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AFFIDAVIT
2017 043527

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JUL 17 AM 9:42

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
COUNTY OF Lake) SS:

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

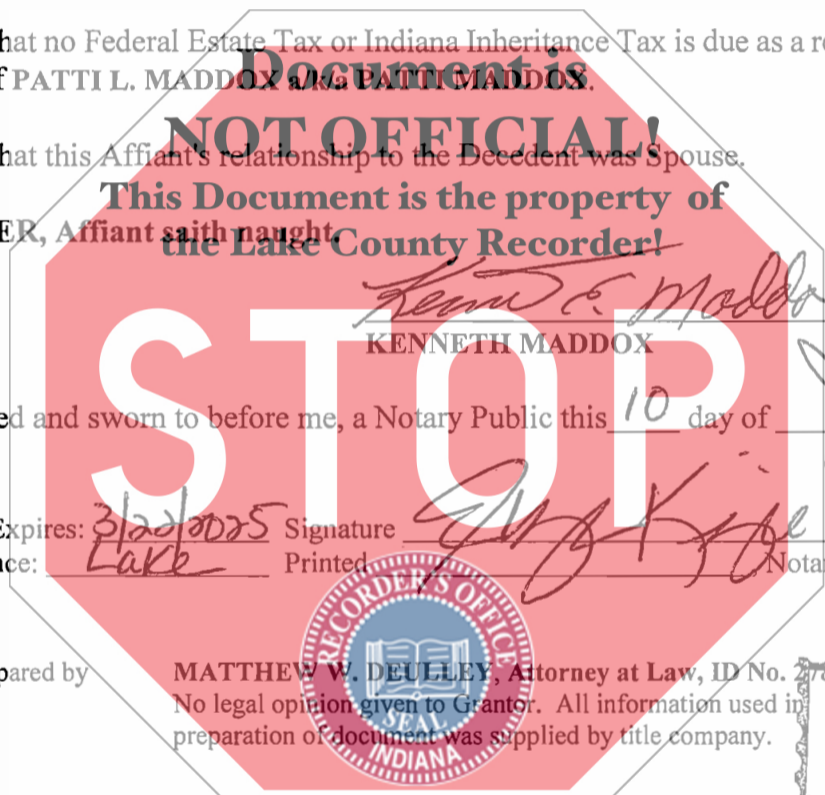
1. That **PATTI L. MADDOX** a/k/a **PATTI MADDOX**, died on the 29TH day of January, 2015 at Hammond, Lake County, Indiana.
2. That at the time of her death, she was co-owner as Joint Tenant with **Kenneth Maddox** in the following described real estate:

LOTS 20 AND 21 AND THE WEST 1/2 OF LOT 22 IN BLOCK 2 IN MORRIS PARK ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 7 PAGE 14, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 1241 INDIANA STREET, HAMMOND, IN 46320

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of **PATTI L. MADDOX** a/k/a **PATTI MADDOX**.
4. That this Affiant's relationship to the Decedent was Spouse.

FURTHER, Affiant saith naught.



Kenneth Maddox
KENNETH MADDOX

Subscribed and sworn to before me, a Notary Public this 10 day of July, 2017.

My Commission Expires: 3/22/2025 Signature *[Signature]*
County of Residence: Lake Printed _____ Notary Public

This instrument prepared by **MATTHEW W. DEULLEY, Attorney at Law, ID No. 281545**
No legal opinion given to Grantor. All information used in preparation of document was supplied by title company.



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.

[Signature]
Signature of Preparer

Elizabeth Kinzie
Printed Name of Preparer

003952

FILED

JUL 18 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$ 25.00

am JS

Community Title Company
File No. 1712368



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

45077

Local No 000362

EDR No 000000429852

State No

1. Decedent's Legal Name (First, Middle, Last)
PATTI L MADDOX
1a. Maiden Name (If female)
CRICK
2. Sex
FEMALE
3. Time Of Death
12:40 PM
4. Date Of Death (Month/Day/Year)
01/29/2015

5. Social Security Number
6a. 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)
05/07/1943
8. Birthplace (City and State of Foreign Country)
POWDERLY, KY

9. Ever in U.S. Armed Forces?
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)
1241 INDIANA STREET

12. City Or Town, State, And Zip Code
HAMMOND, IN, 46320
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
KENNETH E MADDOX
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation
HOMEMAKER
17. Kind Of Business/Industry
OWN HOME

18. Residence - State
INDIANA
18a. County
LAKE
18b. City Or Town
HAMMOND

18c. Street And Number
1241 INDIANA STREET
18d. Apt. No.
18e. Zip Code
46320
18f. Inside City Limits?
Yes

19. Decedent's Education
9TH - 12TH GRADE; NO DIPLOMA
20. Decedent Of Hispanic Origin
NOT HISPANIC
21. Decedent's Race
White

22. Father's Name (First, Middle, Last)
JAMES CORDIS CRICK
23. Mother's Name (First, Middle, Last)
DIXIE BELL CRICK
23a. Mother's Maiden Last Name
BROWN

24. Informant's Name
KENNETH E MADDOX
24a. Relationship To Decedent
SPOUSE
24b. Mailing Address (Street And Number, City, State, Zip Code)
1241 INDIANA STREET, HAMMOND, IN 46320

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

26. Was Coroner Contacted?
Yes
No
27. Name And Complete Address Of Funeral Facility
CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410
27a. Funeral Home License Number:
FH10400032

27b. Signature Of Indiana Funeral Service Licensee:
KIMBERLY M. JONES, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee):
FD20800087

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. COLORECTAL CANCER METASTATIC TO LUNGS WITH PLEURAL EFFUSION
Due to (Or As A Consequence Of):
B.
Due to (Or As A Consequence Of):
C.
Due to (Or As A Consequence Of):
D.
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed?
Yes
No
30. Were Autopsy Findings Available To Complete The Cause Of Death?
Yes
No

31. Did Tobacco Use Contribute To Death?
Yes
Probably
No
Unknown
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
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work?
Yes
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
Other (Specify)
NOT VALID UNLESS

41. Signature, Of Person Certifying Cause Of Death:
LYLE R MUNN, 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:
LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383
44. License Number
01031582A
45. Date Certified
01/30/2015

46. Additional Funeral Service Provider:
47. *Alias:
48. Signature Of Local Health Officer:
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed, (Month/Day/Year):
JAN 30 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)