STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

STATE OF INDIANA

COUNTY OF LAKE

20 J 3s: 043834

2017 JUL 18 AM 11: 39 MICHAEL B. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

The undersigned, Jacqueline Ann Wills, of Lake County, Indiana, being first duly sworn upon her oath, deposes and says:

- 1. That her husband, Elmer A. Wills, died in Merrillville, Lake County, Indiana, on the 30th day of December, 2016;
- 2. That Jacqueline Ann Wills and Elmer A Wills were legally married as husband and wife at The time they required title as husband and wife to the following described real estate in Lake County, Indiana, to wit:

The East 53.33 feet of Lot 14A Corrected Plat of Stonebrook Phase Two, a Planned Unit Development to the Town of Schererville, Lake County, Indiana, as recorded in Plat Book 69, Page 16 in the Office of the Recorder, Lake County, Indiana, and amended by Plat Amendment Lots 10, 11 and 14, Stonebrook Phase Two, a Planned Unit Development to the Town of Schererville, Lake County, Indiana, and recorded in Plat Book 88, page 98, and further amended by Plat of Amendment Lots 14A and B, Stonebrook Phase II, a Planned Unit Development to the Town of Schererville, recorded in Plat Book 90, page 45, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 2101 Asobury Lane, Schererville, IN 46375 Tax ID No: 45-11-15-429-003.000.036

- 4. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of death of said Elmer A. Wills.
- 5. That all funeral expenses in connection with the death of Elmer A. Wills have been paid in full.

FILED

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JUL 1 7 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

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CHRETTY	1/13

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6. That all assets of Elmer A. Wills, which would be includable for federal estate and state inheritance tax purposes including joint bank accounts and life insurance on decedent's death have been enumerated and all taxes have been paid thereon.

Further your Affiant sayeth not.

