

2017 058891

2017 AUG 30 PM 3:05

MICHAEL B. BROWN
RECORDER

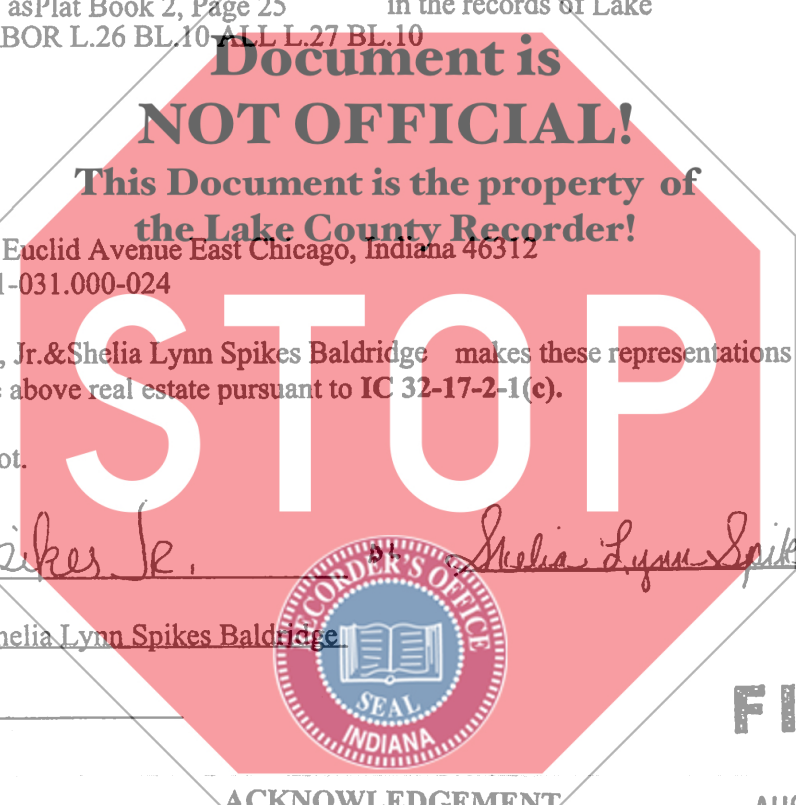
AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Edgar L. Spikes, Jr. & Shelia Lynn Spikes Baldrige ("Affiant"), being first duly sworn upon oath, deposes and says:

1. That Edgar L. Spikes, Sr. died on March 2, 2017 at East Chicago, Indiana. A certified copy of the death certificate is attached hereto as Exhibit A.

2. That Edgar L. Spikes, Sr. and Edgar L. Spikes, Jr. & Shelia Lynn Spikes Baldrige acquired title as joint tenants with rights of survivorship to the following described real estate, recorded on November 18, 1997 as Plat Book 2, Page 25 in the records of Lake County, Indiana: 4TH. ADD. IND. HARBOR L.26 BL.10-ALL L.27 BL.10



Property address: 3838 Euclid Avenue East Chicago, Indiana 46312
Parcel ID: 45-03-21-431-031.000-024

3. That Edgar L. Spikes, Jr. & Shelia Lynn Spikes Baldrige makes these representations to set forth the present ownership of title to the above real estate pursuant to IC 32-17-2-1(c).

Further affiant sayeth not.

Edgar L. Spikes, Jr. Shelia Lynn Spikes Baldrige
Affiant signature

Edgar L. Spikes, Jr. & Shelia Lynn Spikes Baldrige
Print name

Date

FILED

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**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

STATE OF INDIANA)
COUNTY OF LAKE) SS:

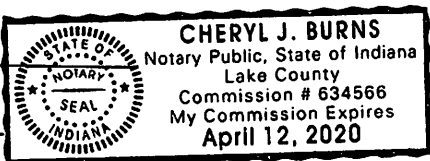
Before me, a notary public in and for said county and state, and a resident of _____ County, Indiana, personally appeared Edgar L. Spikes, Jr. & Shelia Lynn Spikes Baldrige who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 30 day of Aug, 2017.

Notary signature: Cheryl Burns

Print name: Cheryl Burns

My commission expires: _____



25-
CS
AM

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.

