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2016 059514

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 AUG 31 AM 10: 04

MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT - JOINT TENANCY**

STATE OF INDIANA )  
 ) SS:  
COUNTY OF ~~LAKE~~ )  
PORTER

ARRON LEE ELKINS aka ARRON L. ELKINS, being first duly sworn upon oath, deposes and says:

1. That Affiant's co-tenant, ACE E. ELKINS died  
(without leaving a will) (leaving a will) on November 25  
20 01 at Merrillville, Lake County, IN

2. That the deceased and the affiant acquired title as joint tenants to the following described real estate:

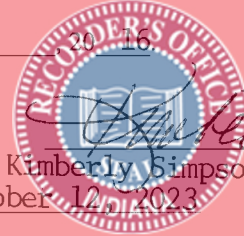
LOT 33, BLOCK 10, IN MEADOWDALE SUBDIVISION, IN THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31, PAGE 52, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. *45-12-04-154-006-000-031*

- 3. That all of the assets of said decedent which would be included for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of Inheritance taxes.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be included 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.

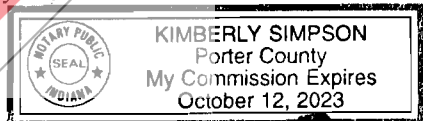
Further Affiant sayeth not.

*[Signature]*  
Arron Lee Elkins, a/k/a Arron L. Elkins

Subscribed and sworn to before me, a Notary Public, this 24th  
day of August



My Commission Expires: October 12, 2023  
County of Residence: Porter County, IN



This Instrument prepared by ARRON LEE ELKINS aka ARRON L. ELKINS

**FIDELITY NATIONAL TITLE COMPANY**  
FIDELITY NATIONAL TITLE  
INSURANCE COMPANY  
Valparaiso, IN 46383  
*FB 1600104* *FB 1600104* *004973*

**FILED**  
AUG 29 2016  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

13-  
FN  
EM

572

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2879-01

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

67042  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED NAME (First, Middle, Last) Ace H Elkins		2. SEX Male	3a. TIME OF DEATH 11:30 A M	3b. DATE OF DEATH (Month, Day, Yr.) November 25, 2001	
4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) May 05, 1941	
7a. WAS DECEDENT A U.S. VETERAN? Yes	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1973	7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana			
8a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> EPOutpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		9. CITY, TOWN, OR LOCATION OF DEATH Merrillville			
8b. FACILITY NAME (If not institution, give street and number) 5431 Lincoln St		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Marianne Juttner	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cook		12b. KIND OF BUSINESS/INDUSTRY Restaurant	
13a. RESIDENCE-STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville		13d. STREET AND NUMBER 5431 Lincoln St	
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) Caucasian	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> 12 College (1-4 or 5+)		18. MOTHER'S NAME (First, Middle, Maiden Surname) Adaline Graves			
19. FATHER'S NAME (First, Middle, Last) Albert Elkins		20. MOTHER'S NAME (First, Middle, Maiden Surname) Adaline Graves			
20a. INFORMANT'S NAME (Type/Print) Marianne Elkins		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5431 Lincoln St. Merrillville, Indiana 46410		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 28, 2001 Chapel Lawn Memorial Gardens		21c. LOCATION - City or Town, State Scherverville, Indiana	
22a. EMBALMER'S NAME Raymond E. White Jr.		22b. EMBALMER'S LICENSE NO. FD08700086		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Raymond E. White Jr.</i>		24b. LICENSE NUMBER (of Licensee) FD08700086		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home, 8178 Cline Avenue, Scherverville, Indiana, 46375	
26. PART I. Enter the disease, injury, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): a. <i>myocardial infarction</i> b. <i>season years</i>					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT ON 30 DAYS POSTPARTUM? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		29b. DATE SIGNED (Month, Day, Year) 11/26/01			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Donald M Phillips MD</i>		29c. MEDICAL LICENSE NO. 01020846			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 1356 S. Lake Park Ave Hobart IN 46342					
31. HEALTH OFFICER'S SIGNATURE <i>Susan J Best D.O.</i>		32. DATE FILED (Month, Day, Year) November 28 2001			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY - All homes, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) (If yes specify driver, passenger, pedestrian, etc.)			

SDH06-004 State Form 10110-06 (R4/3-93) Death Certificate



FB 1600104