2019-083229

2019 Dec 3

4:13 PM

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

# SURVIVORSHIP AFFIDAVIT

**STATE OF INDIANA)** 

) SS:

COUNTY OF <u>Lake</u>)

Kenneth Jenkins aka Kenneth Jenkins, Jr. [the "Affiant"], being first duly sworn upon oath deposes and says:

- 1. That <u>Demetria Nicole Shelton-Jenkins</u> aka Demetria Jenkins (the "Decedent") died on the 9<sup>th</sup> day of <u>April 2019</u> at <u>Methodist Hospital Gary Indiana</u>
- 2. That the Decedent and Kenneth Jenkins aka Kenneth Jenkins, Jr. (the "Decedent's spouse") were duly and legally married at the time they acquired title as husband-and-wife to the following described real estate:

  This Document is the property of

Legal Description: Lots 35 and 36, Block 1 Cheadle's Finer Edition in the City of Gary, as shown in Plat Book 27 Page Two in Lake County, Indiana.

Parcel Number: 45-08-10-254-044,000-004

Commonly Known: 916 East 14th Avenue Gary Indiana 46407

- 3. That the marital relationship which existed between them at the time they acquire title to said real estate remained in effect and unbroken until the date of the decedent's death.
- 4. That all funeral expenses in connection with the death of the Decedent have been paid in full.
- 5. That all of the assets of the Decedent would be includable for Federal State Tax purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Signature of Affiant

Tune on Print Name

KENNETH SENKING WA

Survivorship Affidavit

FILED

DEC **03** 2019

054061

JOHN E. PETALAS LAKE COUNTY AUDITOR \$ 25100

Page 1 of 3

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Attacked

#### **ACKNOWLEDGMENT**

## State of Indiana County of Lake

I, a Notary Public, hereby certify that Kenneth Jenkins aka Kenneth Jenkins, Jr. whose name is signed to the foregoing instrument or conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she/they executed the same voluntarily on the day the same bears date.



### This Instrument was prepared by:

Justin Harris, eTITLE and ESCROW

4431 Broadway Suite 1B, Gary Indiana 46409

Telephone: <u>833-384-8531 ext. 725</u>

#### **Affirmation Statement**

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.

