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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 035337

2019 JUN 12 AM 10:54

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

STATE OF INDIANA        )  
                                  ) SS:  
COUNTY OF LAKE        )

Comes now **JESSIE ALLEN** , being duly sworn upon her oath and states as follows:

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Twenty-six (26), and the South 1/2 of Lot Twenty-seven (27), in Block 6, in Gary Land Company's Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 10, page 16, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 656 Fillmore St., Gary, IN 46402  
Parcel ID No. 45-08-04-335-026.000-004

That Jessie Allen and T.J. Allen, now deceased, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by deed of conveyance.

That the marital relationship which existed between this affiant and T.J. Allen continued unbroken from the time they so acquired title to said real estate until the death of T.J. Allen on the 1st day of October, 2017, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That a copy of the death certificate of T.J. Allen is attached hereto, made a part hereof and marked Exhibit "A".

That the gross value of the estate of the decedent, T.J. Allen, as determined for the purposes of Federal Estate Taxes did not require the filing of a Federal Estate Tax Return.

That the real estate described herein was not subject to Indiana Inheritance Tax.

  
\_\_\_\_\_  
JESSIE ALLEN

**FILED**

JUN 12 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

041747

AMOUNT \$ 25 -  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 6117  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY EA



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **000536**

EDR No **00000601916**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>T.J. ALLEN</b>		1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>03:49 PM</b>	4. Date Of Death (Month/Day/Year) <b>10/01/2017</b>
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5. Social Security Number <b>78</b>	6a. Age - Yrs <b>78</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>06/06/1939</b>	8. Birthplace (City and State or Foreign Country) <b>MAGNOLIA, MS</b>
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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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)
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11. Facility Name (If Not Institution, Give Street and Number) <b>METHODIST HOSPITAL NORTHLAKE</b>	
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12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</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
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15. Surviving Spouse's Name <b>JESSIE ALLEN</b>	15a. Last Name Before First Marriage <b>GUY</b>	16. Decedent's Usual Occupation <b>STEEL WORKER</b>	17. Kind Of Business/Industry <b>US STEEL</b>
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18. Residence - State <b>INDIANA</b>	18a. County <b>LAKE</b>	18b. City Or Town <b>GARY</b>
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18c. Street And Number <b>656 FILLMORE STREET</b>	18d. Apt. No.	18e. Zip Code <b>46402</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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>
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22. Parent's Name (First, Middle, Last) <b>OZA ALLEN</b>	23. Parent's Name (First, Middle, Last) <b>SENA ALLEN</b>	23a. Parent's Last Name Before First Marriage <b>WASHINGTON</b>
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24. Informant's Name <b>JESSIE ALLEN</b>	24a. Relationship To Decedent <b>WIFE</b>	24b. Mailing Address (Street And Number, City, State, Zip Code) <b>656 FILLMORE STREET, GARY, IN 46402</b>
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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>
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408</b>	27a. Funeral Home License Number: <b>FH10500021</b>
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27b. Signature Of Indiana Funeral Service Licensee: <b>MARCEL BLUNT, BY ELECTRONIC SIGNATURE</b>	27c. License Number (Of Licensee): <b>FD21400025</b>
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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.		Approximate Interval: Onset To Death
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Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. CONGESTIVE HEART FAILURE-UNKNOWN</b>	Due to (Or As A Consequence Of):	<b>2 WEEKS</b>
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>B. PULMONARY ARTERIAL HYPERTENSION</b>	Due to (Or As A Consequence Of):	<b>1 YEAR</b>
<b>C. HYPERTENSION</b>	Due to (Or As A Consequence Of):	<b>20 YEARS</b>
<b>D. CHRONIC KIDNEY DISEASE STAGE 3</b>	Due to (Or As A Consequence Of):	<b>5 YEARS</b>

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>DIABETES MELLITUS; HYPOXIA</b>	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
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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
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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
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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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)
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41. Signature, Of Person Certifying Cause Of Death: <b>RAPHAEL E ALBERT, BY ELECTRONIC SIGNATURE</b>	42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>RAPHAEL E ALBERT, 251 WEST 84TH DRIVE, MERRILLVILLE, IN 46410-6243</b>	44. License Number <b>01030144A</b>	45. Date Certified <b>10/17/2017</b>
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46. Additional Funeral Service Provider:	47. *Akas:
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48. Signature of Local Health Officer: <b>REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE</b>	49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 20 2017</b>
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)