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COPY

STATE OF INDIANA)
) SS: PARCEL NO.
 COUNTY OF LAKE) 7803 W. 75th Ave., Ste. 1, Schererville, IN 46375

AFFIDAVIT OF SURVIVORSHIP

ROSLAND SMITH after being duly sworn upon her oath states as follows:

1) That Walter T. James, as Trustee, or his Successor in Trust, under the Revocable Trust Agreement of Walter T. James dated June 13, 2005 held the following real estate in Lake County, Indiana, and more particularly described as:

Lot 24 and 25 in Block 3 in Central Park Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 2, page 48, in the Office of the Recorder of Lake County, Indiana. Commonly known as 1820 West 19th Avenue, Gary, IN 46402

2) Walter T. James died testate on the 6th day of October, 2014. A Supervised Estate was opened on November 25, 2014 in the Lake Superior Court, Lake County, Indiana, under cause no. 45D04-1411-ES-00015. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Walter T. James' death certificate is attached hereto and made a part hereof.

3) Your affiant, Rosland Smith, a/k/a Rosalind Phillips, is the designated successor in trust under the Revocable Trust Agreement dated June 13, 2005.

Dated this 16 day of October, 2019.

Rosland Smith
 Rosland Smith, Affiant

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)



Before me, the undersigned, a Notary Public, in and for said County and State this 16th day of October, 2019 personally appeared Rosland Smith and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
 06/29/2025
 County of Residence: Porter

Debra L. Volk, Notary Public
 Debra L. Volk

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.

Steve H. Tokarski

FILED

This Instrument Prepared by: Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Schererville, IN 46375. (219)322-1271. E-mail address: tokarskilaw@comcast.net

JOHN E. PETALAS
 LAKE COUNTY AUDITOR

053980

\$25,000

Cash JTB

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

2019-082080

11:47 AM

2019 Nov 27

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No 000451

EDR No 000000408393

State No

1. Decedent's Legal Name (First, Middle, Last) WALTER JAMES JR		1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 12:15 AM		4. Date Of Death (Month/Day/Year) 10/06/2014	
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5. Social Security Number		6a. Age - Yrs 88		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) 01/02/1926		8. Birthplace (City and State or Foreign Country) VICKSBURG, LA	
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9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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)					
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11. Facility Name (If Not Institution, Give Street and Number) 1820 WEST 19TH AVENUE									
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12. City Or Town, State, And Zip Code GARY, IN, 46404					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				
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15. Surviving Spouse's Name LILLIAN M JAMES			15a. (If Wife) Give Maiden Last Name MOORE			16. Decedent's Usual Occupation OWNER			17. Kind Of Business/Industry JAMES NEW YORKER BARBER SHOP		
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18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY			18d. Apt. No.			18e. Zip Code 46404			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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18c. Street And Number 1820 WEST 19TH AVENUE			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		
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22. Father's Name (First, Middle, Last) WALTER JAMES SR					23. Mother's Name (First, Middle, Last) ETHEL JAMES					23a. Mother's Maiden Last Name MCGEE				
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24. Informant's Name LILLIAN M JAMES			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 1820 WEST 19TH AVENUE, GARY, IN 46404					
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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) OAK HILL CEMETERY			25c. Location - City, Town, And State GARY, IN		
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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		
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27b. Signature Of Indiana Funeral Service Licensee: PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD08700298					
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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. DEMENTIA Due to (Or As A Consequence Of): MONTHS 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. CHRONIC DESTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of): MONTHS C. D.											
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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death	
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NONE										30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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					
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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		
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38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.			38d. Zip Code		
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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)	
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41. Signature, Of Person Certifying Cause Of Death: RAIED N. ABDULLAH, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RAIED N. ABDULLAH, 9201 CALUMET AVENUE, MUNSTER, IN 46321						44. License Number 01052588A			45. Date Certified: 10/21/2014		
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46. Additional Funeral Service Provider:												47. *Akas:	
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48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 21 2014					
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

WARNING: ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.