Documentish L. HARRE NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Loc	al No 800	0155		EDR No	0000070	<u> 4485                                   </u>	2 Sex	State	No 01924	7 4. Date Of Death (Month/
). Decedent's Legal Name (	(First, Middle, Lest	)	16	BRUC	elden Name (If female)		FEMALE		7:58 PM	04/09/2019
DEMETRIA NICOL  Social Security Number		6b. Under 1		Month 6d. Und	or 1 Day 6e. Under 1	Hour 7. Date	of Birth (Month/D	ay/Year)	8. Birthplace (City a	nd State or Foreign Country
3	43	Months	Days	Hours	Minutes		01/24/1976		GARY, IN	
). Ever in U.S. Armed Force  Yes 🖾 No 🔲 Unka		ent 🔲 Emerg	•	tpatient Desc	☐ Hospice	Facility 🔲 Di	where Other That scedent's Home	Nursi	ing Home/Long-term C	Care Facility
11. Facility Name (If Not In	nstitution, Give Stre	et and Number							<del></del>	
METHODIST HOS 12. City Or Town, State, An		<u>.                                    </u>			1 13. €	ounty Of Death				s At Time Of Death
3ARY, IN, 46402					LAK	E	· *:		Widowed	Married, But Separated  Never Married  U
15. Surviving Spouse's Nar	ทอ			15a. Last Nan	e Before First Marriage		16. Decodents	Usual Occ	upation	17. Kind Of Business/Indu
KENNETH JENKI	NS		40-0-1	<u> </u>	1 400 (%)	Or You <u>s</u>	CASÉ MAN	AGER		OVR MANAGEME
18. Residence - State			18a. County			OLIME 2	11.7			
NDIANA 18c. Street And Number			LAKE		GARY		18	d. Apt. No.	18e. Zip Co	ode 18f. Inside C
1101 EAST 16TH	AVENUE		,						4640	07 ⊠ Yes [
19. Decedent's Education	V 4 2 3 4 4 4 4 4	OR GED	20. Decedent C	I Hispanic Origin	cumen	21. Decembrars	Race	w	and the second second	
COMPLETED		JN GED	NOT HISP	ANIC		Black or Afr Name (First Midd	ican America	an	1 23a Pan	ent's Last Name Before Fin
22. Parent's Name (First, M	iddle, Last)		1	O1 (			-			
WILLIAM BRUCE 24. Informant's Name			This I	OCUM enship To Decede	ent LULA M	AE BRUCE AEGress (Street)	And Number, City,	State, Zip	TAYL(	OR
KENNETH JENKII	NS				Country		_			
			1		25. Place Of Dispositi metery, Crematory, Other	OIT.				
25a. Method Of Disposition  Burlal Cremation			cap. Made Of Dispus	Hand Or Oc	induity, Grandady, Galas	1,000				
Removal From State Other (Specify):			OAK HILL CE	METERY		GAR	RY, IN			
26. Was Coroner Contacted	d? 27	. Name And C	omplete Address Of	Funeral Facility						27a. Funeral Home Licen
☐ Yes ☒ No	G	UY & ALL	EN FUNER	L DIRECTO	RS, 2959 WEST	11TH AVE	NUE, GAR	Y, IN 4	6404 mber (Of Licensee):	FH83007704
27b. Signature Of Indiana PATRICIAN L. OV	Funeral Service Li VENS, BY [	censee: ELECT <mark>RC</mark>	NIC SIGNAT	URE			FD0	870029		
				Cause Of D	eath (See Instruction by Caused The Death.					Approxi Intervat To Deat
28. Part I. Enter The C Such As Cardiac Arres A Line. Add Additional	t, Respiratory Arr Lines If Necessa	est, Or Ventri	cular Fibrillation W	thout Showing Ti	e Etiology. Do Not Abb	reviate. Enter Ui	niy One Cause C	m		10 000
Immediate Cause (Fina	al Disease Or Co	ndition Resulti	ing In Death)	A. RESPIR	STORY FAILURE	Due to (Or	As A Consequence Of):		/	5 DAYS
Sequentially List Cond	itions. If Anv. Le:	ading To The	Cause Listed On	B. SEPSIS	V <sub>intercent</sub> V	Due to (Or	As A Consequence O():			5 DAYS
Line A. Enter The Und The Events Resulting I	lerivina Cause (D	isease Or Inju	ry That Initiated	С.						
				D. [	SEAL	Due to (Cr	As A Consequency DI;		_	
		otelbuding to De	ath But Not Resultin		Cause Given in Pen I		as An Autopsy Per		☐ Yes	⊠ No
Part II. Enter Other Signific	ent Conditions Co.	HIN WHEN THE REAL				30. We			To Complete The Ca	Yes
ANOXIC ENCEPHALOP	ATHY		****					<b>⊠</b> Natural	☐ Hornicide ☐ A ☐ Could Not Be De	ccident Pending Inve
ANOXIC ENCEPHALOP. 31. Did Tobacco Use Con	ATHY mibute To Death?	32.	If Fernale: Not Pregnant Within Pest		Tene Of Death			<b>—</b> • • • • • • • • • • • • • • • • • • •		(ettimien
ANOXIC ENCEPHALOP. 31. Did Tobacco Use Con	ATHY milbute To Death?	32.	If Female:			ragnant Villain The Per	st Year	Suicide n Site, Res	taurant, Wooded Area	
ANOXIC ENCEPHALOP. 31. Did Tobacco Use Con	ATHY milbute To Death?	32.	If Fernale: Not Pregnant Within Pest! Not Pregnant, But Pregnant, Time Of Injury		38. Place Of Injury (E	ragnant Within The Per .G., Decedent's H	st Year	Suicide n Site, Res	aurant, Wooded Area	☐ Yes
ANOXIC ENCEPHALOP. 31. Did Tobacco Use Con	ATHY inhibute To Death?  No  Unknown /Day/Year)	32.	if Fermale: Not Pregnant Within Pest <sup>1</sup> Not Pregnant, But Pregna		na Danastha 🔲 Untohonom tif	ragnant Within The Per .G., Decedent's H	st Year	Suicide n Site, Res	38c. Apt. No	☐ Yes
ANOXIC ENCEPHALOP. 31. Did Tobacco Use Con  Yes Probably   34. Date Of Injury (Month)  38. Location Of Injury - St	ATHY Influite To Death?  No  Unknown /Day/Year)	32.	If Fernale: Not Pregnant Within Pest! Not Pregnant, But Pregnant, Time Of Injury		38. Place Of Injury (E	ragnant Within The Per .G., Decedent's H	st Year Home, Construction	n Site, Res	38c. Apt. No	O. 38d. Zip Code
ANOXIC ENCEPHALOP. 31. Did Tobacco Use Con Yes Probably 34. Date Of Injury (Month)	ATHY Influite To Death?  No  Unknown /Day/Year)	32.	If Fernale: Not Pregnant Within Pest! Not Pregnant, But Pregnant, Time Of Injury		38. Place Of Injury (E	ragnant Within The Per .G., Decedent's H	a Year łome, Constructio	40. If Tran	38c. Apt. No	O. 38d. Zip Code
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