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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 057800

2016 AUG 25 AM 9:06

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 17 day of Aug, 2016 before me, personally appeared Theresa Lynn Likens, n/k/a Theresa L. Kell and Venitta McClure, as tenants in common as to an undivided 1/2 interest each to me personally known, who being duly sworn on oath did say that:

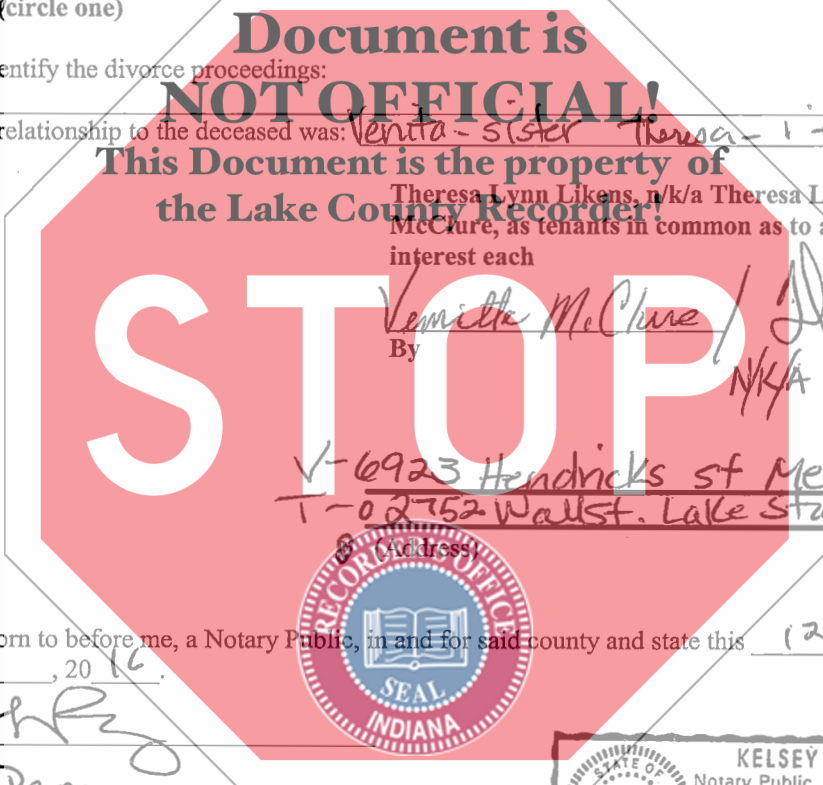
1. Affiant resides at the address given below affiant's signature:
2. Affiant is Theresa L. Kell + Venitta McClure
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Theresa Lynn Likens, n/k/a Theresa L. Kell and Venitta McClure;
4. Said George Llyod Blood Died on 7-27-09 leaving a will (no will (circle one));
5. The legal description of the premises in question is: (see attached legal description)
6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?
Yes (No (circle one)) -?? Are these to be hand-written in OR do we need to prompt for Y/N and then ask the other questions IF yes?

If yes, then estimated taxes due are \$ _____
The taxes due are: _____ paid or _____ unpaid

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
Yes / No (circle one)

(If yes, identify the divorce proceedings: _____)

8. Affiant's relationship to the deceased was: Venitta - sister Theresa - 1 - DAD - Friend



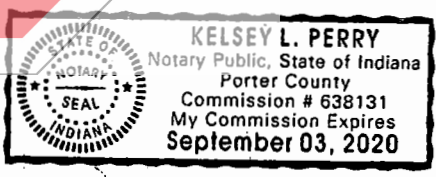
This Document is the property of
Theresa Lynn Likens, n/k/a Theresa L. Kell and Venitta McClure, as tenants in common as to an undivided 1/2 interest each

By Venitta McClure / Theresa L. Kell
NKA

✓ 6923 Hendricks St Merrillville, IN 46410
1-02752 Wall St. Lake Station, IN 46403
Address:

Subscribed and sworn to before me, a Notary Public, in and for said county and state this 17 day of Aug, 2016.

Kelsey L. Perry
Notary Public
Kelsey L. Perry
(Print name)
My Commission Expires: 03 Sept 2020
Residing in Porter County, IN.



I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Kelsey L. Perry

Prepared by: Venitta McClure + Theresa L. Kell
Return to: _____

FILED

AUG 25 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

15-
LT
R.M

25460



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0788.09

State No.

