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2019-083005

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

2019 Dec 3 10:02 AM

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

File No.: CTNW1902730-JRL

COUNTY OF LAKE

Case No.:

ctnw1902730 JS

Comes now Sarah L. Sanders, who being duly sworn upon his/her oath, deposes and says:

That she is the surviving spouse of Burt A. Sanders, deceased who died domiciled in Lake County, Indiana, on 6/6/2015.

That she and Burt A Sanders acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

For APN/Parcel ID(s): 45-08-09-483-003.000-004

LOT NUMBERED 25 AS SHOWN ON THE RECORDED PLAT OF THE FIRST RE-SUBDIVISION OF WASHINGTON MANOR, UNIT 2, IN THE CITY OF GARY RECORDED IN PLAT BOOK 93, PAGE 52 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

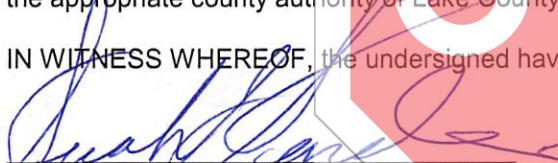
Property: 2061 Adams St., Gary, IN 46407-2527

Affiant states that and continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of 's death. The Parties acquired title to the premises by Deed dated August 22, 2003 and Recorded September 3, 2003 as Instrument No. 2003-091012 in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to .

IN WITNESS WHEREOF, the undersigned have executed this document on November 27th, 2019.


Sarah L. Sanders

STATE OF IN

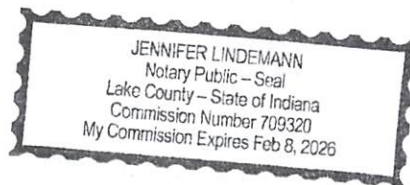
COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Sarah L. Sanders, this 27 day of November, 2019.


Notary Public _____

Resident of _____ County

My Commission expires: _____



act #2500 1820801366 RM

FILED

DEC 03 2019 054044

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by:
Sarah L. Sanders

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

Sarah L. Sanders

Return to: Sarah L. Sanders



CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No 000230

EDR No 000000452954

State No

1. Decedent's Legal Name (First, Middle, Last) **BURT A SANDERS** 2. Sex **MALE** 3. Time Of Death **11:30 AM** 4. Date Of Death (Month/Day/Year) **06/06/2015**

5. Social Security Number **[REDACTED]** 6a. Age - Yrs **44** 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) **02/14/1971** 8. Birthplace (City and State of Foreign Country) **GARY, IN**

9. Ever in U.S. Armed Forces? Yes No Unknown 10. If Death Occurred In A Hospital Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify) **CHURCH**

11. Facility Name (If Not Institution, Give Street and Number) **5718 WEST 9TH AVENUE** 12. City Or Town, State, And Zip Code **GARY, IN 46407**

13. County Of Death **LAKE** 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **SARAH SANDERS** 15a. (If Wife) Give Maiden Last Name **WATKINS** 16. Decedent's Usual Occupation **POLICE OFFICER** 17. Kind Of Business/Industry **GOVERNMENT**

18. Residence - State **INDIANA** 18a. County **LAKE** 18b. City Or Town **GARY**

18c. Street And Number **2051 ADAMS STREET** 18d. Apt. No. **[REDACTED]** 18e. Zip Code **46407** 18f. Inside City Limits? Yes No

19. Decedent's Education **SOME COLLEGE CREDIT, BUT NOT A DEGREE** 20. Decedent Of Hispanic Origin Yes No **NOT HISPANIC** 21. Decedent's Race Black African American White Other (Specify)

22. Father's Name (First, Middle, Last) **BENJAMIN A SANDERS SR** 23. Mother's Maiden Last Name **VAUGHN**

24. Informant's Name **SARAH SANDERS** 24a. Relationship To Decedent **WIFE** 24b. Mailing Address (Street, Apt. Number, City, State, Zip Code) **2051 ADAMS STREET, GARY, IN 46407**

25a. Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify) **EVERGREEN MEMORIAL PARK** 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **HOBART, IN** 25c. Location - City, Town, And State

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility **POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVENUE, GARY, IN 46404** 27a. Funeral Home License Number: **FH10800011**

27b. Signature Of Indiana Funeral Service Licensee: **BONNIE E. TUGGLES, BY ELECTRONIC SIGNATURE** 27c. License Number (Of Licensee): **FD09200084**

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) **CONGESTIVE HEART FAILURE WITH SECONDARY PNEUMONIA SECONDARY TO CARDIOMYOPATHY**

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

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown

32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 43 Days Of Death Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Pregnant Within The Past Year

33. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide Could Not Be Determined

34. Date Of Injury (Month/Day/Year) **06/03/15** 35. Time Of Injury **11:30 AM** 36. Were Autopsy Finding Available To Complete The Cause Of Death? Yes No

37. Injury At Work? Yes No

38. Location Of Injury - State **INDIANA** 38a. City Or Town **GARY** 38b. Street & Number **2051 ADAMS STREET** 38c. Apt. No. **[REDACTED]** 38d. Zip Code **46407**

39. Describe How Injury Occurred **CHURCH**

40. If Transportation Injury, Specify Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: **MERRILEE D. FREY, BY ELECTRONIC SIGNATURE**

