

2019-081949

2019 Nov 27

9:50 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

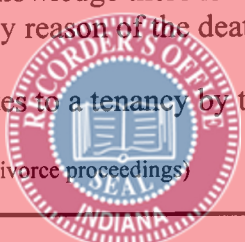
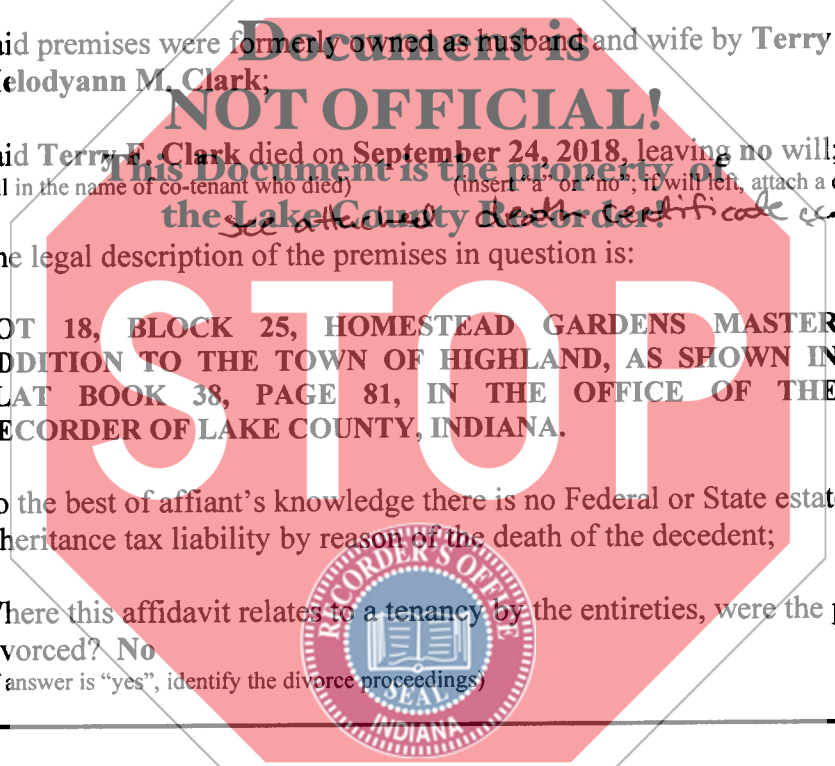
} S.S.

COUNTY OF LAKE

On this 14th day of November, 2019, before me personally appeared, **Melodyann M. Clark**, to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is **Owner**;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as husband and wife by **Terry F. Clark and Melodyann M. Clark**;
- Said **Terry F. Clark** died on **September 24, 2018**, leaving no will;
(fill in the name of co-tenant who died) (insert "a" or "no", if will left, attach a copy)
See attached death certificate
- The legal description of the premises in question is:
LOT 18, BLOCK 25, HOMESTEAD GARDENS MASTER ADDITION TO THE TOWN OF HIGHLAND, AS SHOWN IN PLAT BOOK 38, PAGE 81, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of the decedent;
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? **No**
(If answer is "yes", identify the divorce proceedings)
- Affiant's relationship to the deceased was **Wife**.

CHICAGO TITLE INSURANCE COMPANY



Signature: Melodyann M. Clark
melodyann m. clark
Address: 3429 Ross Pl
Highland, IN 46322

Subscribed and sworn to before me by the affiant this 14th day of November, 2019.

FILED

NOV 27 2019

053968

Notary Public: Christine Krigger
My Commission Expires:

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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.

Melodyann M. Clark
melodyann m. clark

Prepared by: Melodyann M. Clark of 3429 Ross Pl, Highland, IN 46322

Please return once recorded to Melodyann M. Clark at the address above.

ctnw1905493 inv.

1820801364 #2500 JTB



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

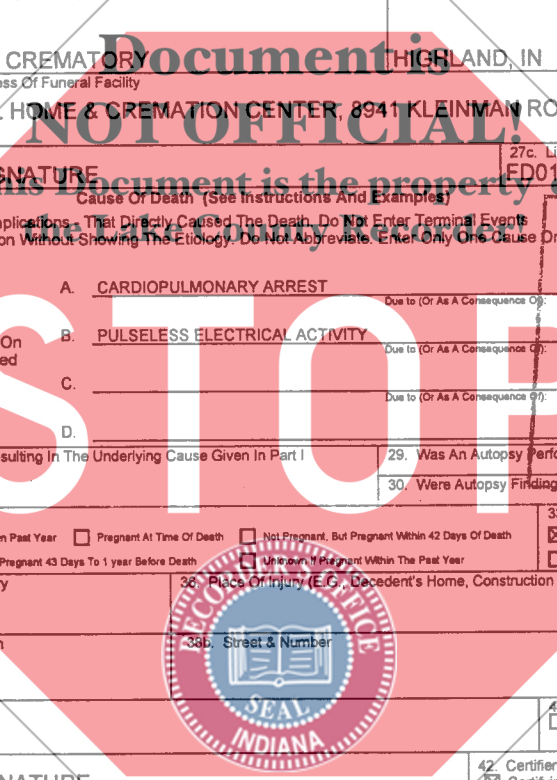
Tracking No. 172078

Local No 903206

EDR No 00000667148

State No 047122

1. Decedent's Legal Name (First, Middle, Last) TERRY F CLARK JR				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 12:52 PM	4. Date Of Death (Month/Day/Year) 09/24/2018	
5. Social Security Number	6a. Age - Yrs 45	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) 03/20/1973		8. Birthplace (City and State or Foreign Country) HARVEY, IL	
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)			
11. Facility Name (If Not Institution, Give Street and Number) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					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 MELODYANN MARIE CLARK			15a. Last Name Before First Marriage ACKERMANN			16. Decedent's Usual Occupation TRUCK DRIVER		17. Kind Of Business/Industry CONCRETE SUPPLIER	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 3429 ROSS PLACE					19. Decedent's Education ASSOCIATE DEGREE (AA, AS)	20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) TERRY F. CLARK SR				23. Parent's Name (First, Middle, Last) DONNA CLARK			23a. Parent's Last Name Before First Marriage BOLAN		
24. Informant's Name MELODYANN CLARK		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 3429 ROSS PLACE, HIGHLAND, IN 46322					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HILLSIDE CREMATORY		25c. Location - City, Town, And State HIGHLAND, IN		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HILLSIDE FUNERAL HOME & CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number FH11700003		
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS A. KUIPER, BY ELECTRONIC SIGNATURE					27c. License Number (Of Licensee): ED01014511				
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. CARDIOPULMONARY ARREST 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. PULSELESS ELECTRICAL ACTIVITY C. D.									
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I BRADYCARDIA					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 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: JOHN GILBERT DAVIS, 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: JOHN GILBERT DAVIS, 901 MAC ARTHUR BLVD., MUNSTER, IN 46321					44. License Number 01073739A		45. Date Certified 09/26/2018		
46. Additional Funeral Service Provider:					47. *Akas:				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year): SEP.26 2018				



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
OCT 01 2018
Approximate Interval - Onset To Death
HOUR

