

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 001411

2017 JAN -9 PM 1:44

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVING SPOUSE

5
STATE OF INDIANA)
COUNTY OF LAKE

) SS:

Nelvin Reagins

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

1. That Maxine Reagins
Munster, Indiana
hereto as Exhibit A.

died on August 21, 2005 at

A certified copy of the death certificate is attached

2. That Maxine Reagins
were duly and legally married
estate, recorded on the dates per attached
County, Indiana:

and Nelvin Reagins

The Document is the property of
the Lake County Recorder!

See Attached Document Exhibit B,C

Property address: See attached document Exhibit B,C
Parcel ID: See attached document Exhibit B,C

3. 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.

4. That Nelvin Reagins
the present ownership of title to the above real estate pursuant to

makes these representations to set forth
IC 32-17-3-1(c).

Further affiant sayeth not.

Nelvin Reagins / Nelva L. Berry, RA

Affiant signature

Nelvin Reagins / Nelva L. Berry, RA

Print name

1/9/17

Date

FILED

JAN 09 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

010183

19.
CASH
D

ACKNOWLEDGEMENT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

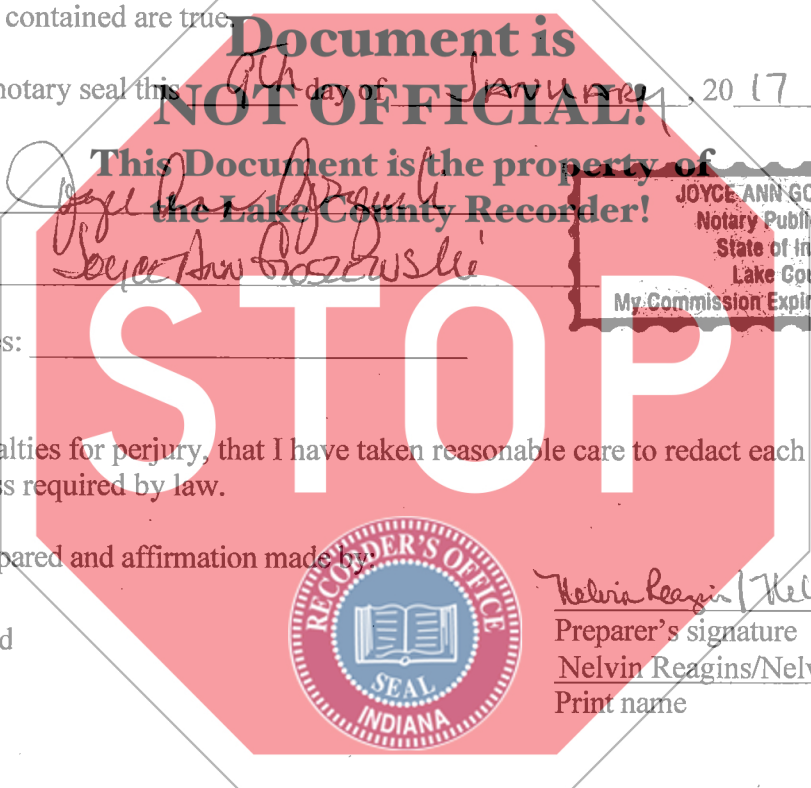
Before me, a notary public in and for said county and state, and a resident of Lake County, Indiana, personally appeared Nelvin Reagins / Nelva L. Berry, POA who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 9th day of January, 2017.

Notary signature: _____

Print name: _____

My commission expires: _____



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.

This document was prepared and affirmation made by:
Nelvin Reagins
3437 Poland Hill Road
Lafayette, IN 47909
(219) 746-9002



Nelvin Reagins / Nelva L. Berry, POA
Preparer's signature
Nelvin Reagins/Nelva L. Berry/POA
Print name

After recording, please return instrument to:
Nelvin Reagins
3437 Poland Hill Road
Lafayette, IN 47909

Exhibit A

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Local No. 2268-05

State No.

