

5.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 068846

2017 OCT 11 AM 10:46

MICHAEL S. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

EFURA NAYO GARNER, of Lake County, Indiana, being first duly sworn upon oath, states as follows:

1. Affiant is the surviving daughter of Cora L. Garner ("Decedent"), and is qualified to make this Affidavit.
2. Decedent died a resident of Lake County, Indiana, on June 7, 2017. A certified copy of Decedent's death certificate is attached as **Exhibit "A"**.
3. Decedent's husband, Albert Garner, predeceased her on May 12, 2004, and his death certificate was filed of record with the Recorder of Lake County, Indiana on April 14, 2005 as instrument number 2005-029579.
4. At the time of her death, Decedent owned real estate in fee simple absolute:

Legal Description:	Charles E. Olson's First Subdivision, All Lot 4
Commonly known as:	4600 Harrison Street, Gary, Indiana 46408
Tax Key No.	45-08-33-133-009.000-004,
5. The assets of Decedent's gross estate, as defined for federal estate tax purposes, were either not sufficient to necessitate the payment of federal estate tax or such federal estate tax has been paid.
6. Any and all inheritance taxes relating to the Real Estate have been duly paid.
7. Cora L. Garner duly recorded a "Transfer of Death Deed" with the Recorder of Lake County, Indiana on August 15, 2013 as instrument number 2013-060315 naming **Efura Nayo Garner and Ashanti K. Garner** as her transfer on death beneficiaries pursuant to I.C. 32-17-14-11.
8. **Efura Nayo Garner** is a surviving beneficiary pursuant to the aforementioned instrument, and as such, pursuant to Indiana law, is the owner of an undivided one-half, interest in the real property described herein.
9. **Ashanti K. Garner** was a beneficiary but did not survive the Decedent. A certified copy of his death certificate is attached as **Exhibit "B"**. Pursuant to the aforementioned instrument and I.C. 32-17-14-22(a)(1) and (b), if the primary beneficiaries do not survive the Decedent, the transfer shall be distributed to such primary beneficiaries' lineal descendants per stirpes.



FILED

OCT 11 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

031772

\$ 25.00

cash JTS

10. **Romello Garner and Parker Garner** are the lineal descendants of Ashanti K. Garner and are, accordingly, each entitled to an undivided one-quarter (1/4) interest in the real property described herein.

Dated this 5th day of September, 2017.

Efura Nayo Garner
 EFURA NAYO GARNER

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Document is NOT OFFICIAL!

Before me, the undersigned, a Notary Public in and for said County and State, this 5th day of September, 2017, personally appeared EFURA NAYO GARNER, who, being duly sworn, stated that the facts contained in the foregoing Affidavit are true and correct and acknowledged the execution of the above and foregoing Affidavit. WITNESS my hand and Notarial Seal.

My Commission Expires: 8/1/2025
 Resident of Jasper County

Melissa M. Wallace
 Notary Public



Send tax bills to: Efura N. Garner, 4600 Harrison Street, Gary, Indiana 46408
 Mail recorded instrument to: Efura N. Garner, 4600 Harrison Street, Gary, Indiana 46408

This instrument prepared by: Christian W. Bartholomew, Attorney at Law, Burke Costanza & Carberry LLP, 9191 Broadway, Merrillville, IN 46410. Phone: (219) 769-1313

I do hereby affirm under penalties of perjury that I have redacted each Social Security number in the attached document. /s/Christian W. Bartholomew

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 04 0291 State No.
THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS
INFORMANT

