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2017 005051

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JAN 23 PM 1:41

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

Comes now the undersigned Affiant who, being duly sworn, upon oath and upon personal knowledge, deposes and states as follows:

1. This Survivorship Affidavit is made in connection with the death of Phillip E. Pelham (hereafter "decedent") who died on October 23, 2006, a resident of Lake County, Indiana;

2. That on March 7, 1972, a Warranty Deed was recorded in the Office of the Lake County Recorder's Office, as Document No. 139585, wherein title of the real estate was conveyed and warranted from Meddie G. Lanoue and Inez M. Lanoue, husband and wife, Grantors, to Phillip E. Pelham and Geraldine Pelham, husband and wife, Grantees.

3. The real estate is described as follows:

Lot 2 in Block 1 in Viant's Addition to Lowell, as per plat thereof, recorded in Plat Book 4 page 14, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: **240 N. Viant Street**
Lowell, IN 46356

4. That decedent died on October 23, 2006; see attached Certificate of Death "Exhibit A."

5. That Affiant makes this Affidavit of Survivorship to induce the Auditor of Lake County to show Geraldine Pelham as the sole owner of said real estate on the tax records of said County.

Further Affiant saith not.

In Confirmation, Affiant executes multiple copies of this document, each of which shall constitute an original, at Merrillville, Indiana, on the 30th day of April, 2014.

Geraldine Pelham
GERALDINE PELHAM, Affiant

FILED

JAN 23 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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AM

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 30th day of April, 2014, personally appeared Geraldine Pelham, known to me to be the person who executed the foregoing Survivorship Affidavit in multiple copies, and acknowledged under oath that she executed the same freely and voluntarily for the uses and purposes contained in said document.

In Confirmation, I execute my signature and affix my Official Notarial Seal.

Jennifer Wheeler
NOTARY PUBLIC

My Commission Expires:

My County of Residence:

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Matthew D. LaTulip

This Document Prepared By
LAW OFFICES OF MATTHEW D. LATULIP, P.C.
Easton Court
260 E. 90th Drive
Merrillville, IN 46410
Tel: 219.756.7600
Fax: 219.756.0639
E-Mail: latuliplaw1@yahoo.com

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TTENTION ESTATE: The Social Security # is ng requested by this state agency in order to sue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

ocal No. 2572-06

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

'PE/PRINT IN RMANENT LACK INK

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
Phillip E. Pelham	Male	09:45 AM	October 23, 2006

4. *SOCIAL SECURITY NUMBER	5a. AGE – Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State or foreign Country)
[redacted]	79			July 26, 1927	Lawrence Co. IL

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
YES	1946	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

:CEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
St. Anthony's Medical Center	Crown Point	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/ INDUSTRY
Married	Geraldine Martin	Plant Supervisor	Auto Manufacturer

13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Lowell	240 Viant

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46356	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	12	

,RENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Roy H. Pelham	Ruth J. Crouch

'ORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Geraldine Pelham	240 Viant, Lowell, In 46356	Wife

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	Oct 26, 2006 Orchard Grove Cemetery	Lowell IN

SPOSITION

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Molly E. Tucker	FD09200061	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Ken Sheets	FD08900045	Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356

28. 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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sudden Cardiac death	minutes
Conditions, if any, which gave rise to the immediate cause. starting the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF): Cardiomyopathy	years
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

USE OF EATH

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
End stage renal disease	No	No	No

29a. CERTIFIER (Check only one)	
☒ CERTIFYING PHYSICIAN	To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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.

:RTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
S Boonjarern	10273 21	10/26/06

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	32. DATE SIGNED (Month, Day, Year)
Dr. S. Boonjarern 297 W. Franciscan Ln. #207, Crown Point, IN 46307	October 31, 2006

:ALTH :FICER

31. HEALTH OFFICER'S SIGNATURE: Susan W Burt D.O.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				OCT 31 2006

34e. 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)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

EXHIBIT A