This document was prepared and affirmation made by:
Edgar L. Spikes Jr. & Shelia Lynn Spikes Baldrige
3838 Euclid Avenue
East Chicago, Indiana 46312
(219) 307-1554

Preparer's signature
"See Exhibit B"
Print name

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000067

EDR No 00000564285

State No

1. Decedent's Legal Name (First, Middle, Last) EDGAR LEE SPIKES SR
1a. Maiden Name (if female)
2. Sex MALE
3. Time Of Death 09:40 AM
4. Date Of Death (Month/Day/Year) 03/02/2017

5. Social Security Number
6a. Age - Yrs 96
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 04/11/1920
8. Birthplace (City and State or Foreign Country) BOGALUSA, LA

9. Ever in U.S. Armed Forces?
10. If Death Occurred in A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital:
 Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility
 Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number)
3838 EUCLID AVENUE
12. City Or Town, State, And Zip Code
EAST CHICAGO, IN, 46312

13. County Of Death LAKE
14. Marital Status At Time Of Death
 Married Married, But Separated Divorced
 Widowed Never Married Unknown

15. Surviving Spouse's Name
15a. Last Name Before First Marriage
16. Decedent's Usual Occupation ASSISTANT CHIEF
17. Kind Of Business/Industry SHERIFFS DEPARTMENT

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town EAST CHICAGO

18c. Street And Number 3838 EUCLID AVENUE
18d. Apt. No.
18e. Zip Code 46312
18f. Inside City Limits? Yes No

19. Decedent's Education ASSOCIATE DEGREE (AA, AS)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race Black or African American

22. Parent's Name (First, Middle, Last) JOHN SPIKES
23. Parent's Last Name Before First Marriage BARNES

24. Informant's Name EDGAR LEE SPIKES JR
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 3838 EUCLID AVENUE, EAST CHICAGO, IN 46312

25a. Method Of Disposition
 Burial Cremation Donation Entombment
 Removal From State
 Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN MEMORIAL PARK
25c. Location - City, Town, And State HOBART, IN

26. Was Coroner Contacted? Yes No
27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312
27a. Funeral Home License Number: FH83001520

27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08600238

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. CEREBRAL INFARCT Due to (Or As A Consequence Of): SEVERAL WEEKS
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. Due to (Or As A Consequence Of):
C. Due to (Or As A Consequence Of):
D. Due to (Or As A Consequence Of):

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.
28. Was An Autopsy Performed? Yes No
30. Were Autopsy Finding Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown
32. If Female:
 Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death
 Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Unknown If Pregnant Within The Past Year

33. Manner Of Death:
 Natural Homicide Accident Pending Investigation
 Suicide 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? Yes No

38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code

38. Describe How Injury Occurred
40. If Transportation Injury, Specify:
 Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
 Certifying Physician Coroner Health Officer

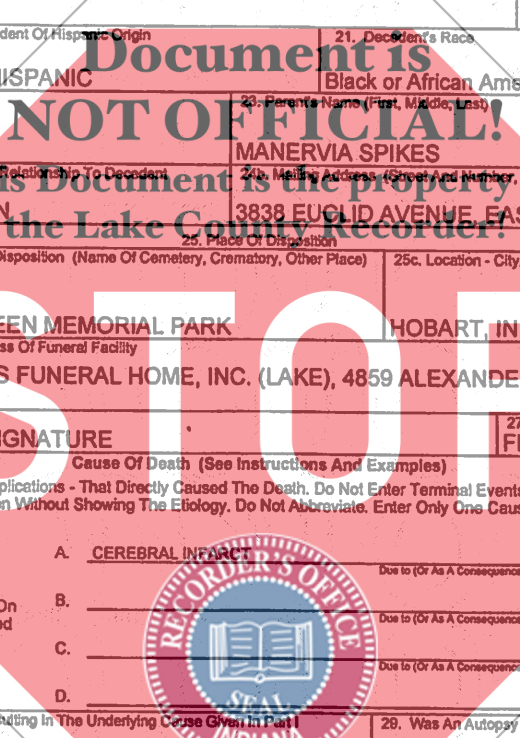
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385
44. License Number 01057042A
45. Date Certified 03/18/2017

46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAR 20 2017

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53385 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.



VOID IF ALTERED OR ERASED

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