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

TYPE/PRINT IN PERMANENT INK

1. DECEASED—NAME (First, Middle, Last) Maxine Reagins		2. SEX Female	3a. TIME OF DEATH 1:03 P M	3b. DATE OF DEATH (Month, Day, Yr) August 21, 2005
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 57	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) December 20, 1947		7. BIRTHPLACE (City and State or Foreign Country) Carthage, Texas		
8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Nelvin Reagins	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher	12b. KIND OF BUSINESS/INDUSTRY Gary Community School	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2269 Marshall Place	
13e. ZIP CODE 46404	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5+		18. FATHER'S NAME (First, Middle, Last) Frank Barnes Sr.		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Virginia Duncan		20. INFORMANT'S NAME (Type/Print) Nelvin Reagins		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2269 Marshall Place Gary, Indiana 46404		20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) August 25, 2005 Shady Grove Cemetery		21c. LOCATION—City or Town, State Long Branch, Texas
22a. EMBALMER'S NAME: Roosevelt Allen Jr.		22b. EMBALMER'S LICENSE NO. #01051701	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) #20500009	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704	
26. PART I. Enter the diseases, injuries, 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) a. <i>Pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Septic Shock</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Respiratory Failure</i> DUE TO (OR AS A CONSEQUENCE OF) d. <i>Pneumonia</i>				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -----
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> NOTIFYING 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) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29c. MEDICAL LICENSE NO. 01046859A	29d. DATE SIGNED (Month, Day, Year) 8-25-05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 7400 Columbia Ave Hammond IN 46324 Dr. W. Ahdab				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) August 31, 2005
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) GARY, IN 2005		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

DECEDENT

PARENTS

FORMANT

POSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

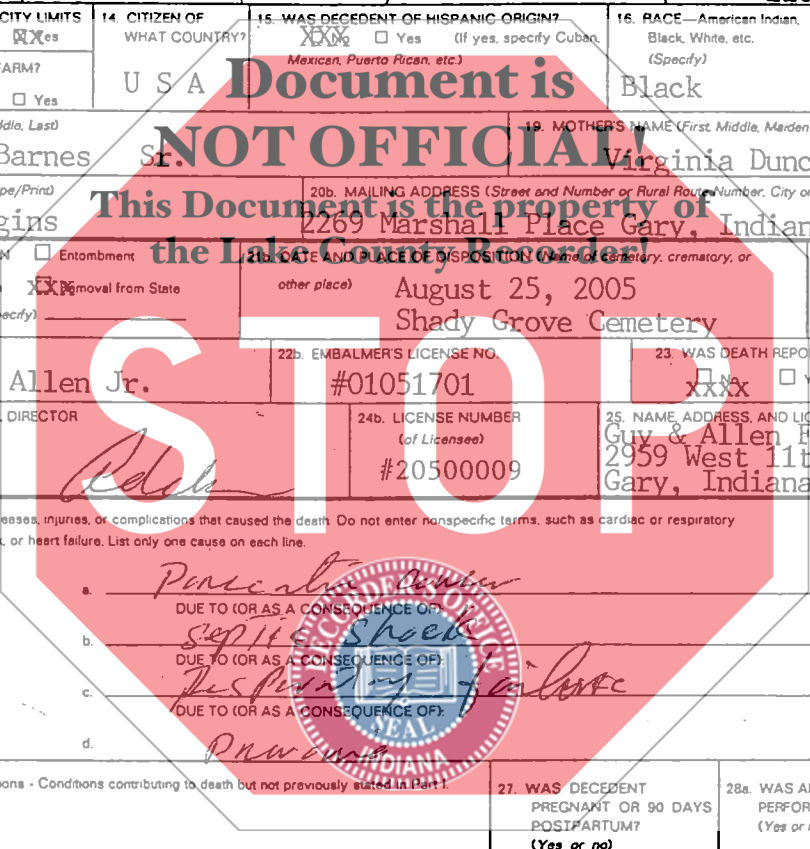


Exhibit B

Date Recorded: July 28, 1982 as # 676072/1075
Legal Description:

Lot numbers 25 and 26 block number 8 as marked and laid down on the recorder's plat to Wooded Highlands ^{Addition} ~~Subdivision~~ in Lake County Indiana as the same appear on the record of plat book 13 page 21 in the Recorder's Office Lake County Indiana.