1. Decedent's Legal Name (First, Middle, Last): GEORGE L. BLOOD
1a. Maiden Last Name (If Female): LAKE
2. Sex: M
3. Time Of Death: 10:05 AM
4. Date Of Death (Month/Day/Year): JULY 27, 2009

5. Social Security Number: [Redacted]
6a. Age Yrs: 64
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): MAY 13, 1945
8. Birthplace (City And State Or Foreign Country): HAMMOND, INDIANA

9. Ever In U.S. Armed Forces? [] Yes [] No [X] Unknown
10a. If Death Occurred Somewhere Other Than A Hospital: [] Hospice Facility [] Decedent's Home [X] Nursing Home/Long-Term Care Facility [] Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): REGENCY PLACE

12. City Or Town, State, And Zip Code: DYER, INDIANA 46311
13. County Of Death: LAKE
14. Marital Status At Time Of Death: [] Married [] Married, But Separated [X] Divorced [] Widowed [] Never Married [] Unknown

15. Surviving Spouse's Name:
16. Decedent's Usual Occupation: DRIVER/MECHANIC
17. Kind Of Business/Industry: TRUCKDRIVER

18. Residence - State: INDIANA
18a. County: LAKE
18b. City Or Town: GARY

18c. Street And Number: 2941 W. 41ST AVENUE
18d. Apt. No.:
18e. Zip Code: 46408
18f. Inside City Limits? [X] Yes [] No

19. Decedent's Education: Some college credit, but no degree
20. Decedent Of Hispanic Origin: No, Not Spanish Or Spanish-Latina
21. Decedent's Race: White

22. Father's Name (First, Middle, Last): JAMES BLOOD
23. Mother's Name (First, Middle, Last): IDA WULFF
23a. Mother's Maiden Last Name: DEYOUNG

24. Informant's Name: JOY MCCLURE
24a. Relationship To Decedent: SISTER
24b. Mailing Address (Street And Number, City, State, Zip Code): 6923 HENDRICKS MERRILLVILLE, INDIANA 46410

25. Place Of Disposition: CALUMET PARK CEMETERY, MERRILLVILLE, INDIANA

26. Was Coroner Contacted? [] Yes [X] No
27. Name And Complete Address Of Funeral Facility: CALUMET PARK FUNERAL CHAPEL 7535 TAFT STREET MERRILLVILLE, INDIANA 46410

27b. Signature Of Indiana Funeral Service Licensee: Kimberly M. Jones
27c. License Number (Of Licensee): FD20800087
27d. Date: JUL 30 2009

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. Metastases from breast cancer

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. Lung + breast mets

C. Due To (Of As A Consequence Of)
D. Due To (Of 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? [] Yes [X] No
30. Were Autopsy Findings Available To Complete The Cause Of Death? [] Yes [] No

31. Did Tobacco Use Contribute To Death? [] Yes [] Probably [X] No/Unknown
32. If Female: [] Not Pregnant Within Past Year [] Pregnant At Time Of Death [] Not Pregnant, But Pregnant Within 42 Days Of Death [] Not Pregnant, But Pregnant 43 Days To 1 Year Before Death [] Unknown If Pregnant Within The Past Year
33. Manner Of Death: [X] Natural [] Homicide [] Accident [] Pending Investigation [] Suicide [] 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? [] Yes [] No

38. Location Of Injury - State:
38a. City Or Town:
38b. Street & Number:
38c. Apt. No.:
38d. Zip Code:

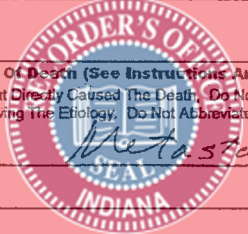
39. Describe How Injury Occurred:
40. If Transportation Injury, Specify: [] Driver/Operator [] Passenger [] Pedestrian [] Other (Specify)

41. Signature Of Person Certifying Cause Of Death: Katherine Mulligan
42. Certifier (Check Only One): [X] Certifying Physician [] Coroner [] Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Katherine Mulligan MD 919 main St. Suite 102 Dyer, Indiana 46311
44. License Number: 01052342A
45. Date Certified: 7/30/09

46. Additional Funeral Service Provider:
47. *Akas:

48. Signature Of Local Health Officer: [Signature]
49. (For Registrar Only - Date Filed (Month/Day/Year): July 30, 2009



THIS CERTIFICATE IS A COPY OF THE ORIGINAL FILED WITH THE CLERK OF SUPERIOR COURT IN LAKE COUNTY INDIANA

27a. Funeral Home Used: COMPLETE ON FILE WITH THE DEPARTMENT

LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF LAKE, STATE OF INDIANA AND IS DESCRIBED AS FOLLOWS:

Lot 16, Lohman's Addition to Ranburn Woods, as per plat thereof, recorded in Plat Book 28, page 19, in the Office of the Recorder of Lake County, Indiana.

Property Address: 2941 W 41st Avenue, Gary, IN 46408

Parcel No.: 45-08-29-301-004.000-001

