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AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA
COUNTY OF LAKE

2019 058775

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2019 AUG 29 AM 9:40
MICHAEL B. BROWN
RECORDER

1. DECEDENT NAME: **BEVERLY COLE**
2. DATE OF DEATH OF DECEDENT: **MARCH 29, 2018 IN GARY, INDIANA.**
3. THE LAST RECORDED DEED IN THE LAKE COUNTY RECORDER OFFICE: **JANUARY 18, 2018, A TAX DEED TO BEVERLY COLE FROM THE LAKE COUNTY AUDITOR, INSTRUMENT NUMBER 2018-004222.**
4. THE ADDRESS OF DECEDENT: **738 LINCOLN ST. GARY, IN 46402** - *conveying title real estates*
5. LEGAL DESCRIPTION: **RESUBDIVISION GARY LAND COMPANY'S 3RD SUBDIVISION ALL LOT 15 BLOCK 5** *1-18-18 2018-004222 REC, Sr*

2018-06-12-28
2018-004222
REC, Sr

Re Recording to correct Affiant to Heirs bc

6. KEY NUMBER: **45-08-04-352-014.000-004**
7. **BELLAM C. COLE, SR. IS THE DECEDENT'S HUSBAND**
BELLAM C. COLE, JR. IS THE DECEDENT'S SON, a minor
CORNELIUS C. COLE IS THE DECEDENT'S SON

Document is NOT OFFICIAL!
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8. (A) AT LEAST SEVEN (7) MONTHS HAVE ELAPSED SINCE THE DECEDENT'S DEATH
(B) NO LETTERS TESTAMENTARY OR LETTERS OF ADMINISTRATION HAVE BEEN ISSUED TO A COURT APPOINTED PERSONAL REPRESENTATIVE FOR THE DECEDENT WITHIN THE TIME LIMITS SPECIFIED UNDER SECTION 15.1(d) OF THIS CHAPTER
(C) A PROBATE COURT HAS NOT ISSUED FINDINGS AND AN ACCOMPANYING ORDER PREVENTING THE LIMITATIONS IN SECTION 15.1 (b) OF THIS CHAPTER FROM APPLYING TO THE DECEDENT'S REAL PROPERTY

9. NAMES OF AFFIANTS ARE: *Heirs bc*
BELLAM C. COLE, SR., Husband
BELLAM C. COLE, JR, a Minor
CORNELIUS C. COLE, a Minor

10. EACH AFFIANT WILL HOLD **33.333333%** OF REAL PROPERTY
Heirs bc
- THE FOREGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY



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RECORDER

JOHN E. PETALAS
LAKE COUNTY AUDITOR

003385

STATE OF INDIANA
COUNTY

SEP 10 2019

Before me, the undersigned, a Notary Public for Lake County and State this day of August, 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Bellam Cole Sr 003494
Bellam C. Cole, Sr.
Signature

Bellam C Cole Sr,
Bellam C. Cole, Sr.
Printed Name

In witness whereof, I have hereunto subscribed my name and affixed my official seal
My commission expires 3/22/2025

[Signature], Notary



Patricia Owens-Lee
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 700715
My Commission Expires May 22, 2025

Prepared by: Bellam C. Cole, Jr.

25-1 CC

25-10
[Signature]
aph

"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."
PREPARED BY: BC

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

Local No **800189**

EDR No **00000636070**

State No **016696**

1. Decedent's Legal Name (First, Middle, Last) BEVERLY K EDMOND-COLE				1a. Maiden Name (If female) EDMOND		2. Sex FEMALE	3. Time Of Death 01:30 AM	4. Date Of Death (Month/Day/Year) 03/29/2018	
5. Social Security Number [REDACTED]	6a. Age - Yrs 58	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) 03/04/1960		8. Birthplace (City and State or Foreign Country) COLUMBIA, MS	
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 checked="" 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) 738 LINCOLN STREET									
12. City Or Town, State, And Zip Code GARY, IN, 46402				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 BELLAM C COLE			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation HEALTH AIDE		17. Kind Of Business/Industry GUARDIAN HOME HEALTH	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46402	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 738 LINCOLN STREET									
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) SIDNEY EDMOND				23. Parent's Name (First, Middle, Last) BEATRICE MAY			23a. Parent's Last Name Before First Marriage RICE		
24. Informant's Name BELLAM C COLE			24a. Relationship To Decedent HUSBAND			24b. Mailing Address (Street And Number, City, State, Zip Code) 738 LINCOLN STREET, GARY, IN 46402			
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) FERN OAKS CEMETERY			25c. Location - City, Town, And State GRIFFITH, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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. PATIENT DIAGNOSED WITH COLON CANCER WITH LIVER METASTASIS Due to (Or As A Consequence Of): 02/05/2015									
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. PATIENT ADMITTED TO HOSPITAL WITH DISEASE PROGRESSION Due to (Or As A Consequence Of): 11/17/2017									
C. PATIENT ADMITTED AGAIN FOR PROGRESSION WITH POOR PROGNOSIS Due to (Or As A Consequence Of): 03/13/2018									
D. PATIENT EXPIRED AT HOME Due to (Or As A Consequence Of): 03/29/2018									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. ANEMIA, HYPOKALEMIA, WEAKNESS, DEHYDRATION, HYPERTENSION, TYPE II DIABETES MELLITUS						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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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: NYAMBI EBIE, 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: NYAMBI EBIE, 6111 HARRISON # 200, MERRILLVILLE, IN 46410						44. License Number 01046157A		45. Date Certified 04/02/2018	
46. Additional Funeral Service Provider:						47. *Aka:			
48. Signature of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 03 2018			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)