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LAKE COUNTY
FILED FOR RECORD

2017 002327

2017 JAN 12 AM 10:12

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Jerry A. Jones, of adult age, being first duly sworn, upon deposes and says:

That Jerry A. Jones, is the Husband of Pamela K. Jones, deceased, who died on June 19, 2014 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Jimmy L. Cureton and Brenda Cureton recorded September 3, 2003 as Document No. 2003-091386 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Jerry A. Jones, surviving spouse of the decedent.

And further affiant sayeth not this 4 day of Jan 2017

Jerry A. Jones

State of Indiana, County of Lake ss.

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 4 day of Jan 2017.

WITNESS my hand and Notarial Seal.

My Commission Expires: 10.2.2017

Paula Barrick
Printed Name of Notary Public

Lake, IN
Notary Public County and State of Residence

This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
7220 Bracken Parkway
Hobart, IN 46342

Grantee's Address and Mail Tax Statements To:
7220 Bracken Parkway
Hobart IN 46342

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. Debra A. Guy

File No.: 16-46115
DULY ENTERED FOR TAXATION SUBJECT
FINRA REGISTRATION FOR TRANSFER

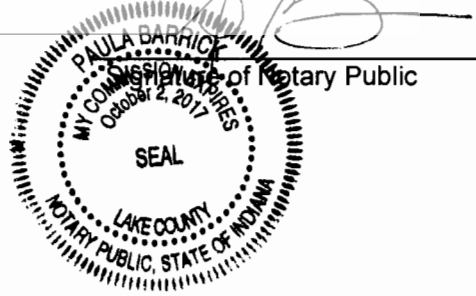
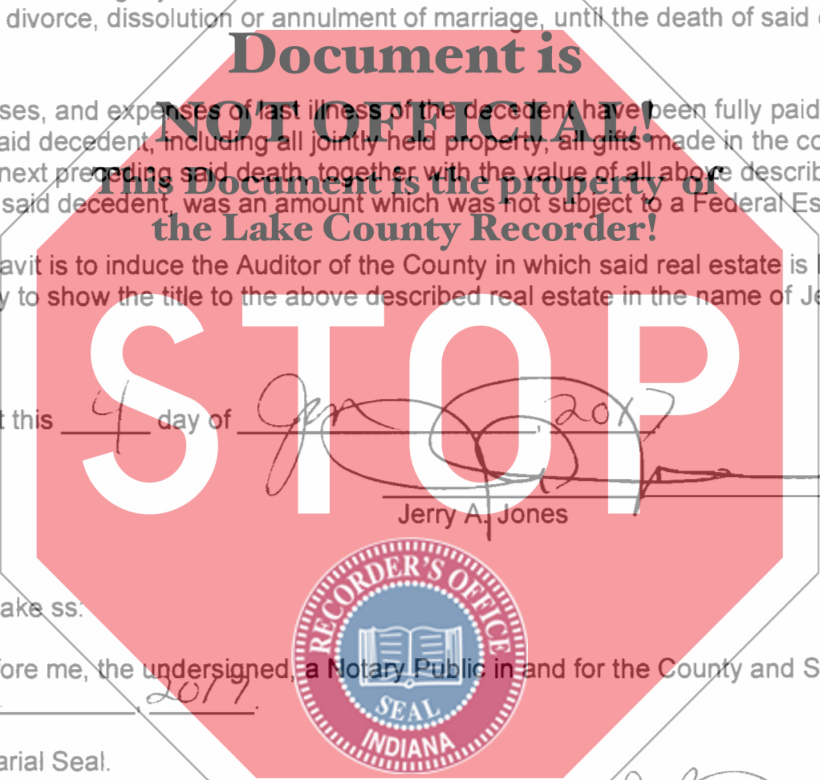
JAN 10 2017

HOLD FOR MERIDIAN TITLE RECORDS

JOHN E. PETALIS
LAKE COUNTY AUDITOR



2109600-1753



#15
MT
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LEGAL DESCRIPTION

Lot Numbered 128 in Unit 11 of Barrington Ridge, a Planned Unit Development, in the City of Hobart, as per plat thereof, recorded in Plat Book 83, page 12 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
State ID Number Only 45-13-08-204-017.000-046



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 21731

Local No 001980

EDR No 00000390853

State No 028071

1. Decedent's Legal Name (First, Middle, Last) RAMELA KAY JONES		1a. Maiden Name (If Different) BERG		2. Sex FEMALE	3. Time Of Death 08:36 AM	4. Date Of Death (Month/Day/Year) 06/19/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 70	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) 09/09/1943	
8. Birthplace (City and State or Foreign Country) SAN ANTONIO, TX		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
10. If Death Occurred In A Hospital: <input 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 checked="" 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) 7220 BRACKEN PARKWAY							
12. City Or Town, State, And Zip Code HOBART, IN, 46342				13. County Of Death LAKE		14. Marital Status At Time Of Death <input 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 JERRY JONES		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation CASE WORKER		17. Kind Of Business/Industry HEATH FIELD	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18c. Street And Number 7220 BRACKEN PARKWAY	
18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)	
20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) RONALD GEORGE BERG		23. Mother's Name (First, Middle, Last) PHYLLIS A BERG	
23a. Mother's Maiden Last Name BIGGS		24. Informant's Name JERRY JONES		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 7220 BRACKEN PARKWAY, HOBART, IN 46342	
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NORTHWEST INDIANA CREMATION SERVICES		25c. Location - City, Town, And State CROWN POINT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307				27a. Funeral Home License Number FH83002445	
27b. Signature Of Indiana Funeral Service Licensee JAMES E. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD 20760059				28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - (Be Succinctly Cause The Death) Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. SHOCK SEPSIS	
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. HEPATOCELLULAR CARCINOMA, BREAST CANCER		29. Were Autopsy Findings Available For Review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Cause Of Death (See Instructions And Examples) SHOCK SEPSIS	
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 checked="" 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 <3 Days To 1 Year Before Death <input type="checkbox"/> Lost Pregnancy 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. Location Of Injury - State		36a. City Or Town		36b. Street & Number	
36c. Apt. No.		36d. Zip Code		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 GAURAV KUMAR, BY ELECTRONIC SIGNATURE			
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician		43. Name, Address And Zip Code Of Person Certifying Cause Of Death GAURAV KUMAR, 3156 WILLOWCREEK ROAD, PORTAGE, IN 46368		44. License Number 01065		47. Telephone Number	
46. Additional Funeral Service Provider		48. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Do Not Fill In			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)