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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2017 085748

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 DEC 18 AM 9:50
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Angelina A. Thomason, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Wayne M. Thomason, deceased.

2. That Angelina A. Thomason and Wayne M. Thomason, acquired the following property as Husband and Wife during the term of their marriage.

THE NORTH 1/2 OF LOT 9 BLOCK 13 IN HOBART PARK ADDITION TO HOBART AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 12 PAGE 30, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as 211 S. Wisconsin ST. Hobart, IN 46342
Parcel No.: 45-09-31-205-003.000-018

3. That Angelina A. Thomason and Wayne M. Thomason remained married until the death of Wayne M. Thomason on the 27th day of February, 2015

4. That Angelina A. Thomason became the fee simple owner of the property at the death of Wayne M. Thomason.

I affirm under the penalties for perjury that the foregoing statements are true.

Angelina A. Thomason

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 13 day of November, 2017

43660

FILED
DEC 15 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

SHAUNA M LANGE
Lake County
My Commission Expires
April 10, 2022

My Commission Expires: 4/10/22

Shauna M. Lange, Notary Public
Resident of Lake County

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange

150 K

This Instrument Prepared by: Rees and Lange, P.C. 105 E. Third Street, Hobart IN 46342 (219) 947-1692.

$25.00

#115

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 46170

Local No 000719 EDR No 000000435426 State No 010214

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
WAYNE M THOMASON		MALE	04:14 AM	02/27/2015

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	67					02/07/1948	GARY, IN

9. Ever in U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown

10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

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): ST MARY MEDICAL CENTER INC

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
HOBART, IN, 46342	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
ANGELINA THOMASON	ROSSI	LOCAMOTIVE ENGINEER	RAILROAD

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

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
211 SOUTH WISCONSIN STREET		46342	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
HOLLAND THOMASON	LUCILLE THOMASON	LIVELY

24. Informant's Name	24a. Relationship to Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
ANGELINA THOMASON	WIFE	211 SOUTH WISCONSIN STREET, HOBART, IN 46342

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	KELLY CARROLL CREMATION SERVICES	GARY, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342	FH83003069

27b. Signature Of Indiana Funeral Service Licensee	27c. License Number (Of Licensee):
JAMES J. KRAUSE , BY ELECTRONIC SIGNATURE	FD01006463

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. METASTATIC SMALL CELL LUNG CANCER WITH NEW DIAGNOSED BRAIN METS	MONTHS
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. ACUTE ON CHRONIC RESPIRATORY FAILURE Due to (Or As A Consequence Of):	DAYS
	C. CARDIOPULMONARY ARREST Due to (Or As A Consequence Of):	MINUTES
	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

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

29. 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?	32. If Female:	33. Manner Of Death:
☒ Yes ☐ Probably ☐ No ☐ Unknown	☐ 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	☒ 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

39. Describe How Injury Occurred

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)	43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
SERDAL AKTOLGA , BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Heath Officer	SERDAL AKTOLGA , 1500 S. LAKE PARK AVE., HOBART, IN 46342	01072849A	03/02/2015

Susan W Best, MD
LAKE COUNTY HEALTH OFFICER

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): MAR 03 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 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.