

3

### SURVIVORSHIP AFFIDAVIT

On this 1/13/2017 before me personally appeared Oscar Wallace  
(insert date)

May - Angela Deenan May

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 Angela Deenan May  
state interest of affiant in the above premises as "owner", "son of owner", etc.

Said premises were formerly owned as joint tenants or as tenants by the entireties by Oscar Wallace May and Annie May;

This Document is the property of the Lake County Recorder!  
Said Annie May  
(fill in name of co-tenant who died)

died on July 15, 2016

leaving A will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Glen Ryan's Sub Lot 5 BL 2.

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid..

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 JAN 13 PM 1:13

MICHAEL B. BROWN  
RECORDER

2017 002712

FILED

JAN 13 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

010324

16-  
non cm  
CS  
km

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

\_\_\_\_\_):

8. Affiant's relationship to the deceased was Daughter

Signature: Angela Denise May  
Printed Name: Angela Denise May  
Address: 623 Cass St  
Cary, IN 46403

Subscribed and sworn to before me by the affiant

This 1/13/2017  
(insert date)

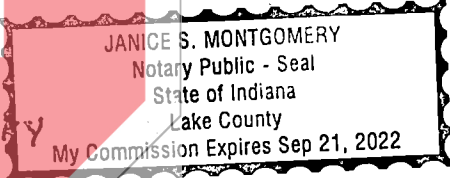
Janice S. Montgomery  
Notary Public

Printed Name JANICE MONTGOMERY

My County of Residence is: LAKE

In the State of INDIANA

My Commission Expires 9-21-22



This instrument prepared by Janice S. Montgomery

"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."  
PREPARED BY: Jan



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000336

EDR No 00000522398

State No

1. Decedent's Legal Name (First, Middle, Last) ANNIE MAY
1a. Maiden Name (if female) FAIRLEY
2. Sex FEMALE
3. Time Of Death 02:30 PM
4. Date Of Death (Month/Day/Year) 07/15/2016

5. Social Security Number
5a. Age - Yrs 71
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 06/21/1945
8. Birthplace (City and State or Foreign Country) LEAF, MS

9. Cause of Death?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
Hospice Facility
Decedent's Home
Nursing Home/Long-term Care Facility
Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number)
4657 EAST 6TH PLACE
12. City Or Town, State, And Zip Code
GARY, IN, 46403
13. County Of Death LAKE
14. Marital Status At Time Of Death
Married
Married, But Separated
Divorced
Widowed
Never Married
Unknown

15. Surviving Spouse's Name OSCAR MAY
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation TAX PREPARER
17. Kind Of Business/Industry GENERAL

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town GARY
18c. Street And Number 623 CASS STREET
18d. Apt. No.
18e. Zip Code 46403
18f. Inside City Limits? Yes

19. Decedent's Education ASSOCIATE DEGREE (AA, AS)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race Black or African American

22. Father's Name (First, Middle, Last) PERRY FAIRLEY SR
23. Mother's Name (First, Middle, Last) VELMA FAIRLEY
23a. Mother's Maiden Last Name UNKNOWN
24. Informant's Name OSCAR MAY
24a. Relationship To Decedent HUSBAND
24b. Address (Street And Number, City, State, Zip Code) 623 CASS STREET, GARY, IN 46403

25a. Method Of Disposition
Burial
Cremation
Donation
Entombment
Removal From State
Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) RIDGELAWN CEMETERY
25c. Location - City, Town, And State GARY, IN

26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404
27a. Funeral Home License Number FH10800011

27b. Signature Of Indiana Funeral Service Licensee: BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD09200084

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. LIVER FAILURE DUE TO METASTATIC LOBULAR CARCINOMA OF THE BREAST WEEKS
B. METASTATIC LOBULAR CARCINOMA OF THE BREAST TO LIVER AND BONES 17 MONTHS
C. INVASIVE LOBULAR CARCINOMA OF THE LEFT BREAST 89 MONTHS
D.

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. NONE
29. Was An Autopsy Performed? No
30. Were Autopsy Finding Available To Complete The Cause Of Death? No

31. Did Tobacco Use Contribute To Death? No
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:
Natural
Homicide
Accident
Pending Investigation
Suicide
Could Not Be Determined

34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work? No
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code

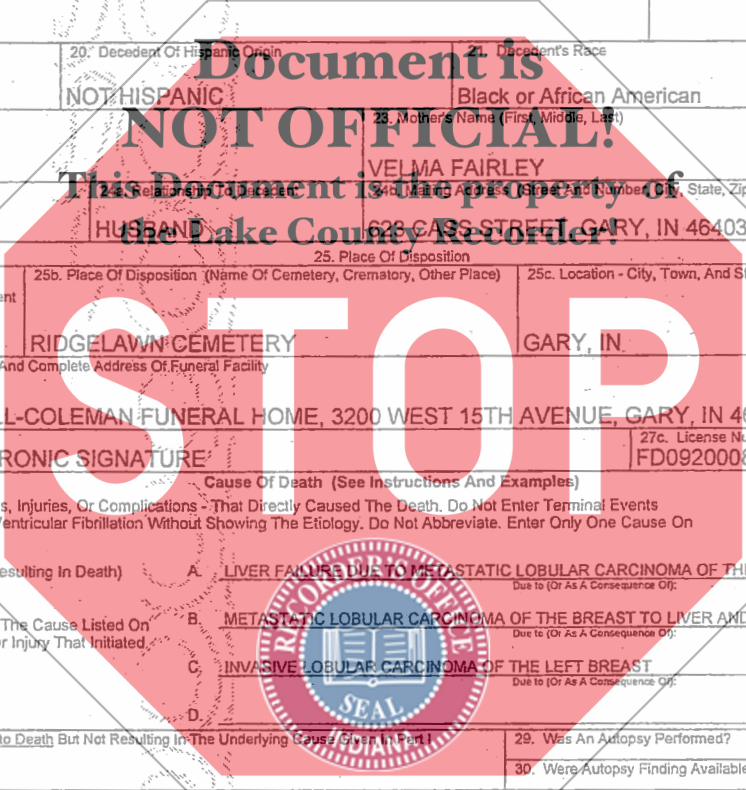
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
Driver/Operator
Passenger
Pedestrian
Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: BARBARA L FULLER, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
Certifying Physician
Coroner
Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: BARBARA L FULLER, 10110 DONALD POWERS DR., MUNSTER, IN 46321
44. License Number 01034701A
45. Date Certified 07/20/2016

46. Additional Funeral Service Provider:
47. \*Akas:
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JUL 25 2016

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 - ATTENTION: 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. 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.



VOID IF ALTERED OR ERASED