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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 Lake)

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

1. That Demetria Nicole Shelton-Jenkins aka Demetria Jenkins (the "Decedent") died on the 9th day of April 2019 at Methodist Hospital Gary Indiana
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:

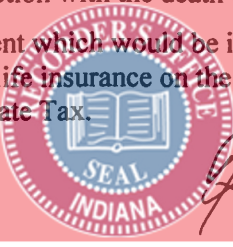
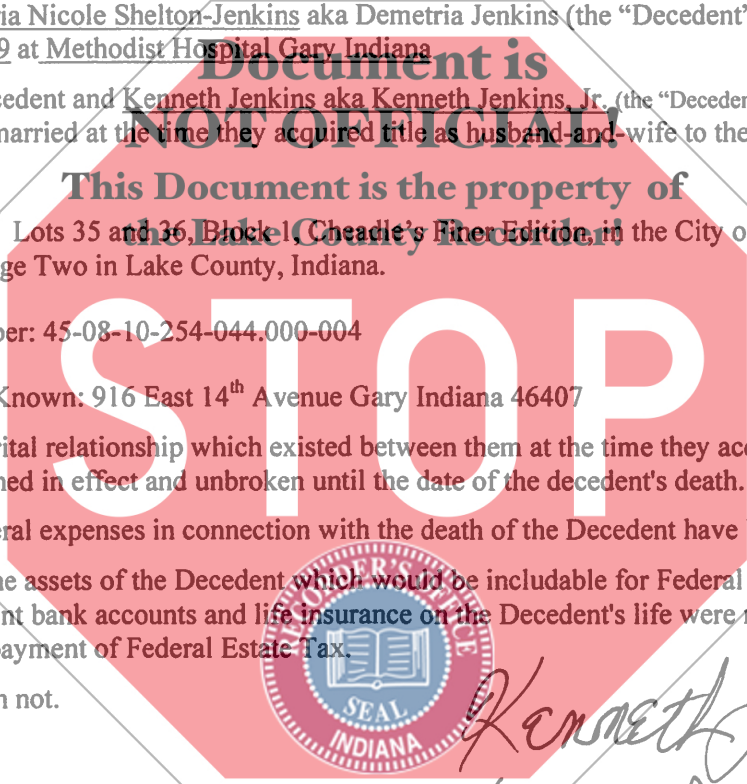
Legal Description: Lots 35 and 36, Block 1, Cheadle's finer Edition, in the City of Gary, as shown in Plat Book 27 Page Two in Lake County, Indiana.

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 which 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.



Kenneth Jenkins Jr

Kenneth Jenkins AKA
Signature of Affiant

Kenneth Jenkins AKA

x Kenneth Jenkins Sr
Type or Print Name

SEE ATTACHED DEATH CERTIFICATE

FILED

Survivorship Affidavit

\$ 2500

Page 1 of 3

DEC 03 2019

054061

JOHN E. PETALAS
LAKE COUNTY AUDITOR

A 106933

HAB

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.

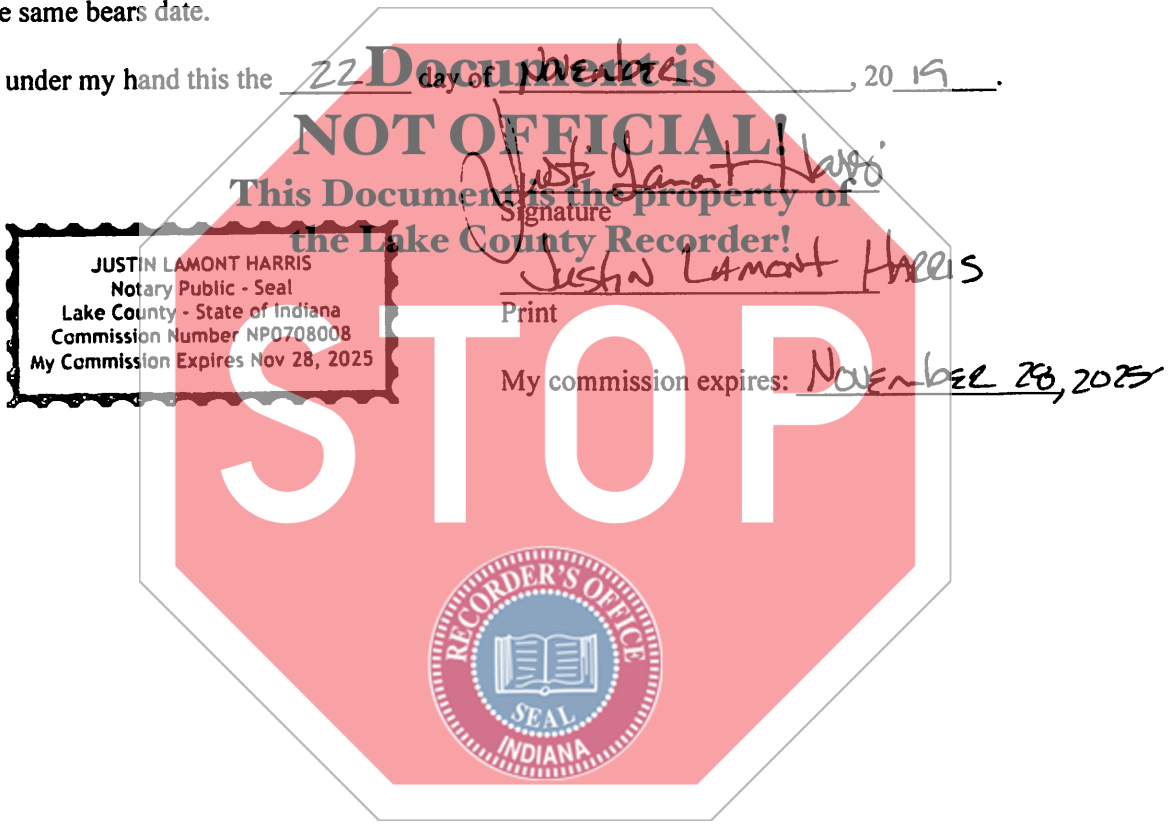
Given under my hand this the 22 day of November, 2019.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Justin Lamont Harris
Signature

