreign Country) Grafton, West Virginia |
| 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 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) Porter - Valparaiso Campus | | | | | | | | | |
| 12. City Or Town, State, And Zip Code Valparaiso | | | | | 13. County Of Death Porter | | 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 Unsus Boylen | | | 15a. (If Wife) Give Maiden Last Name Jo | | 16. Decedent's Usual Occupation Carpenter | | 17. Kind Of Business/Industry Railroad | | |
| 18. Residence - State IN | | 18a. County Porter | | 18b. City Or Town Portage | | 18c. Street And Number 2148 Damon | 18d. Apt. No. | 18e. Zip Code 46368 | 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 No not Spanish/Hispanic/Latino | | 21. Decedent's Race White | | 22. Father's Name (First, Middle, Last) Oakie Boylen | | 23. Mother's Name (First, Middle, Last) Springfield | |
| 24. Informant's Name Unsus Boylen | | 24a. Relationship To Decedent Wife | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 2148 Damon, Portage, IN 46368 | | | | | |
| 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) Graceland Cemetery | | 25c. Location - City, Town, And State Valparaiso, IN 46383 | | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility Rees Funeral Home, Olson Chapel, 5341 Central Ave., Portage, Indiana 46368 | | | | | 27a. Funeral Home License Number: FH83005613 | | |
| 27b. Signature of Indiana Funeral Service Licensee: <i>James J. Boylen</i> | | | | | 27c. License Number (Of Licensee): FD20100023 | | | | |
| 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. Cancer of esophagus, Pneumonia, COPD | | | | | | | | | |
| 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. _____ C. _____ D. _____ | | | | | | | | | |
| -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 | | | | |
| 30. Were Autopsy Findings Available To Complete The Cause Of Death? <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: <i>Ashwani Kumar</i> | | | | | 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: Ashwani Kumar MD, 3156 Willowcreek Road Portage, IN 46368 | | | | | | 44. License Number 01033934 | 45. Date Certified 12/21/09 | | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Akas: | | | |
| 48. Signature of Local Health Officer: <i>Gay A. Bobroka MD</i> | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): December 22 2009 | | | | |

