

2017 046781

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 JUL 27 PM 2:59

MICHAEL B. BROWN  
RECORDER

4  
STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

On this 27<sup>th</sup> day of July, 2017, before me personally appeared Patricia D. Hull, who being duly sworn upon her oath states:

1. Affiant resides at the address given below the affiant's signature.
2. On or about August 12, 1996, Harold H. Malone and Julia M. Malone, husband and wife ("Grantors"), executed a Quit-Claim Deed transferring the real estate described below to Harold H. Malone and Julia M. Malone, Co-Trustees of the Harold H. Malone and Julia M. Malone Revocable Trust U/T/D 11/28/95. Said Quit-Claim Deed was recorded in the Lake County Recorder's Office on August 22, 1996, as Document No. 96056290, and re-recorded in the Lake County Recorder's Office on May 8, 1997, as Document No. 97029117 reserving a life estate on behalf of the Grantors.
3. Said real estate is more particularly described as follows:  
  
Lot 28 and the North 10 feet of Lot 27 in Block 19 in Ironwood Unit "A", in the City of Gary, as per plat thereof recorded in Plat Book 21, page 4, in the Office of the Recorder of Lake County, Indiana.  
  
Commonly known as 2349 Vermont Street, Gary, Indiana 46407.  
  
Parcel No. 45-08-15-253-010.000-004
4. Harold H. Malone died April 24, 2000, leaving a Will.
5. Julia M. Malone died July 28, 2015, leaving a Will.
6. Affiant's relationship to the deceased was daughter.
7. This Survivorship Affidavit is being prepared and recorded to extinguish the life estate of Harold H. Malone and Julia M. Malone, and to vest fee simple title in Patricia D.



**FILED**

025853

JUL 27 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25-  
Dec 21790  
8

Hull, Successor Trustee of the Harold H. Malone and Julia M. Malone Revocable Trust Agreement u/t/d 11/28/95.

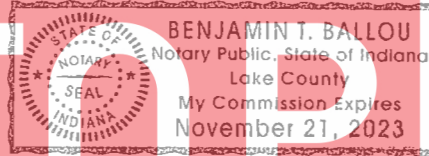
Affiant's Signature Patricia D. Hull  
Name Printed Patricia D. Hull  
Address 226 West 49th Avenue  
Gary, IN 46408

Subscribed and sworn to before me, a Notary Public, this 27th day of July, 2017.

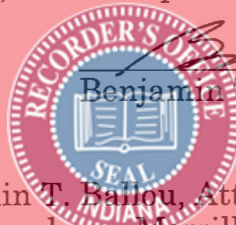
**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**  
Benjamin T. Ballou  
Benjamin T. Ballou, Notary Public  
A Resident of Lake County

My Commission Expires:  
November 21, 2023



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.



Benjamin T. Ballou  
Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou, Attorney at Law  
8700 Broadway, Merrillville, Indiana 46410

330463.1/15, 038-1





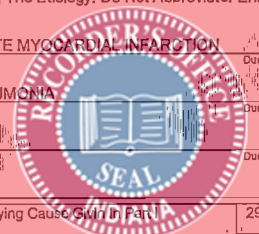
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000842

EDR No 00000461003

State No 035987

Form with fields for decedent information (Julia Mae Malone), date of death (07/28/2015), cause of death (Acute Myocardial Infarction), and certifying physician (Surya K Nallari).



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 00 0306

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Harold H. Malone		2. SEX Male	3a. TIME OF DEATH 6:38 A M	3b. DATE OF DEATH (Month, Day, Year) April 24, 2000	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 75	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) October 18, 1924	
7. BIRTHPLACE (City and State or Foreign Country) Goodman, Mississippi	8a. WAS DECEDENT A U.S. VETERAN? NO				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake		9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Julia M. Matthews	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipecutter		12b. KIND OF BUSINESS/INDUSTRY American Bridge Corp.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2349 Vermont Street		
13e. ZIP CODE 46407	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U S A	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) Major D. Malone		19. MOTHER'S NAME (First, Middle, Maiden Surname) Della Barends			
20a. INFORMANT'S NAME (Type/Print) Julia M. Malone		20b. MAILING ADDRESS (Street and number or Rural Route Number, City or Town, State, Zip Code) 2349 Vermont Street, Gary, Indiana 46407		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 28, 2000 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME Rosenwald D. Allen Jr.		22b. EMBALMER'S LICENSE NO. #29400047		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) #08700298		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704	
26. PART I. Enter the disease, 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) myocardial infarct			Approximate Interval Between Onset and Death minutes		
DUE TO (OR AS A CONSEQUENCE OF): chronic renal failure					
DUE TO (OR AS A CONSEQUENCE OF): Diabetes mellitus					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. well					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		29b. SIGNATURE AND TITLE OF CERTIFIER 		29c. MEDICAL LICENSE NO. 101037803	
29d. DATE SIGNED (Month, Day, Year) 5/2/00		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Darryl Fortson MD, 2717 Wabash Avenue, Gary, Indiana 46404			
31. HEALTH OFFICER'S SIGNATURE 		32. DATE FILED (Month, Day, Year) MAY 03 2000			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
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.			

