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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 035377

2019 JUN 12 PM 12:56

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 12th day of June, 2019, before me personally appeared Rodney Merrick, to me personally known, who being duly sworn upon his oath, states:

1. Affiant is the brother-in-law of Elige Lee Green, Jr. and brother of Clanthia Green a/k/a Clanthia A. Merrick-Green, and resides at the address given below the Affiant's signature;
2. Elige Lee Green, Jr. and Clanthia Green a/k/a Clanthia A. Merrick-Green, husband and wife, owned the real estate described below as joint tenants or as tenants by the entireties;
3. Said real estate is more particularly described as follows:

LOT 77 in Morningside Addition to the City of Gary, as shown in plat book 12, page 36, and the East 10 feet of that part of vacated alley 4 West adjoining said lot on the West, in Lake County, Indiana.

Commonly known as 4676 Jefferson Place, Gary, Indiana 46408

Parcel No. 45-08-33-227-007.000-004
4. Said Elige Lee Green, Jr. died on May 19, 2018, leaving no Will;
5. Clanthia Green a/k/a Clanthia A. Merrick-Green was the surviving spouse of Elige Lee Green, Jr. Where this Affidavit relates to a tenancy by the entireties, that Elige Lee Green, Jr. and Clanthia Green a/k/a Clanthia A. Merrick-Green were never divorced and lived together as husband and wife continuously until the time of Elige Lee Green, Jr.'s death; and
6. Affiant's relationship to the deceased was brother-in-law.

Affiant's Signature *Rodney D. Merrick*
 Name Printed Rodney Merrick
 Address 9856 S. Hamilton Avenue
Chicago, IL 60643

FILED

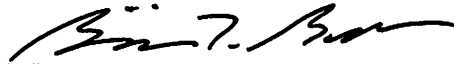
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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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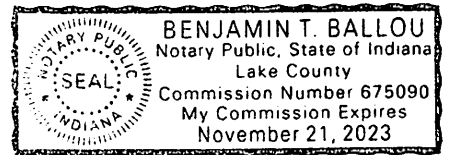
Subscribed and sworn to before me, a Notary Public, this 12th day of June, 2019.



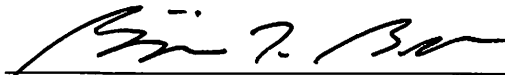
Benjamin T. Ballou, Notary Public
A Resident of Lake County

My Commission Expires:
November 21, 2023

My Commission Number:
675090



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.



Benjamin T. Ballou

This instrument prepared by: Benjamin T. Ballou
Attorney at Law
8700 Broadway
Merrillville, IN 46410

428879.1
19,615



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 183917

Local No 902008

EDR No 000000645385

State No 029663

1. Decedent's Legal Name (First, Middle, Last) ELIGE LEE GREEN JR
1a. Maiden Name (if female)
2. Sex MALE
3. Time Of Death 09:02 PM
4. Date Of Death (Month/Day/Year) 05/19/2018

5. Social Security Number
6a. Age - Yrs 74
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 05/21/1943
8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN

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) DYER NURSING AND REHABILITATION CENTER
12. City Or Town, State, And Zip Code
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 MERRICK
16. Decedent's Usual Occupation STEELWORKER
17. Kind Of Business/Industry USX

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town GARY
18c. Street And Number 4676 JEFFERSON PLACE
18d. Apt. No.
18e. Zip Code 46408
18f. Inside City Limits? Yes

19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race Black or African American
22. Parent's Name (First, Middle, Last) ELIGE LEE GREEN
23. Parent's Name (First, Middle, Last) ROSE GREEN
23a. Parent's Last Name Before First Marriage ANGLIN

24. Informant's Name CLANTHIA GREEN
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 4676 JEFFERSON PLACE, GARY, IN 46408

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

26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404
27a. Funeral Home License Number: FH83007704

27b. Signature Of Indiana Funeral Service Licensee: CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD29700070

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. SEPSIS Due to (Or As A Consequence Of): FEW WEEKS
B. PNEUMONIA Due to (Or As A Consequence Of): FEW WEEKS
C. COLON CANCER Due to (Or As A Consequence Of): YEARS
D.
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? 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:
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?
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)
NOT VALID UNLESS

41. Signature, Of Person Certifying Cause Of Death: ASIF H. FAROOQUI, 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: ASIF H. FAROOQUI, 8020 KNUE RD., INDIANAPOLIS, IN 46250
44. License Number: 01063801A
45. Date Certified: 06/13/2018

46. Additional Funeral Service Provider.
47. *Akd:
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JUN 14 2018

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...

RAISED SEAL AFFIXED