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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 044972

2017 JUL 20 AM 10:18

MICHAEL B. BROWN  
RECORDER

Case # 920171481

**SURVIVORSHIP AFFIDAVIT**

**Comes now** Terrance A. Thompson, who being duly sworn upon his/her oath, deposes and says:

**That**, Terrance A. Thompson is the surviving spouse of Cindy J. Thompson aka Cynthia J. Thompson, deceased who died domiciled in Lake County, Indiana, on May 17, 2016.

**That** Cindy J. Thompson aka Cynthia J. Thompson and Terrance A. Thompson acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiant states that Cindy J. Thompson aka Cynthia J. Thompson and Terrance A. Thompson continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Cindy J. Thompson aka Cynthia J. Thompson's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Terrance A. Thompson.

Executed: July 12, 2017

Signature  
Terrance A. Thompson

STATE OF INDIANA  
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 12th day of July, 2017.

Notary Public Dawn Stanley  
Resident of Lake, IN County  
My Commission expires: 7/29/2018



Prepared by: Terrance A. Thompson

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 Terrance A. Thompson.

Return to: Terrance A. Thompson

FIDELITY - HIGHLAND  
920171481

**FIDELITY NATIONAL  
TITLE COMPANY**  
92017-1481

**FILED**

JUL 19 2017

**JOHN E. PETALAS  
LAKE COUNTY AUDITOR**

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**EXHIBIT "A"**

**LOT 34 IN WILDWOOD ON THE LAKE, IN THE CITY OF HOBART, AS PER PLAT THEREOF,  
RECORDED IN PLAT BOOK 31 PAGE 44, IN THE OFFICE OF THE RECORDER OF LAKE  
COUNTY, INDIANA.**

Property Address: 360 S. Virginia St., Hobart, IN 46342 Tax ID No.: 45-09-31-177-011.000-018,





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 91716

Local No 001662

EDR No 00000512727

State No 024437

1. Decedent's Legal Name (First, Middle, Last) CYNTHIA J THOMPSON		12. Maiden Name (If Female) PAZDUR		2. Sex FEMALE		3. Time Of Death 07:30 PM		4. Date Of Death (Month/Day/Year) 05/17/2016	
5. Social Security Number [REDACTED]		6a. Age - Yrs 58		6b. Under 1 Year Months: [REDACTED] Days: [REDACTED]		6c. Under 1 Month Days: [REDACTED]		6d. Under 1 Day Hours: [REDACTED] Minutes: [REDACTED]	
7. Date of Birth (Month/Day/Year) 11/20/1957		8. Birthplace (City and State or Foreign Country) HAMMOND, IN							
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC									
12. City Or Town, State, And Zip Code HOBART, IN, 46342				13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name TERRY THOMPSON				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOUSE WIFE		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18c. Street And Number 360 SOUTH VIRGINIA STREET		18d. Zip Code 46324	
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education UNKNOWN		20. Decedent Of Hispanic Origin NOT IN SPANISH OR LATINO		21. Decedent's Race WHITE			
22. Father's Name (First, Middle, Last) JOSEPH PAZDUR		23a. Mother's Maiden Last Name PEARSON		23b. Mother's Name (First, Middle, Last)					
24. Informant's Name TERRY THOMPSON		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 360 SOUTH VIRGINIA STREET, HOBART, IN 46324					
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					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311		27a. Funeral Home License Number FH10900001		27b. Signature Of Indiana Funeral Service Licensee CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE			
27c. License Number (Of Licensee) FD20700083		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. METASTATIC SMALL CELL LUNG CANCER 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 B. [REDACTED] C. [REDACTED] D. [REDACTED] E. [REDACTED] F. [REDACTED] G. [REDACTED] H. [REDACTED] I. [REDACTED] J. [REDACTED] K. [REDACTED] L. [REDACTED] M. [REDACTED] N. [REDACTED] O. [REDACTED] P. [REDACTED] Q. [REDACTED] R. [REDACTED] S. [REDACTED] T. [REDACTED] U. [REDACTED] V. [REDACTED] W. [REDACTED] X. [REDACTED] Y. [REDACTED] Z. [REDACTED] Approximate Interval: Onset To Death NONE							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Event In Part I) METASTATIC SMALL CELL LUNG CANCER									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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 Within 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		34. Date Of Injury (Month/Day/Year) [REDACTED]			
35. Time Of Injury [REDACTED]		36. Location Of Injury - State [REDACTED]		36a. City Or Town [REDACTED]		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. APT No. [REDACTED]	
38. Zip Code [REDACTED]		39. Describe How Injury Occurred [REDACTED]		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature, Of Person Certifying Cause Of Death NEIL KAMAL PURI, BY ELECTRONIC SIGNATURE			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death NEIL KAMAL PURI, 1500 S LAKE PARK, HOBART, IN 46342		44. License Number 01076378A		45. Date Of Death 05/17/2016					
46. Additional Funeral Service Provider [REDACTED]		47. APT No. [REDACTED]		48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date MAY 26 2016			



THIS IS A TRUE COPY OF THE RECORDS ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
JUN 27 2016

NOT VALID UNLESS