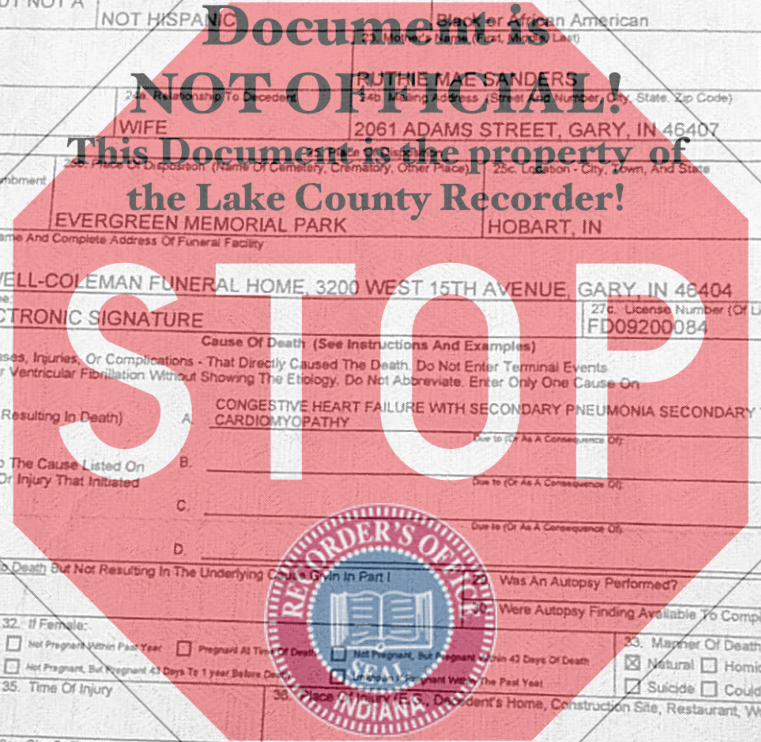
42. Certifier (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **MERRILEE D. FREY, 2800 W. 93RD. AVE., CROWN POINT, IN 46307** 44. License Number **[REDACTED]** 45. Date Certified **06/09/2015**

46. Additional Funeral Service Provider: **[REDACTED]** 47. *Akas: **BERT A. SANDERS**

48. Signature of Local Health Officer: **ROLAND H WALKER, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only - Date Filed: (Month/Day/Year): **JUN 10 2015**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



VOID IF ALTERED OR ERASED

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WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT...

STATE OF INDIANA



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

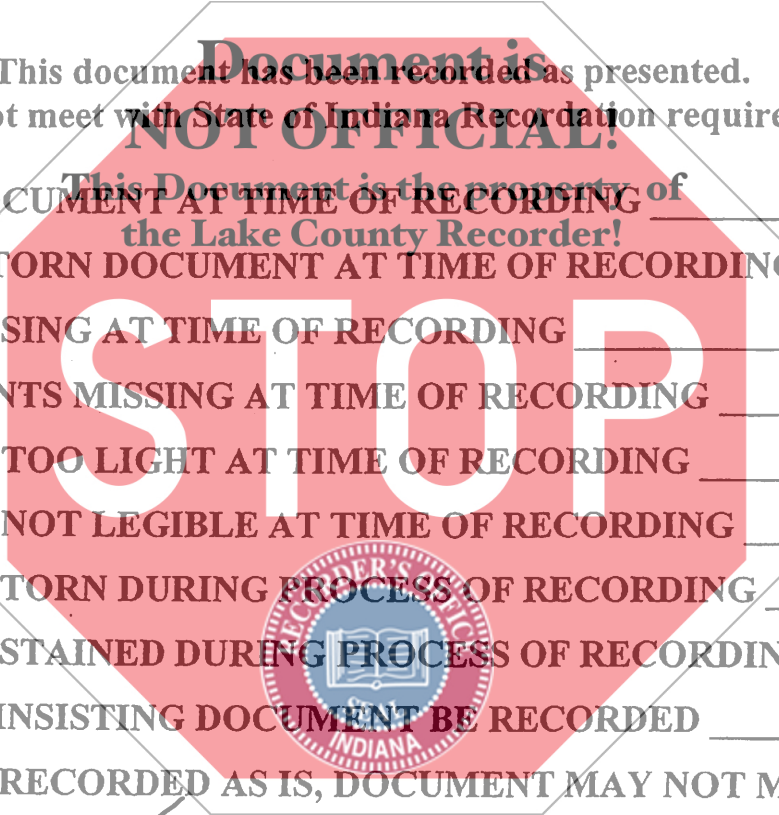
MICHAEL B. BROWN
Recorder



PHONE (219) 755-3730
FAX (219) 755-3257

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It may not meet with State of Indiana Recordation requirements.



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- 2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING _____
- 3. PAGE(S) MISSING AT TIME OF RECORDING _____
- 4. ATTACHMENTS MISSING AT TIME OF RECORDING _____
- 5. DOCUMENT TOO LIGHT AT TIME OF RECORDING _____
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- 7. DOCUMENT TORN DURING PROCESS OF RECORDING _____
- 8. DOCUMENT STAINED DURING PROCESS OF RECORDING _____
- 9. CUSTOMER INSISTING DOCUMENT BE RECORDED
- 10. DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS

CUSTOMER INITIALS: _____ DATE: _____/_____/____

EMPLOYEE INITIALS: BB DATE: 12, 3, 19