

SURVIVORSHIP AFFIDAVIT

On this date November, 22, 2019, the Affiant, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature.
2. Affiant is the daughter of the former owners of the premises described hereinbelow, and Personal Representative of the Estate of Thomas D. Jones.
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Lucy M. Jones and Thomas D. Jones;
4. Said Lucy M. Jones died on 10-30-2015 and Thomas D. Jones died on April 22, 2019.
5. The legal description of the premises in question is: Woods Park Unit No. 2, Lot 48, Lake County, Indiana, commonly known as 2088 W. 51st Ave., Gary, IN.
TAX ID No: 45-08-32-405-018.000-001
6. There is no Federal or State inheritance tax liability by reason of the death of said decedents.
7. Lucy M. Jones and Thomas D. Jones were married and never divorced.

AFFIANT

Karen S. Warus
Signature

Karen S. Warus
Karen S. Warus

Address: 1364 W. 95th Ct., Crown Point, IN 46307

Subscribed and sworn to before me by the affiant This 22 day of November, 2019

[Signature]
Notary Public

Patricia Ludington
Printed Name

My County of Residence is: LAKE in the State of Indiana

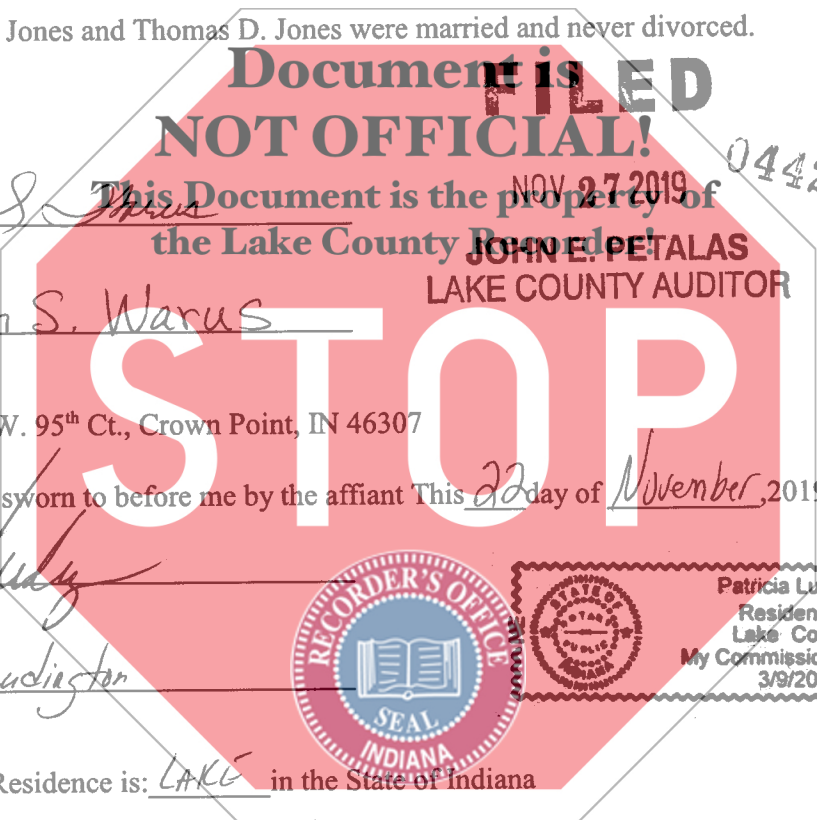
My Commission Expires 3/9/24
Commission Number: 081586

This instrument prepared by: Timothy J. Dougherty, Attorney at Law, 145 E. 61st Ave.,
Merrillville, IN 46410

COMMUNITY TITLE COMPANY
FILE NO. 1917540

25-
CK12025
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2019 Nov 27 10:23 AM
2019-082029
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MICHAEL B BROWN
 RECORDER

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 69084



Local No 003575

EDR No 000000476744

State No

1. Decedent's Legal Name (First, Middle, Last) LUCY M JONES				1a. Maiden Name (If female) ARCISAUSKAS		2. Sex FEMALE	3. Time Of Death 12:40 PM	4. Date Of Death (Month/Day/Year) 10/30/2015
5. Social Security Number	6a. Age - Yrs 90	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) 05/11/1925		8. Birthplace (City and State or Foreign Country) CHICAGO HEIGHTS, 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 type="checkbox"/> Inpatient <input checked="" 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) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE						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
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
15. Surviving Spouse's Name THOMAS JONES		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18. Residence - State INDIANA		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) PETER ARCISAUSKAS			23. Mother's Name (First, Middle, Last) ANN ARCISAUSKAS			23a. Mother's Maiden Last Name UNAVAILABLE		
24. Informant's Name THOMAS JONES		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 2088 WEST 51ST AVENUE, GARY, IN 46408				
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RENDINA FUNERAL HOME INC, 5100 CLEVELAND STREET, GARY, IN 46408					27a. Funeral Home License Number FH83007819	
27b. Signature Of Indiana Funeral Service Licensee: TAYLOR R WISE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD21400038						
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 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. ACUTE MYOCARDIAL INFARCTION Due to (Or As A Consequence Of):								
C. ATHEROSCLEROSIS Due to (Or As A Consequence Of):								
D. DIABETES								
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I CHRONIC OBSTRUCTIVE PULMONARY DISEASE								
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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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)			38c. Apt. No.	38d. Zip Code
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
39. Describe How Injury Occurred						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
41. Signature, Of Person Certifying Cause Of Death JOHN ALLEN HOEHN, BY ELECTRONIC SIGNATURE						44. License Number 02000872A		45. Date Certified 11/02/2015
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOHN ALLEN HOEHN, 505 W LINCOLN HWY, SCHERERVILLE, IN 46375						47. Was: Date Filed (Month/Day/Year): NOV 02 2015		
46. Additional Funeral Service Provider						49. For Registrar Only		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		



NOV 02 2015

Sum J Best, MD

NOT VALID UNLESS

RAISED SEAL AFFIXED

**EXHIBIT "A"
LEGAL DESCRIPTION**

File No.: 1917540

LOT 48 IN WOODS PARK, UNIT NO. 2, AS PER PLAT THEREOF, RECORDED DECEMBER 2, 1958 IN
PLAT BOOK 32 PAGE 87, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



File No.: 1917540
Exhibit A Legal Description

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