

2017 049259

2017 AUG -8 AM 9:30

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF FACTS

STATE OF INDIANA

§

COUNTY OF LAKE

§

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS 20 DAY OF July, 20 17
PERSONALLY APPEARED THE UNDERSIGNED AFFIANT, WHO SWORE ON OATH THAT THE
FOLLOWING FACTS ARE TRUE:

"1. MY NAME IS JOHN A. HARRIS, I AM OF SOUND MIND, CAPABLE OF MAKING THIS
AFFIDAVIT, AND FULLY COMPETENT TO TESTIFY TO THE MATTERS STATED HEREIN, AND I HAVE
PERSONAL KNOWLEDGE OF EACH OF THE MATTERS STATED HEREIN.

"2. THAT MY SPOUSE, DONNA L. HARRIS, NOW DECEASED, AND I WERE THE RECORD
TITLE HOLDERS OF THE FOLLOWING DESCRIBED PROPERTY, AS EVIDENCED BY THAT DEED
RECORDED ON JUNE 10, 2014, INSTRUMENT # 2014-02936 AMONG THE PUBLIC RECORDS OF LAKE
COUNTY, INDIANA, TO WIT:

"3. THAT MY SPOUSE AND I WERE MARRIED PRIOR TO JUNE 10, 2014, THE DATE OF
OUR ACQUISITION OF TITLE TO THE PROPERTY DESCRIBED HEREINABOVE, AND WE REMAINED
CONTINUOUSLY MARRIED, WITHOUT INTERRUPTION BY DIVORCE FROM THAT DATE UP TO THE
DATE OF MY SPOUSE'S DEATH, FEBRUARY 24, 2017.

"4. THAT THE VALUE OF MY SPOUSE'S ESTATE WAS INSUFFICIENT TO NECESSITATE
THE FILING OF AN ESTATE TAX RETURN AND THAT THERE ARE NO STATE OR FEDERAL ESTATE
OR INHERITANCE TAX DUE AS A RESULT OF HIS OR HER DEATH.

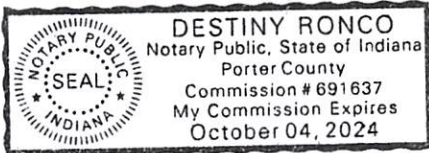
"5. THAT AFFIANT GIVES THIS AFFIDAVIT FOR THE PURPOSE OF INDUCING Chicago
Title Insurance Company TO ISSUE ITS POLICY OR POLICIES INSURING THE TITLE TO SAID
PROPERTY WITHOUT EXCEPTIONS(S) TO ENCUMBRANCE(S) OR VESTING ISSUES WHICH COULD
HAVE POSSIBLY ARISEN IN THE EVENT OF DIVORCE OF THE AFFIANT AND AFFIANT'S SPOUSE;
AND SAID AFFIANT DOES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS OF AND FROM
ANY AND ALL LOSS, COST, DAMAGE AND EXPENSE OF EVERY KIND, INCLUDING ATTORNEYS'
FEES, WHICH IT MAY SUFFER OR INCUR OR BECOME LIABLE FOR UNDER ITS SAID POLICY OR
POLICIES ARISING DIRECTLY OR INDIRECTLY OUT OF OR ON ACCOUNT OF SUCH AN
INTERVENING DIVORCE, OR IN CONNECTION WITH ITS ENFORCEMENT OF ITS RIGHTS UNDER
THIS AGREEMENT."

FURTHER THE AFFIANTS STATEMENT

John A. Harris
JOHN A. HARRIS (SEAL)

I, Destiny Ronco, a Notary Public of the County of Lake, State of IN
do hereby certify that John A Harris personally appeared before me this day and
acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this 20 day of July, 2017



Destiny Ronco
NOTARY PUBLIC

MY COMMISSION EXPIRES: 10/04/24 (SEAL)

#25100
#5604
#10605
E AS



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 115606

Local No 000701

EDR No 00000562949

State No 009518

1. Decedent's Legal Name (First, Middle, Last) DONNA L HARRIS				1a. Maiden Name (If female) SAMS		2. Sex FEMALE	3. Time Of Death 04:15 AM	4. Date Of Death (Month/Day/Year) 02/24/2017	
5. Social Security Number [REDACTED]		6a. Age - Yrs 55	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) 03/15/1961		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Decedent's Usual Residence?		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) MUNSTER COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					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 JOHN A HARRIS				15a. Last Name Before First Marriage		16. Decedent's Usual Occupation DIRECTOR		17. Kind Of Business/Industry DAY CARE	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 8537 JUNIPER TRAIL									
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race Black or African American			
22. Parent's Name (First, Middle, Last) ROBERT SAMS				23. Parent's Name (First, Middle, Last) NAVA LEE SAMS				23a. Parent's Last Name Before First Marriage MURDOCK	
24. Informant's Name JOHN A HARRIS				25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATORY GARY, IN					
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)				25c. Location - City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319						27a. Funeral Home License Number. FH10600026	
27b. Signature Of Indiana Funeral Service Licensee RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700086			
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. LUNG CANCER Due to (Or As A Consequence Of): B. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence Of):									
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Of Death									
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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			
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		
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: <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 WASSIM ATASSI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI, 9696 GORDON DR., HIGHLAND, IN 46322						44. License Number 01058603A		45. Date Certified 02/27/2017	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer. CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 27 2017			



NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED