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STATE OF INDIANA  
COUNTY OF LAKE

2017 058129

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 AUG 10 PM 1:16

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

GWENOLYN A. HENLEY, a/k/a GWENDOLYN HENLEY, being first duly sworn upon her oath, deposes and says:

1. That she, is the sole owner in fee simple of the following described real estate, to-wit: Legal description:

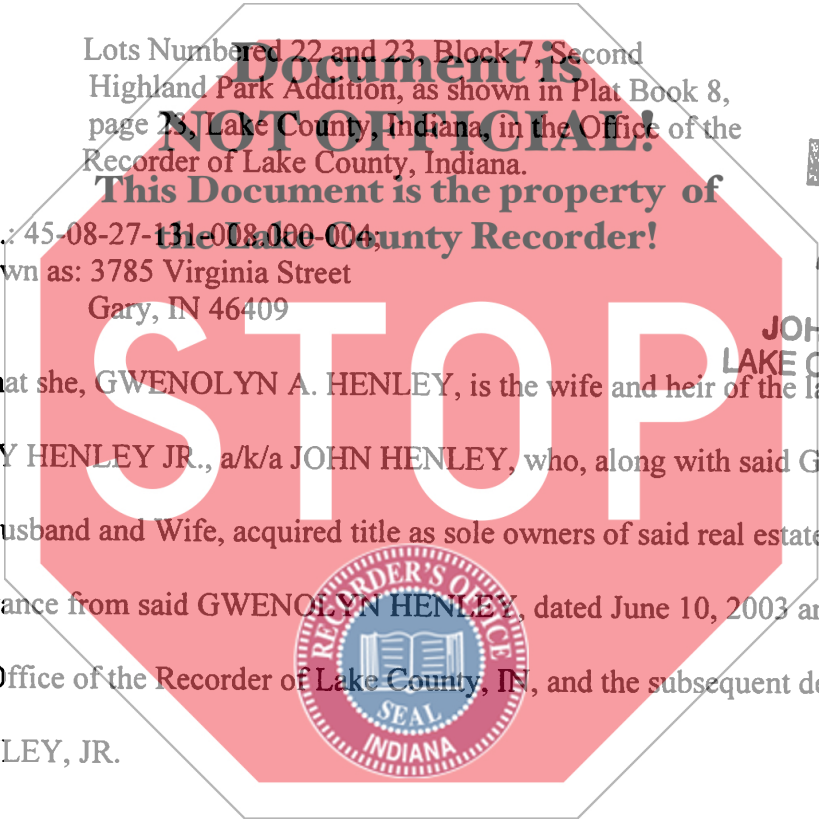
Lots Numbered 22 and 23, Block 7, Second Highland Park Addition, as shown in Plat Book 8, page 23, Lake County, Indiana, in the Office of the Recorder of Lake County, Indiana.

State Parcel No.: 45-08-27-111-008-000-004,  
Commonly known as: 3785 Virginia Street  
Gary, IN 46409

2. That she, GWENOLYN A. HENLEY, is the wife and heir of the late

JOHN WESLEY HENLEY JR., a/k/a JOHN HENLEY, who, along with said GWENDOLYN HENLEY, as Husband and Wife, acquired title as sole owners of said real estate via a Quitclaim Deed of conveyance from said GWENDOLYN HENLEY, dated June 10, 2003 and recorded 7/17/03 in the Office of the Recorder of Lake County, IN, and the subsequent death of JOHN WESLEY HENLEY, JR.

3. That the status and character of the ownership of said real estate continued unbroken from the time JOHN and GWENDOLYN HENLEY so acquired title to said real estate until the death of JOHN WESLEY HENLEY, JR., a/k/a JOHN HENLEY, intestate, on 2/18/17, and no probate estate was ever opened, such that at this time your affiant, GWENDOLYN A. HENLEY, has acquired title to said real estate in fee simple, as the survivor of JOHN WESLEY HENLEY, JR., a/k/a JOHN HENLEY.