Justin Lamont Harris
Print

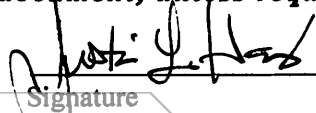
My commission expires: NOVEMBER 28, 2025



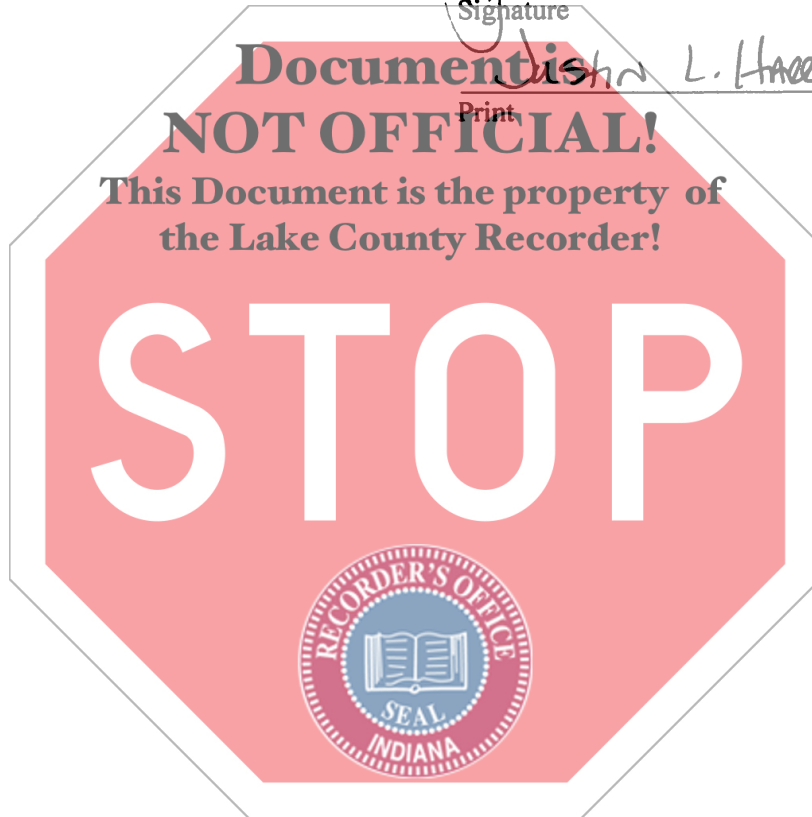
This Instrument was prepared by:
Justin Harris, eTITLE and ESCROW
4431 Broadway Suite 1B, Gary Indiana 46409
Telephone: 833-384-8531 ext. 725

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.


Signature


Print





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 800155

EDR No 00000704485

State No 019247

Form with fields for Decedent's Name (DEMETRIA NICOLE SHELTON-JENKINS), Social Security Number, Date of Birth (01/24/1976), Date of Death (04/09/2019), Facility Name (METHODIST HOSPITALS INC.), City (GARY, IN), Cause of Death (RESPIRATORY FAILURE), and Signatures (PATRICIAN L. OWENS, AUGUSTINE IKECHUKWU IZAH, REUBEN C. RUTLAND).