DISPOSITION

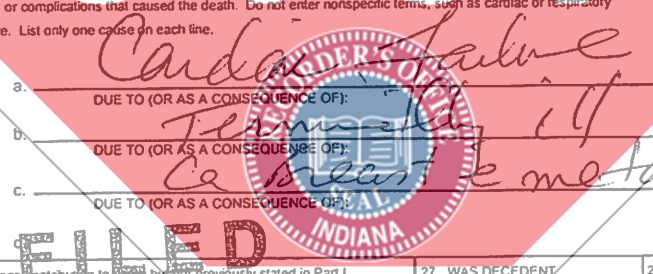
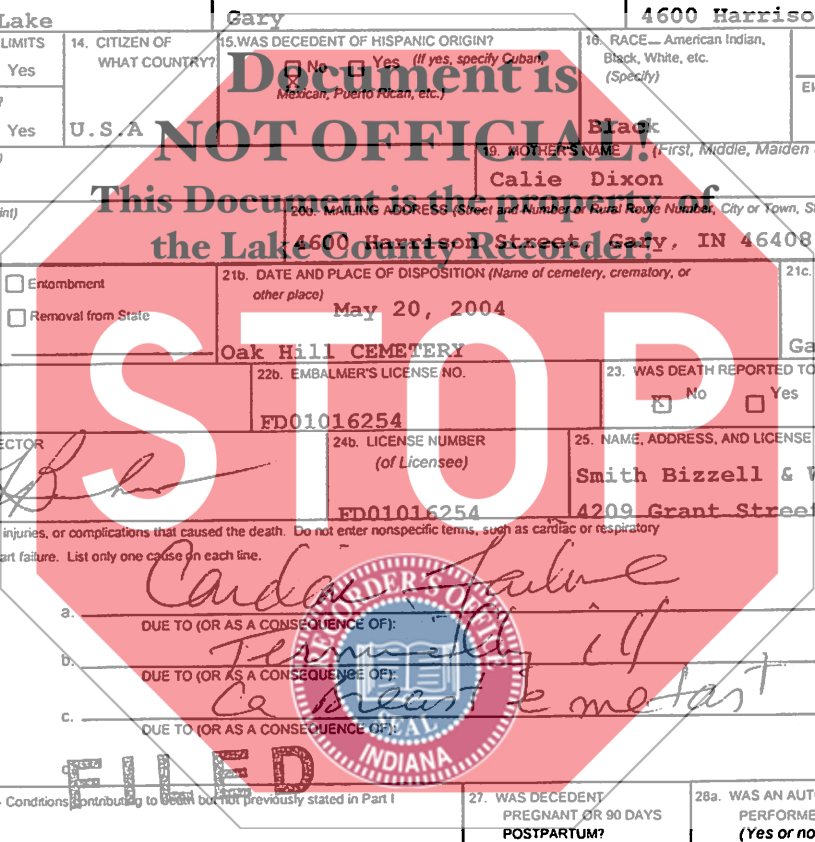
CAUSE OF
DEATH

120746-446-4
Charles E Olson's
1st Sub kot 4

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Albert Garner		2. SEX Male		3a. TIME OF DEATH 5:17A.M.		3b. DATE OF DEATH (Month, Day, Yr.) May 12, 2004	
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 60		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo., Day, Yr.) July 8, 1943		7. BIRTHPLACE (City and State or Foreign Country) Greenwood Mississippi					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		PLACE OF DEATH (Check only one See instructions)			
HOSPITAL: <input type="checkbox"/> Inpatient		OTHER <input type="checkbox"/> Nursing Home		<input type="checkbox"/> Other (Specify)			
<input checked="" type="checkbox"/> ER/Outpatient		<input type="checkbox"/> DOA		<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) Cora Markham		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Self Employed		12b. KIND OF BUSINESS/INDUSTRY Self Employed	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Gary		13d. STREET AND NUMBER 4600 Harrison Street	
13e. ZIP CODE 46408		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 type="checkbox"/> No <input checked="" 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) N/A		College (1-4 or 5+) 4			
18. FATHER'S NAME (First, Middle, Last) Sonny Garner		19. MOTHER'S NAME (First, Middle, Maiden Surname) Calie Dixon					
20a. INFORMANT'S NAME (Type/Print) Cora Garner		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4600 Harrison Street, Gary, IN 46408				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 20, 2004 Oak Hill CEMETERY		21c. LOCATION - City or Town, State Gary, Indiana			
22a. EMBALMER'S NAME Sherman G Banks		22b. EMBALMER'S LICENSE NO. FD01016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD01016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner FH19600034 4209 Grant Street, Gary, Indiana 46407-			
26. PART I Enter the diseases, 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) a. Cardiac failure b. Terminal ill c. A breast metast		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)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 005 029579					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		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. STEPHEN H. STOUGH		29b. HEALTH OFFICER. On the basis of examination and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. LAKE COUNTY AUDITOR		29c. 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.		FILE NO. 001094	
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. X 01047385		29d. DATE SIGNED (Month, Day, Year) X 5-19-04			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) X 8095 Connecticut St. Suite E. Merrillville IN 46411							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) MAY 21 2004					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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.					



FILED
APR 14 2005

[Handwritten initials]
2452



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

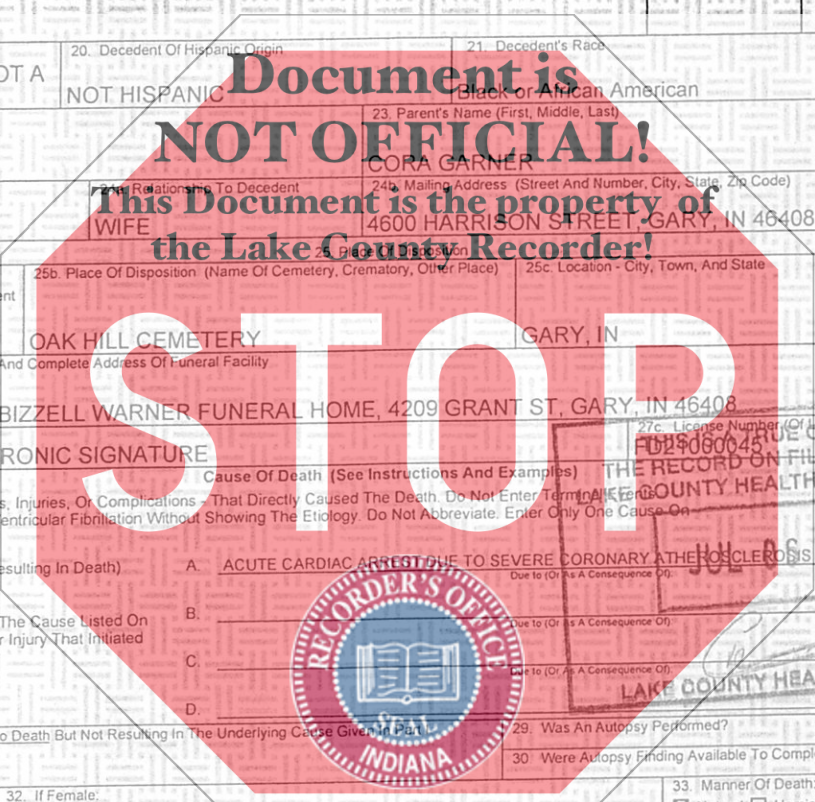
Tracking No. 128271

Local No 004268

EDR No 000000360741

State No 060200

1. Decedent's Legal Name (First, Middle, Last) ASHANTI K GARNER				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 11:42 AM		4. Date Of Death (Month/Day/Year) 12/21/2013			
5. Social Security Number [REDACTED]		6a. Age - Yrs 38		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) 03/28/1975		8. Birthplace (City and State or Foreign Country) CHICAGO, IL											
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) ST MARGARET MERCY HEALTHCARE CENTERS-HAMMOND										12. City Or Town, State, And Zip Code HAMMOND, IN, 46320			
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 KIWANDA D GARNER		15a. Last Name Before First Marriage DAVENPORT		16. Decedent's Usual Occupation LABORER	
17. Kind Of Business/Industry JUPITER ALUMINUM		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 4600 HARRISON STREET		18d. Apt. No.			
18e. Zip Code 46408		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) ALBERT GARNER			
23. Parent's Name (First, Middle, Last) CORA GARNER		23a. Parent's Last Name Before First Marriage MARKHAM		24. Informant's Name KIWANDA GARNER		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 4600 HARRISON STREET, GARY, IN 46408		24c. Place Of Disposition OAK HILL CEMETERY, GARY, IN			
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)		25c. Location - City, Town, And State		26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408		27a. Funeral Home License Number: FH10500021			
27b. Signature Of Indiana Funeral Service Licensee: TEALA LENORA KING, BY ELECTRONIC SIGNATURE		27c. License Number (If Known) FD29060045		27d. Date Of Issue JUL 06 2017		27e. County Health Officer LAKE COUNTY HEALTH OFFICER		27f. Approximate Interval: Onset To Death		27g. Cause Of Death (See Instructions And Examples) ACUTE CARDIAC ARREST DUE TO SEVERE CORONARY ATHEROSCLEROSIS			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) 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		28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.		29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input 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: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307		44. License Number		45. Date Certified 02/26/2014		46. Additional Funeral Service Provider:			
47. *Alias		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) FEB 26 2014		33. PENDING INVESTIGATION		30. NO		28I-Cause A: PENDING INVESTIGATION			