**FILED**

**AUG 10 2017**

**JOHN E. PETALAS  
LAKE COUNTY AUDITOR**

HENLEYGWENDOLYNA2.RTF

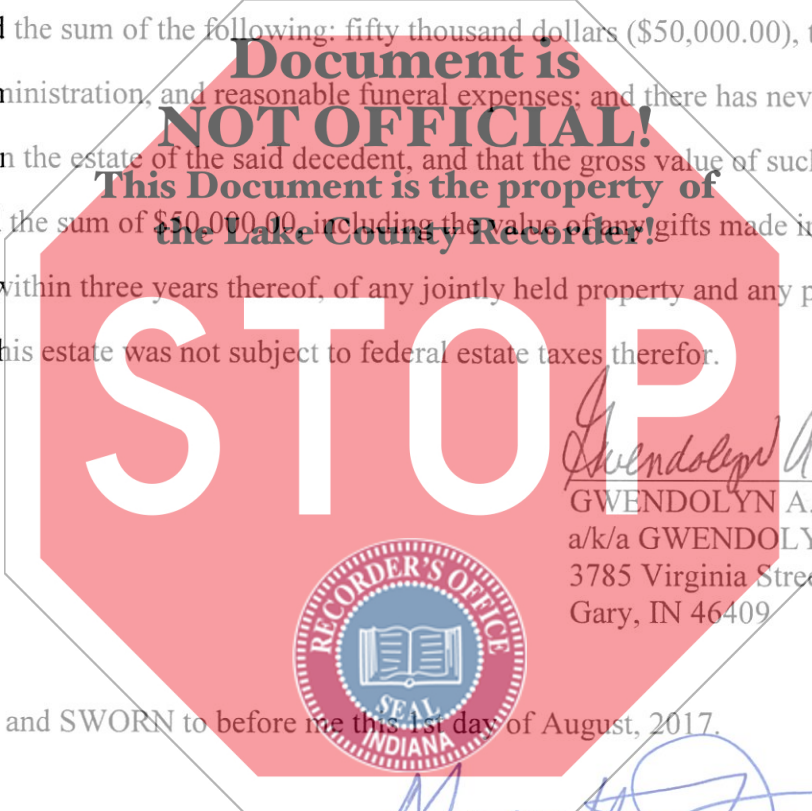
**041216**

25.  
CG  
RM

A copy of the certified copy of the death certificate of JOHN WESLEY HENLEY, JR., a/k/a JOHN HENLEY, is attached hereto.

3. That the purpose of this Affidavit is to induce the Lake County Auditor to transfer 100% of the title to the above-described real estate to GWENDOLYN A. HENLEY in fee simple.

5. That it appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000.00), the costs and expenses of administration, and reasonable funeral expenses; and there has never been any advantages upon the estate of the said decedent, and that the gross value of such estate did not equal or exceed the sum of \$50,000.00, including the value of any gifts made in contemplation of death or made within three years thereof, of any jointly held property and any proceeds from insurance; that his estate was not subject to federal estate taxes therefor.



*Gwendolyn A. Henley*  
GWENDOLYN A. HENLEY  
a/k/a GWENDOLYN HENLEY  
3785 Virginia Street  
Gary, IN 46409

SUBSCRIBED and SWORN to before me this 1st day of August, 2017.

My Commission Expires:  
3/29/20

*Macarthur Drake*  
NOTARY PUBLIC: Macarthur Drake  
A Lake County Resident

MACARTHUR DRAKE  
Notary Public, State of Indiana  
SEAL  
My Commission Expires 3/29/2020

MACARTHUR DRAKE  
Notary Public, State of Indiana  
SEAL  
My Commission Expires 3/29/2020

Document prepared by: Atty. M. Drake; 487 Broadway, Ste. 204, Gary, IN 46402; (219) 882-6004

HENLEYGWENDOLYNA2.RTF

"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."  
PREPARED BY: *M.D.*





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 115496

Local No 000672

EDR No 00000561740

State No 009077

1. Decedent's Legal Name (First, Middle, Last) <b>JOHN WESLEY HENLEY JR</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>11:20 AM</b>		4. Date Of Death (Month/Day/Year) <b>02/18/2017</b>		
5. Social Security Number <b>██████████-7618</b>		6a. Age - Yrs <b>70</b>		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) <b>09/30/1946</b>		8. Birthplace (City and State or Foreign Country) <b>GREENVILLE, MS</b>										
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 type="checkbox"/> Inpatient <input checked="" 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) <b>METHODIST HOSPITAL SOUTHLAKE</b>												
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</b>						13. County Of Death <b>LAKE</b>			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 <b>GWENDOLYN HENLEY</b>				15a. Last Name Before First Marriage <b>WILLIAMS</b>		16. Decedent's Usual Occupation <b>CRANE OPERATOR</b>			17. Kind Of Business/Industry <b>ARCELOR-MITTAL</b>			
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>			18d. Apt. No.		18e. Zip Code <b>46409</b>	
18c. Street/And Number <b>3785 VIRGINIA STREET</b>										18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>Black or African American</b>				
22. Parent's Name (First, Middle, Last) <b>J W HENLEY</b>						23. Parent's Name (First, Middle, Last) <b>MAMIE HENLEY</b>			23a. Parent's Last Name Before First Marriage <b>JACKSON</b>			
24. Informant's Name <b>GWENDOLYN HENLEY</b>				24a. Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3785 VIRGINIA STREET, GARY, IN 46409</b>				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>EVERGREEN MEMORIAL PARK</b>				25c. Location - City, Town, And State <b>HOBART, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>						27a. Funeral Home License Number <b>FH83007704</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08700298</b>						
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. <b>HYPERTENSION</b> Due to (Or As A Consequence Of) B. <b>STROKE</b> Due to (Or As A Consequence Of) C. <b>DIABETES MELLITUS</b> Due to (Or As A Consequence Of) D. <b>SEIZURE</b> Due to (Or As A Consequence Of) Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Of Death												
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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: <b>FADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE</b>						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: <b>FADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410</b>						44. License Number <b>01053003A</b>		45. Date Certified <b>02/23/2017</b>				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 24 2017</b>						



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
FEB 24 2017

RAISED SEAL AFFIXED