Key Numbers ~~Documents 25 and 47 323 26~~

~~Wooded Highlands ADD L. 26 Bl. 8~~
~~45-08-17-106-013.000-004~~
~~012~~

This Document is the property of the Lake County Recorder!

Property Addresses: 2261-63 Marshall Place, Gary, IN 46404

Parcel ID# 45-08-17-106-013.000-004

2257-59 Marshall Place, Gary, IN 46404

Parcel ID# 45-08-17-106-012.000-004

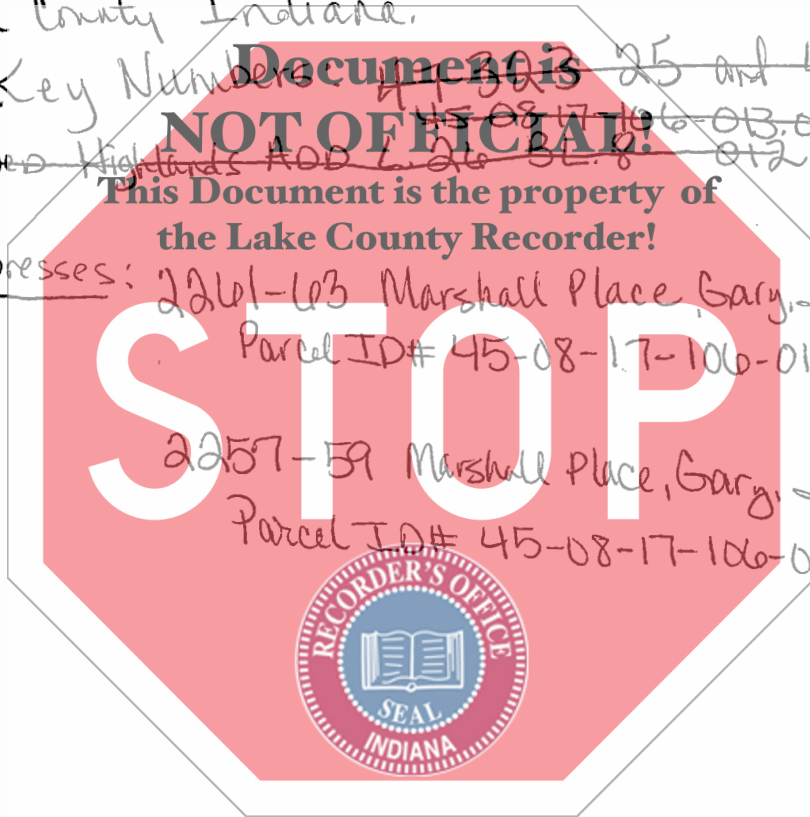


Exhibit ¹⁰⁰ AC

Date Recorded: April 6, 1982 as #664620/225

Legal Description: Lincoln Park ADD. L. 64 BL. 5

Property Address: 2672 Fillmore Street, Gary, IN 46407

Parcel ID: 45-08-16-330-016.000-004

Legal Description: Lincoln Park ADD. L. 65 BL. 5

Property Address: 2670 Fillmore Street, Gary, IN 46407

Parcel ID: 45-08-16-330-015.000-004

Legal Description: Lincoln Park ADD. L. 76 BL. 5

Property Address: 2632-34 Fillmore Street, Gary, IN 46407

Parcel ID: 45-08-16-331-022.000-004

Legal Description: Lincoln Park ADD. L. 77 BL. 5

Property Address: 2628-30 Fillmore Street, Gary, IN 46407

Parcel ID: 45-08-16-331-021.000-004

Legal Description: Lincoln Park ADD. L. 78. B. 5

Property Address: 2624-26 Fillmore Street, Gary, IN 46407

Parcel ID: 45-08-16-331-020.000-004