NOT VALID UNLESS

RAISED SEAL AFFIXED



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

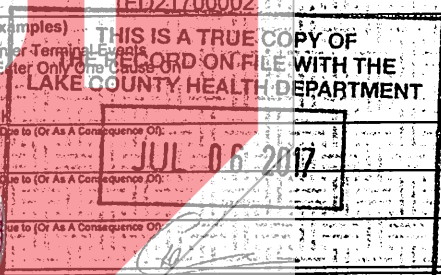
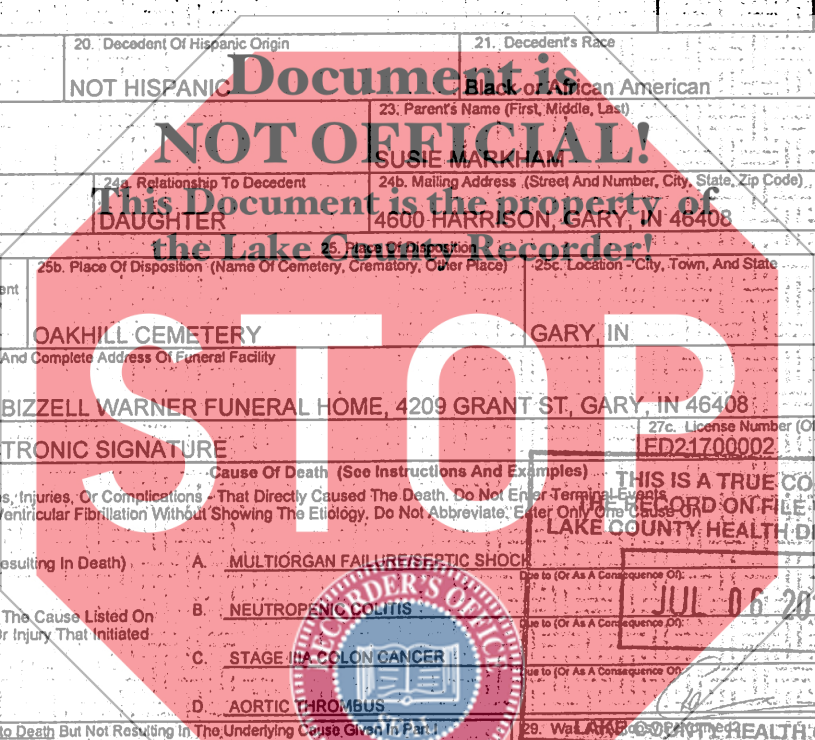
Tracking No. 128269

Local No 002093

EDR No 00000581954

State No 029861

Form fields including: 1. Decedent's Legal Name (CORAL GARNER), 2. Sex (FEMALE), 3. Time Of Death (09:38 AM), 4. Date Of Death (06/07/2017), 5. Social Security Number, 6a. Age - Yrs (73), 6b. Under 1 Year, 6c. Under 1 Month, 6d. Under 1 Day, 6e. Under 1 Hour, 7. Date of Birth (03/24/1944), 8. Birthplace (GREENWOOD, MS), 11. Facility Name (METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE), 12. City Or Town; State, And Zip Code (MERRILLVILLE, IN, 46410-7099), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Widowed), 15. Surviving Spouse's Name, 15a. Last Name Before First Marriage, 16. Decedent's Usual Occupation (MANAGER), 17. Kind Of Business/Industry (CURRENCY EXCHANGE), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (GARY), 18c. Street And Number (4600 HARRISON), 18d. Apt. No., 18e. Zip Code (46408), 18f. Inside City Limits? (Yes), 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 (ALEXANDER MARKHAM), 23. Parent's Name (SUSIE MARKHAM), 23a. Parent's Last Name Before First Marriage (HARRIS), 24. Informant's Name (EFURA GARNER), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (4600 HARRISON, GARY, IN 46408), 25. Place Of Disposition (OAKHILL CEMETERY, GARY, IN), 25a. Method Of Disposition (Burial), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408), 27a. Funeral Home License Number (FH10500021), 27b. Signature Of Indiana Funeral Service Licensee (LASHENNA HAIRSTON, BY ELECTRONIC SIGNATURE), 27c. License Number Of Licensee (ED21700002), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (Cause of Death: A. MULTIORGAN FAILURE/SEPTIC SHOCK, B. NEUTROPENIC COLITIS, C. STAGE IIIA COLON CANCER, D. AORTIC THROMBUS), 29. Was Lake County Health Officer Present? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death (Natural), 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? (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 (NOT VALID UNLESS), 41. Signature, Of Person Certifying Cause Of Death (GEETA KURRA - BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (GEETA KURRA, 200E 89TH AVE, 2A, MERRILLVILLE, IN 46410), 44. License Number (01067865A), 45. Date Certified (06/14/2017), 46. Additional Funeral Service Provider, 47. Fees, 48. Signature Of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (JUN 16 2017), AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



RAISED SEAL AFFIXED