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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 059657

2016 AUG 31 PM 2: 26

Property Number:  
45-03-27-205-024.000-024

MICHAEL B. BROWN  
RECORDER

### SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

COUNTY OF LAKE

Comes now Maxine Reed, the Affiant, and who, being first duly sworn upon her Oath, makes the following statements and affirmations:

1. **Maxine Reed** is an adult residing at 2750 Evergreen Lane, East Chicago, Indiana 46312, and has personal knowledge of the facts stated herein as the Surviving spouse of Milton Reed.

2. **Maxine Reed** is the owner of the following described real estate:

EVERGREEN ESTATES RDSUB Lot 10 Ely South westerly 10FT of BL. 13 of SUNNYSIDE ADD & PT. NE S. 27 T. 37 R. 9 All of Lot 6 and Southeasterly Line meas. 59.6FT of Lot 5 as Recorded in Plat Book 44 Page 132

Commonly known as: 2750 Evergreen Lane  
East Chicago, IN 46312

Property Number: 45-03-27-205-024.000-024

3. Said real estate was formerly owned by Milton Reed and Maxine Reed, Husband and wife, who obtained title to said real estate by the Warranty Deed from Inland Steel Company date September 26, 1975, and recorded October 27, 1975 as Document Number 322795, in the Office of the Recorder of Lake County, Indiana.

4. Milton Reed died on July 5, 2016, a resident of Lake County, Indiana. A certified Copy of the Indiana State Department of Health Certificate of Death of Milton Reed, is attached to this Survivorship Affidavit as Exhibit "A" and made part of this Survivorship Affidavit reference.



**FILED**

AUG 31 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

5019

17.00  
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5. There were no Federal Estate or State Inheritance taxes due by reason of Milton Reed's death and no probate proceedings have been opened.
6. Milton Reed and Maxine Reed were husband and wife at the time they acquired title to said real estate and they were never divorced.
7. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Maxine Reed is the sole owner of said real estate and to place with the Lake County Recorder's office evidence that Maxine Reed is the sole owner of said real estate.

Further Affiant saith not.

IN WITNESS WHEREOF, Maxine Reed, the Affiant, has executed this Survivorship Affidavit this 27<sup>th</sup> day of July 2016.

*Maxine Reed*

**Document is** Maxine Reed

**NOT OFFICIAL!**

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

State of Indiana)

County of Lake )

Before me, the undersigned Notary Public in and for said County and State, Personally appeared Maxine Reed, the Affiant, and acknowledge the execution of the Foregoing Survivorship Affidavit, and having been duly sworn upon her oath, stated that the facts alleged therein are true.

Witness my hand and Notarial Seal this 27<sup>th</sup> day of July 2016.

*Samuel Smith, Jr.*



Notary's County of Residence:

Notary's Commission Expires:

After recording return to: Maxine Reed  
2750 Evergreen Lane  
East Chicago, Indiana 46312



Mailing Address of Affiant: 2750 Evergreen Lane  
East Chicago, Indiana 46312

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. M. Reed

Prepared by: Maxine Reed

Tax Mailing Address:  
**2750 Evergreen Lane**  
**East Chicago, Indiana 46312**





**CERTIFICATE OF DEATH**

**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**



Local No **000148**

EDR No **00000520404**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>MILTON O REED</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>01:20 PM</b>	4. Date Of Death (Month/Day/Year) <b>07/05/2016</b>	
5. Social Security Number	6a. Age - Yrs <b>83</b>	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) <b>07/15/1932</b>		8. Birthplace (City and State or Foreign Country) <b>RIPLEY, TN</b>	
10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <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) <b>ST CATHERINE HOSPITAL INC</b>									
12. City Or Town, State, And Zip Code <b>EAST CHICAGO, IN, 46312</b>					13. County Of Death <b>LAKE</b>			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 <b>MAXINE REED</b>				15a. (If Wife) Give Maiden Last Name <b>SMITH</b>		16. Decedent's Usual Occupation <b>MINISTER</b>		17. Kind Of Business/Industry <b>CLERGY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>EAST CHICAGO</b>		18d. Apt. No.	18e. Zip Code <b>46312</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>2750 EVERGREEN LANE</b>		19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>	20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>		23a. Mother's Maiden Last Name <b>REEVES</b>		
22. Father's Name (First, Middle, Last) <b>MARVIN O REED SR</b>				23. Mother's Name (First, Middle, Last) <b>GERTIE REED-COBB</b>			23a. Mother's Maiden Last Name <b>REEVES</b>		
24. Informant's Name <b>MAXINE REED</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2750 EVERGREEN LANE, EAST CHICAGO, IN 46312</b>					
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) <b>FERN OAKS CEMETERY, GRIFFITH, IN</b>			25c. Location - City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>DIVINITY FUNERAL HOME, 3831 MAIN ST., EAST CHICAGO, IN 46312</b>						27a. Funeral Home License Number: <b>FH10700039</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>SAMUEL SMITH JR, BY ELECTRONIC SIGNATURE</b>	27c. License Number (Of Licensee): <b>FD01019692</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 Listing The Event(s) That Immediately Preceded The Cause On A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>PNEUMONIA</u> Due to (Or As A Consequence Of):  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. <u>SEPSIS</u> Due to (Or As A Consequence Of): C. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of): D. _____								Approximate Interval: Onset To Death	
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 checked="" 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: <b>WASSIM ATASSI, 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>WASSIM ATASSI, 9696 GORDON DR., HIGHLAND, IN 46322</b>						44. License Number <b>01058603A</b>	45. Date Certified <b>07/08/2016</b>		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 18 2016</b>			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Exhibit "A"

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

STATE OF INDIANA

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED