2019-087943

2019 Dec 19

9:15 AM

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

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)	Dorool #	4E 40 22 222 007 000 000							
COUNTY OF LAKE) SS:)	Parcei #:	45-19-23-332-007.000-008							
Kerie Stevens, being first duly sworn upon her oath states as follows:										
That she is the owner in fee simple of the real estate located in Lake County, Indiana, commonly known as 256 Mill, Lowell, Indiana, 46356, with the legal description below:										
HALSTED'S 2 ND ADD. W.80' OF N.44' OF L.A.1 & W. 80' OF S. 16' OF L.A2', 96057304 in Cake County, Indiana										
That she acquired such the upon the centric flantes B. Cotter Who died on May 16, 2019, having executed anthecorded fransity of death deed, dated April 19, 2019, and recorded on April 22, 2019, as Instrument No. 2019-022785.										
Attached hereto is a certified copy of the decedent's death certificate certifying the death of James B. Cotter.										
I am the only designated I	beneficiary su	rviving the	dec <mark>ede</mark> nt.							
			Derie Stiners							
State of Plonida County of Savasota)) SS:	EDER'S JO	rie Stevens							
Subscribed and sworm 2019.	to before me, a	Notary Public	this day of December,							
My Comm. Expires: 10/18	122	NA	enclared to							
County of Residence:	2010	1	comm. #: 6800095							

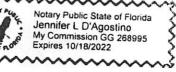
*I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

This instrument prepared by:

Frank R. Martinez, III, Attorney at Law 9105 Indianapolis Blvd., Highland, IN 46322

004572

DEC 17 2019 JOHN E. PETALAS LAKE COUNTY AUDITOR





INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 217096

Local No 901808 1. Decedent's Legal Name (First, Middle, Last)		0000071059	94 2. Sex	State No	024585	ate Of Death (Month/Day/Year)	
JAMES BRADFORD COTTER			MALE			05/16/2019	
5. Social Security Number 6a. Age - Yrs 6b. Under	1 Year 6c. Under 1 Month 6d. Under	1 Day 6e. Under 1 Hour	7. Date of Birth (Month			ate or Foreign Country)	
77 Months	Days Hours	Minutes	02/19/194		ST CHICAGO), IN	
9. Ever in U.S. Armed Forces? 10. If Death Occurred In ☑ Yes ☐ No ☐ Unknown ☑ Inpatient ☐ Emerg		☐ Hospice Facility	rred Somewhere Other Th Decedent's Home	CONTRACTOR OF THE PARTY OF THE	ne/Long-term Care F	acility	
11. Facility Name (If Not Institution, Give Street and Number VIBRA HOSPITAL OF NORTHWESTER		وبالمربالة وبالدروالة		المتدالية			
12. City Or Town, State, And Zip Code 13. County Of Death				14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☑ Divorced ☐ Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name	15a. Last Name I	LAKE Before First Marriage	16. Decedent	's Usual Occupation	or to the second of the second	(ind Of Business/Industry	
18. Residence - State	18a. County	18b. City Or Tow	WELDER		CON	ISTRUCTION	
INDIANA	LAKE	LOWELL					
18c. Street And Number	Lindle planell	mellandlaml.		8d. Apt. No.	18e. Zip Code	18f. Inside City Limits?	
256 MILL STREET		Marriella			46356	⊠ Yes □ No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED	20. Decedent of Hispanic Crists	cument	acedent's Rack				
22. Parent's Name (First, Middle, Last)	NOT AISPANIC	White	erst, Middle, Lasty		23a. Parent's L	ast Name Before First Marriage	
THOMAS COTTER	1101	DOPOTHY	OTTER		BRADFO	PD	
24. Informant's Name	This Docume	ent is the pr	opentyer, o	State, Zip Code)	BIXADI OI		
KERIE STEVENS	DAUGHEERake		ERFE COURT	E, BRADENT	ON, FL 3420	2	
⊠ Burial	25b. Place Of Disposition (Name Of Ceme		25c. Location - City, To	own, And State			
SHEETS FI	complete Address Of Funeral Facility UNERAL HOME AND CRE	MATION SERVICES	6, 604 E. COMME	RICAL AVE	NUE,	Funeral Home License Number:	
27b. Signature Of Indiana Funeral Service Licensee: JENNIFER LYNN OSBURN, BY ELEC	CITED IN			License Number (0		3004277	
28. Part I. Enter The Chain Of Events - Diseases, Injune Such As Cardiac Arrest, Respiratory Arrest, Or Ventria	Cause Of Dea	th (See Instructions And E Caused The Death, Do Not E tiology, Do Not Abbreviate,	xamples) Enter Terminal Events			Approximate Interval: Onset To Death	
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Result		CHRONICRESPIRATORY				WEEKS	
Sequentially List Conditions, If Any, Leading To The Line A. Enter The Underlying Cause (Disease Or Inju The Events Resulting In Death) Last			Due to (Or As A Consequence Of				
	D	SEAL		وللترولل			
Part II. Enter Other Significant Conditions Contributing to Dea	ath But Not Resulting In The Underlying Co	SO SVO AREALINI	29. Was An Autopsy Per 30. Were Autopsy Findi		Yes 🖾	Dooth?	
NATURAL 31. Did Tobacco Use Contribute To Death? 32.	If Female:		Sul vvere autopsy Finds	33. Manner Of Dea	ath:	fes No	
✓ Yes	Not Pregnant Within Past Year Pregnant At Time Not Pregnant, But Pregnant 43 Days To 1 year Before De Time Of Injury	Assessed by the annual part of the contract of the	thin The Past Year	☐ Suicide ☐ Cou	ald Not Be Determine	t Pending Investigation ad 37. Injury At Work?	
	LAKE COUNT	Y HEALTH DEPARTM	VIENT			Yes No	
38. Location Of Injury - State 38a	. City Or Town	38b. Street & Number			38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Occurred		C 1 3 ZUIS		40. If Transportation	on Injury, Specify:	Former (Specific) ESS	
41. Signature, Of Person Certifying Cause Of Death: RUPESH J. SHAH, BY ELECTRONIC				er (Check Only One ying Physician	☐ Coroner	☐ Health Officer	
43. Name, Address And Zip Code Of Person Certifying Cau	LAKE COU	NTY HEALTH OFFICE	R	44. License I	lumber	45. Date Certified	
RUPESH J. SHAH , 202 E 86TH PLACE, MERRILLVILLE, IN 46411 46. Additional Funeral Service Provider:				02002106A 05/20/2019 -47. ¡Akas:			
48. Signature of Local Health Officer:			49. For Regi	strar Only Date F	iled (Month/Day/Ye	ar):	
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR I				MAY 21 2019			
State Form 53395 ATTENTION ESTATE: The Social S					AISED SE	AL AFFIXED	