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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 007905

2017 FEB -3 PM 12:58

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF HEIRSHIP

JEAN A PURHAM, being duly sworn, states as follows:

1. My name is JEAN A PURHAM, I am the sister of Charles E Reeves Jr. and I reside at 4417 W. 19th Ave. Gary, Indiana, which is also my mailing address. I have personal knowledge of the facts contained in this affidavit.

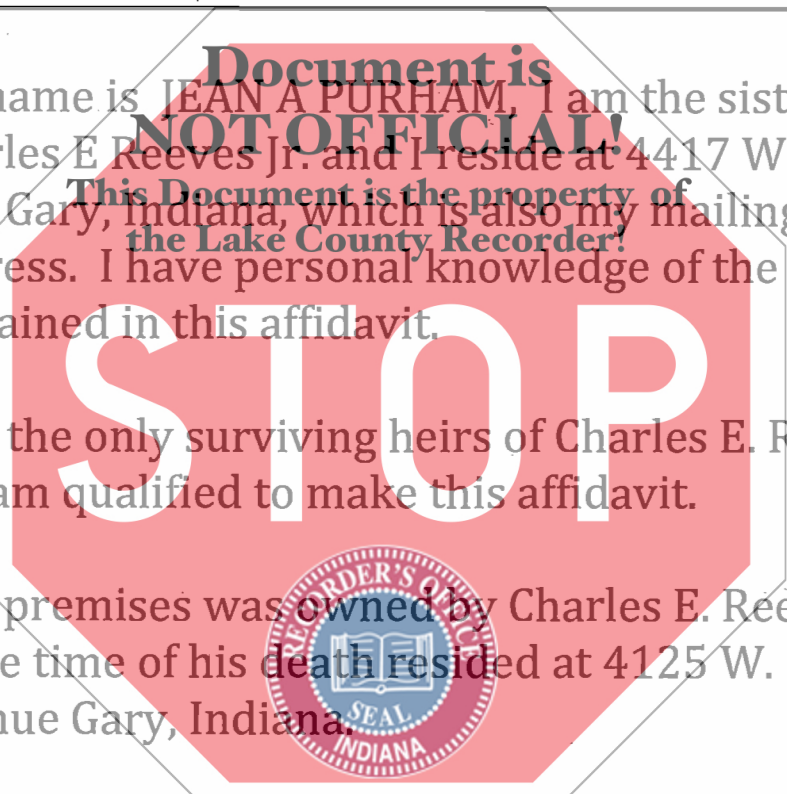
2. I am the only surviving heirs of Charles E. Reeves Jr. I am qualified to make this affidavit.

3. Said premises was owned by Charles E. Reeves Jr at the time of his death resided at 4125 W. 19th Avenue Gary, Indiana.

4. Said Charles E. Reeves Jr. died on December 1, 2015 leaving no will.

5. The legal description of the premises in question is

Tarrytown 1st Sub, Lot 8 Blk 7 as recorded in plat Book 30, page 13, in the Lake County Recorder's Office and more commonly known as 4125 West



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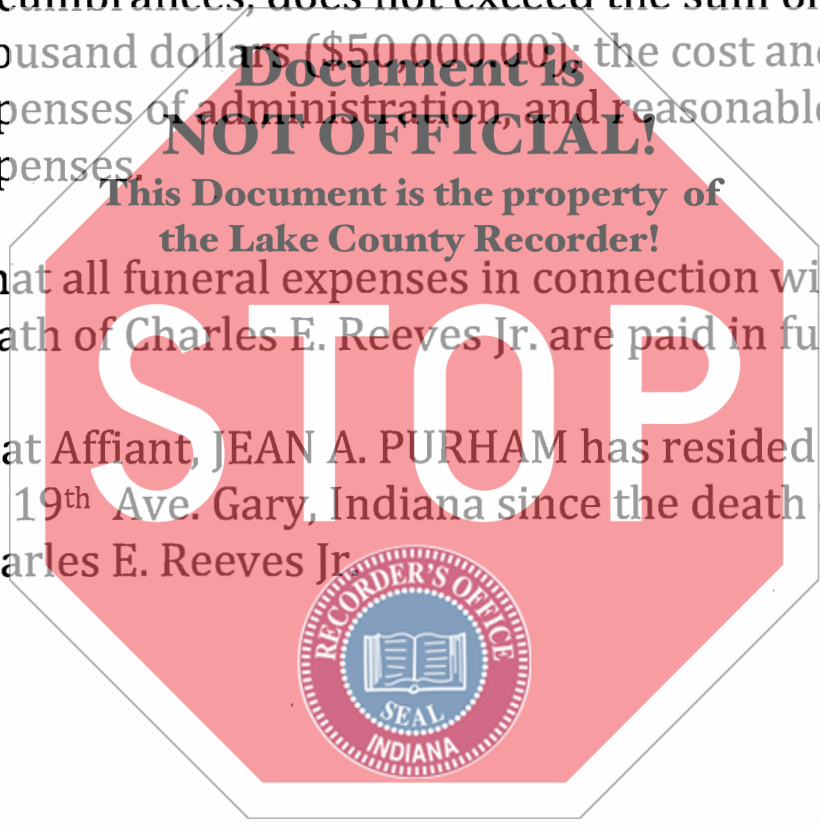
JOHN E. PETALAS
LAKE COUNTY AUDITOR