INDIANA STATE DEPARTMENT OF HEALTH

		•	ALE OF DE						
Local No 0043 1, Decedent's Legal Name (First, Middle, Last)	Local No 004334 EDR No 00000552077 State No oderit's Legal Name (First, Middle, Last) 1a. Maiden Name (If female) 2. Sex 3. Time Of Death 4. Date Of Death (Month/I								
1. Decedent's Legal Rame (First, Middle, Cast)	rs Legal Name (First, Middle, Last)		e (n temale)	2. Sex 3. Tim		ne of Death 4. Unite of Dea		Deaut (worms Day (ear)	
ELMER A WILLS 5. Social Security Number 6a, Age - Yrs 6b			6e. Under 1 Hour	7 Date	MALE (Mostly/Day		0:00 PM	2/30/2016	
				7. Date	of Birth (Month/Day/Year) 8. Birthplace (City and State or Foreign Country)				
	onths Days courred in A Hospital;	Hours	Minutes		09/17/1926 where Other Than /		<u>DETROIT,</u>	MI	
	Emergency Department Out	patient Dead on Arrival	☐ Hospice Facility ☐ Other (Specify)				Home/Long-ten	n Care Facility	
11. Facility Name (I Not Institution, Give Street and SPRING MILL HEALTH CAMPUS					•				
12. City Or Town, State, And Zip Code	13. County	13. County Of Death				14. Marital Status At Time Of Death			
14500U 128U 15 IN 40440			LAKE			. :	Married [Separated Divorced
MERRILLVILLE, IN, 46410 15. Surviving Spouss's Name		15a. Last Name Before Fi	LAKE st Marriage	Т	16. Decedent's U	sual Occup			Business/Industry
				l,				CHOMIT	IDE DUOINEGO
JACQUELINE WILLS 18: Residence - State	18a. County	PUZALA	18b. City Or Tox		FURNITURE	· · · · · ·		FURNIT	JRE BUSINESS
INDIANA	LAVE		CHEBER	<i>n</i> ı ı c		•			
INDIANA 18c. Street And Number	LAKE		SCHERER	/ILLE	18d.	Apt. No.	18e. Zip	Code	18f, Inside City Limits?
2101 ASHBURY LANE			4	•	\ \ .	INUT O	1 40	075	Yes 🗌 No
19. Decedent's Education	20. Decedent Of	Hispanic Origin CUI	nent.	eccient's	Race	INIT C	46	375	
HIGH SCHOOL GRADUATE OR	GED								
COMPLETED 22. Perent's Name (First, Middle, Last)	NOTHISPA	MCT. OF	23. Parent's Name (irst, Middle	o, Last)		23a. P	arent's Last Na	me Before First Mantage
	This D		. 4 1		of the second				
ALBERT WILLS 24. Informant's Name		ocument ship To Decedent	24b. Mailing Address	S) DE	nd Number, City, St	nto. Zio Co	de) HEL'	WIG	
· · · · · · · · · · · · · · · · · · ·	the	Lake Con	2101 ASHBU	·nra	er!			I E IN AG	375
JACQUELINE WILLS	IVVIPE		Of Disposition	VI LA	AE AFT UNIT	U, U	LICINCINA	bla, III Tu	070
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation ☐ Entomo		on (Name Of Cemetery, Crem		25c, Lo	cation - City, Town,	And State			
Removal From State	, THEST LE								
Other (Specify): 26, Was Coroner Contacted? 27. Name	HEIGHTS CRE			CHIC	AGO HEIGH	TS, IL		27a Funera	d Home License Number
	LN RIDGE FUNER	AL HOME, 7607 W	LINCOLN H	GHWA	Y, CROWN	POINT	N 46307	FH8880	0070
27b. Signature Of Indiana Funeral Service Licensee ELI VUJKO, BY ELECTRONIC SI	GNATURE				FD010		i (Gradanoo).		
28. Part I. Enter The Chain Of Events - Discar		Cause Of Death (See I							Approximate Interval: Onset
Such As Cardiac Arrest, Respiratory Arrest, Qr	Ventricular Fibrillation Witho	out Showing The Etiology, (To Not Abbreviate.	Enter Only	y One Cause On				To Death
A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease Or Condition	Resulting In Death)	A END STAGE CONG	STIVE REART FA	ILURE			/		
Millioquate Causo (Filia) Disease Of Community		E9/	THE STATE OF THE S	Due to (Or As	A Consequence O():				
Sequentially List Conditions, If Any, Leading T	O THE CAUSO LISTED OIL	B. RENAL FAGURE		Due to (Or As	A Consequence O():	$\overline{}$			
Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last	Or trijury That annated	c							
		E VI	Alexander	Due to (Or As	A Consequence (61):				
Part II, Enter Other Significant Conditions Contribution	a to Death But Not Resulting In	The Underlying Cause Give	In Paris	29, Was	An Autopsy Perform	ned?	[]'Yan	- Da No	17
			, ,		Autopsy Finding A				Yes No
31. Did Tobacco Use Contribute To Death?	32. If Female:	- [Manner Of	Death:	Antidant D	Pending Investigation
Yes Probably No Unknown	Not Progrant Within Past Year Not Progrant, But Progrant 43	Progrant of Time Of Death Days To 1 year Bears Ocaling HE	HISTS A TRU	E C 05/	COF		Could Not Be De	stermined	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	LAKEC	SUNTY HEAL	TH DE	he Borist Etion Sit	, Restaura	ent, Wooded Area	' I _	njury At Work?
							1 900 Ant M] Yes ☐ No Zip Code
38. Location Of Injury - State	38a. City Or Town	38b. Stre	"JAN 06	2017			38c. Apt. N	. 300	2000
				4017		If Transact	tation this over	diff A L ID	IINI ECC
39. Describe How Injury Occurred									<u>UN</u> LESS
41. Signature, Of Person Certifying Cause Of Death	:		(k		42. Certifier (hack Only	One)		TAX CEL
KRISTINE MARIE TEODORI, BY 43. Name, Address And Zip Code Of Person Certifying	ELECTRONIC SIGN	IATURE LAKE	COUNTY HE	LTHO	FFICER Contring	hysiciani. 44. Licen	Li Coconer se Nomber	* 1454 F	atth Officers
			0007			()	kawa 1 meren	Town to	01/05/2017
KRISTINE MARIE TEODORI, 499 46. Additional Funeral Service Provider:	S. COURT ST., CF	KOWN POINT, IN 4	03U <i>1</i>			47. *Ap		Crain and	Mencon Lagrant
			-		49. For Registrar		more all residen	k manual d	
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELEC	TRONIC SIGNATU	RE		- 1			JAN 06 2		H. H. H. H.
CIMIDAIN VAVILACE, VIA LLEC	AMEN	DMENT TO CERTIFICATE	OF DEATH (ENT	RY OR OF	RIGINAL)	2			
						<u> </u>	r A maracolo (f. 1) as		
						E			timbre marker mar