

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 071092

2017 OCT 20 AM 11:46

MICHAEL B. BROWN
RECORDER

7 1703584

SURVIVORSHIP AFFIDAVIT

Comes now James A. Campbell, II, who being duly sworn upon His oath, deposes and says:

That James A. Campbell, II is the surviving brother of Jeannine Campbell AKA Ardith J. Campbell, deceased, who died domiciled in Lake County, Indiana, on June 25, 2017

That affiant and Jeannine Campbell AKA Ardith J. Campbell acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

LOTS FIFTEEN (15) AND SIXTEEN (16) IN BLOCK TWO (2), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF FOGG AND HAMMOND'S SECOND ADDITION TO THE CITY OF HAMMOND, LAKE COUNTY, INDIANA.

Property address:
938 State St., Hammond, IN
Tax ID No.: 45-03-31-376-014.000-023 and 45-03-31-376-015.000-023

Affiant states that James A. Campbell, II and Jeannine Campbell AKA Ardith J. Campbell took title to the above-described real estate, until the date of Jeannine Campbell AKA Ardith J. Campbell's death. The Parties acquired title to the premises by Deed recorded 4/7/1975 and Instrument Number 294627 in the Office of the Recorder of Lake County, Indiana.

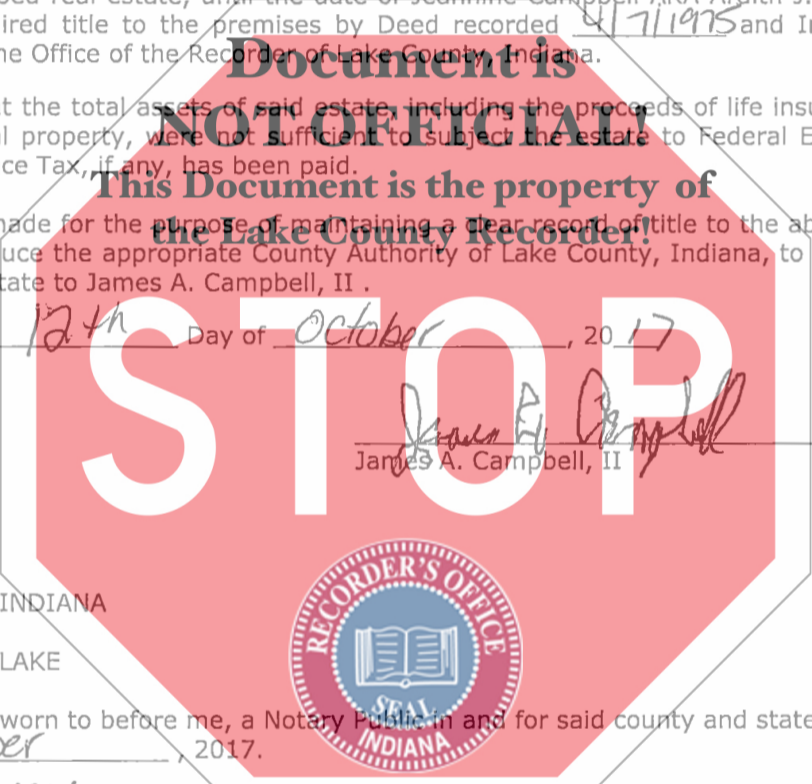
Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the above-described real estate to James A. Campbell, II.

Executed this 12th Day of October, 2017

James A. Campbell
James A. Campbell, II

CHICAGO TITLE INSURANCE COMPANY



STATE OF INDIANA

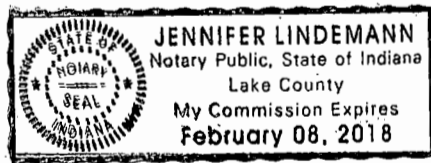
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 12th day of October, 2017.

J Lindemann
Notary Public

County of Residence:
My Commission expires:

This document prepared by: James A. Campbell, II



File No. 1703584

Return To:
1058 Cardinal Ct. Batavia IL 60510

FILED

OCT 19 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Survivorship Affidavit-CT

042491

25.-
C# 1820503877
D

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. James A. Campbell II



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

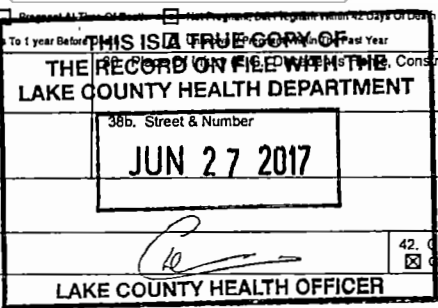
Tracking No. 127552

Local No 002202

EDR No 00000584913

State No

1. Decedent's Legal Name (First, Middle, Last) ARDITH JEANNINE CAMPBELL				1a. Maiden Name (If female) CAMPBELL		2. Sex FEMALE	3. Time Of Death 09:15 PM	4. Date Of Death (Month/Day/Year) 06/25/2017		
5. Social Security Number [REDACTED]		6a. Age - Yrs 88	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) 03/09/1929		8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) MUNSTER MED-INN										
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation MARKETER		17. Kind Of Business/Industry TELEPHONE		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town MUNSTER			18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 8027 JEFFERSON AVENUE			19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) EDWIN M. CAMPBELL			23. Parent's Name (First, Middle, Last) FAITH P. CAMPBELL			23a. Parent's Last Name Before First Marriage LAMBERT				
24. Informant's Name JAMES CAMPBELL			24a. Relationship To Decedent BROTHER			24b. Mailing Address (Street And Number, City, State, Zip Code) 355 CARDINAL COURT, BATAVIA, IL 60510				
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) KELLY CARROLL CREMATORY			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH83004968			
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601763				
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. SQUAMOUS CELL LUNG CANCER Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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									Approximate Interval: Onset To Death	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No										
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death		32. If Female: <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death		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 (Street And Number, City, State, Zip Code, 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: ANASS ZAITOON, 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: ANASS ZAITOON, 7905 CALUMET AVENUE, MUNSTER, IN 46321						44. License Number 01067223A		45. Date Certified 06/26/2017		
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): JUN 27 2017				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



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