17-
RES
RM

000667

19th Avenue Gary, Indiana
45-08-07-376-008.000-004

6. There is no Federal Estate or State Inheritance tax liability by reason of the death of said decedent.
7. That the decedent's gross estate, less liens and encumbrances, does not exceed the sum of fifth thousand dollars (\$50,000.00); the cost and expenses of administration, and reasonable funeral expenses.
8. That all funeral expenses in connection with the death of Charles E. Reeves Jr. are paid in full.
9. That Affiant, JEAN A. PURHAM has resided at 4417 W. 19th Ave. Gary, Indiana since the death of Charles E. Reeves Jr.



10, Affiant's relationship to the deceased is Sister.

Signature: Jean A. Purham

Printed Name: Jean A. Purham

Address: 4417 w. 19th Ave.

Gary, IN 46404

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me by the affiant this

FEBRUARY 02, 2017

(Date)

[Signature]



Notary Public



My County of Residence is: LAKE COUNTY

In the State of INDIANA

My Commission Expires 02-21-2018

I affirm under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

This Instrument prepared by Jean A. Purham



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 000545

EDR No. 000000482194

State No

1. Decedent's Legal Name (First, Middle, Last) CHARLES E REEVES JR			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 06:39 PM	4. Date Of Death (Month/Day/Year) 12/01/2015
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5. Social Security Number	5a. Age - Yrs 72	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) 12/04/1942	8. Birthplace (City and State or Foreign Country) LOUISVILLE, KY
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9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
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11. Facility Name (If Not Institution, Give Street and Number) APERION CARE --TOLLESTON PARK							
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12. City Or Town, State, And Zip Code GARY, IN, 46404			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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
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15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HANDY MAN.		17. Kind Of Business/Industry SELF EMPLOYED	
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18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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18c. Street And Number 4125 WEST 19TH AVENUE										18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American					
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22. Father's Name (First, Middle, Last) CHARLES E REEVES SR			23. Mother's Name (First, Middle, Last) MARY REEVES			23a. Mother's Maiden Last Name LITTLE					
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24. Informant's Name JEAN PURHAM			24a. Relationship To Decedent SISTER			24b. Mailing Address (Street And Number, City, State, Zip Code) 4125 WEST 19TH AVENUE, GARY, IN, 46404					
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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) HEIGHTS CREMATORY			25c. Location - City, Town, And State CHICAGO HEIGHTS, IL					
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312					27a. Funeral Home License Number: FH83001520				
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27b. Signature Of Indiana Funeral Service Licensee TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD08600238								
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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. RESPIRATORY DISTRESS Due to (Or As A Consequence Of): B. MYOCARDIAL INFARCTION Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D.										Approximate Interval: Onset To Death 1HR 30MIN	
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Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. CHRONIC KIDNEY DISEASE, ENLARGED PROSTATE, MAJOR DEPRESSIVE DISORDER, ANXIETY DISORDER, CHRONIC VIRAL HEPATITIS C, MALIGNANT NEOPLASIA OF HEAD, FACE, AND NECK, MUSCLE WEAKNESS								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes; <input type="checkbox"/> Probably; <input type="checkbox"/> No <input checked="" 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					
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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 type="checkbox"/> No			
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38. Location Of Injury - State		38a. City Or Town		38b. Street & Number				38c. Apt. No.		38d. Zip Code	
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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)			
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41. Signature, Of Person Certifying Cause Of Death: OKECHI N. NWABARA, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: OKECHI N. NWABARA, 3535 BROADWAY, GARY, IN 46409						44. License Number 01033511A		45. Date Certified 12/08/2015			
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46. Additional Funeral Service Provider:						47. *Akas:					
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48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): DEC 08 2015					
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

