

Affidavit of Survivorship

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

State of Indiana

2019 061472

2019 SEP 10 PM 1:20

County of Lake

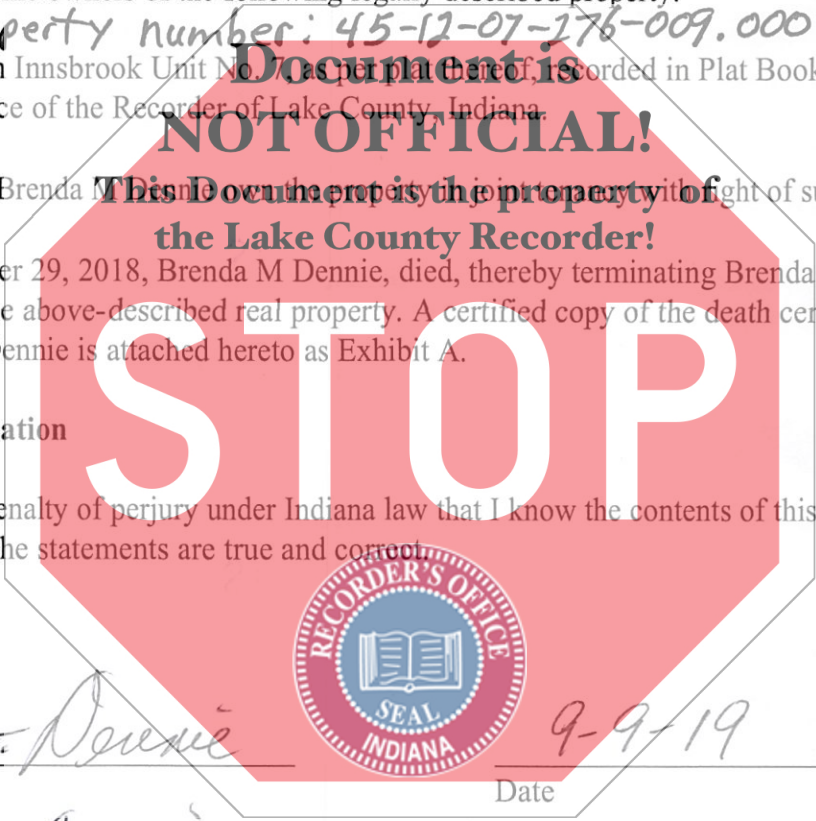
MICHAEL B. BROWN
RECORDER

I Lester J Dennie, residing at 6418 Waite Street, Merrillville, Indiana 46410, being of legal age, depose and say that:

1. On January 24, 2011, by Quitclaim recorded in Book/Volume 96, Page 18, of the Lake County records as document number 920075315 ('the Deed'), the Affiant and Brenda M Dennie become owners of the following legally described property:

Property number: 45-12-07-176-009.000-030

Lot17 in Innsbrook Unit No. 7 as per plat thereof, recorded in Plat Book 96 page 18, in the Office of the Recorder of Lake County, Indiana.



2. Affiant and Brenda M Dennie own the above-described property with right of survivorship.

3. On December 29, 2018, Brenda M Dennie, died, thereby terminating Brenda M Dennies interest in the above-described real property. A certified copy of the death certificate of Brenda M Dennie is attached hereto as Exhibit A.

Oath or Affirmation

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Lester J. Dennie
Lester J Dennie



9-9-19

Date

Lester J. Dennie

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FILED

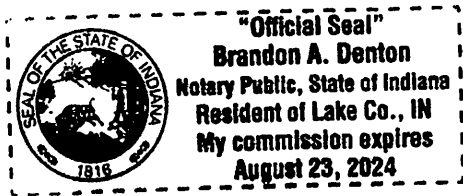
SEP 10 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 251.00
 CASH CHARGE _____
 CHECK# _____
 OVERAGE _____
 COPY _____
 NON-CONF _____
 DEPUTY JAB

STATE OF INDIANA, COUNTY OF LAKE, ss:

This Affidavit was acknowledged before me on this 9th day of September, 2019 by Lester J Dennie, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Brandon A. Denton

Notary Public

Notary Public

Title (and Rank)



My commission expires Aug. 23, 2024



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

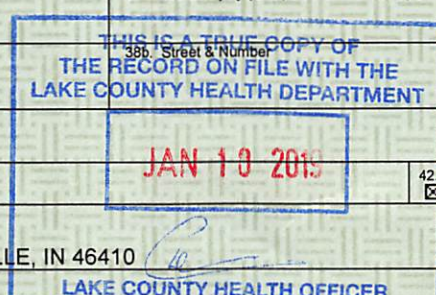
Tracking No. 182238

Local No 904500

EDR No 000000684947

State No 065323

1. Decedent's Legal Name (First, Middle, Last) BRENDA M DENNIE				1a. Maiden Name (If female) VIRGINIA		2. Sex FEMALE	3. Time Of Death 07:30 AM	4. Date Of Death (Month/Day/Year) 12/29/2018		
5. Social Security Number [REDACTED]	6a. Age - Yrs 59	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) 12/14/1959		8. Birthplace (City and State or Foreign Country) GARY, 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 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) 6418 WAITE STREET				12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410			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 LESTER DENNIE			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation MINISTRY ADMINISTER		17. Kind Of Business/Industry MINISTRY			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE			18d. Apt. No.	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		22. Parent's Name (First, Middle, Last) RUBEN VIRGINIA		23a. Parent's Last Name Before First Marriage CURRIE		
24. Informant's Name LESTER DENNIE		24a. Relationship To Decedent HUSBAND		24b. Informant's Address (Street, City, State, Zip Code) 6418 WAITE STREET, MERRILLVILLE, IN 46410						
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) RIDGELAWN CEMETERY		25c. Location - City, Town, And State GARY, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408				27a. Funeral Home License Number FH10200007				
27b. Signature Of Indiana Funeral Service Licensee: RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD21100051		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. Do Not Enter Only One Cause On A Line. Add Additional Lines If Necessary. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>ADMITTED INTO HOSPITAL FOR DIAGNOSIS OF METASTATIC COLORECTAL CANCER</u> 04/09/18 Due to (Or As A Consequence Of): 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. <u>AFTER CHEMOTHERAPY COMPLETION THE PATIENT HAD A PROGRESSION OF THE DISEASE</u> 11/13/18 Due to (Or As A Consequence Of): C. <u>PATIENT ADMITTED FOR ABDOMINAL PAIN AND CONSTIPATION DUE TO DISEASE PROGRESSION</u> 11/30/18 Due to (Or As A Consequence Of): D. <u>PATIENT DISCHARGED FROM HOSPITAL WITH POOR PROGNOSIS UNDER HOSPICE CARE</u> 12/08/18 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. DISEASE PROGRESSION WITH PAIN, LOSS OF APPETITE AND FAILURE TO THRIVE				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		44. License Number 01046157A		45. Date Certified 01/09/2019		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: NYAMBI EBIE, 6111 HARRISON # 200, MERRILLVILLE, IN 46410				47. *Ak's: LAKE COUNTY HEALTH OFFICER						
46. Additional Funeral Service Provider:				49. For Registrar Only - Date Filed (Month/Day/Year): JAN 09 2019						
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						



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