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2020-010923

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

2020 Feb 13 9:20 AM

AFFIDAVIT OF DEATH

State of Indiana

County of Vanderburgh

I, Mildred Harris, residing at 1674 Cass Street, Evansville, IN 47715, being of legal age, depose and say that:

That Samuel Harris died on August 26, 2015 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That I am the successor to the estate of the decedent and to the decedent's interest in funds held by various instructions and no other person has a superior right to the interest of the decedent in the described property:

LOT 27, IN BLOCK "N", MEADOWLAND ESTATES, PART NO. 2 OF UNIT NO. 2, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31, PAGE 7, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 5501 Van Buren Street, Merrillville, IN 46410
Parcel ID: 45-12-04-252-001.000-031

Samuel Harris and Mildred Harris, were conveyed this property by way of Warranty Deed, dated August 4, 2000 and recorded on August 16, 2000 as document number: 2000-058743.

The above-referenced decedent died testate / intestate (circle one), while domiciled in Vanderburgh County, Indiana.

More than 4 years have elapsed since the death of the decedents.
(NOTE: Must be at least 7 months)

The Decedents ~~did~~ did not have a Last Will and Testament.

a. If Decedents had a will, was it probated? Yes / No / N/A (circle one)

No petition for the appointment of a personal representative of Decedent's estate is pending, has been granted, nor is estate administration contemplated.

That the funeral expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Indiana law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Signed this 7th day of February, 2020.

Mildred Harris

Mildred Harris

COUNTY OF Vanderburgh; STATE OF Indiana

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Mildred Harris who acknowledged the execution of the foregoing Affidavit of Death, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 7th day of February, 2020.



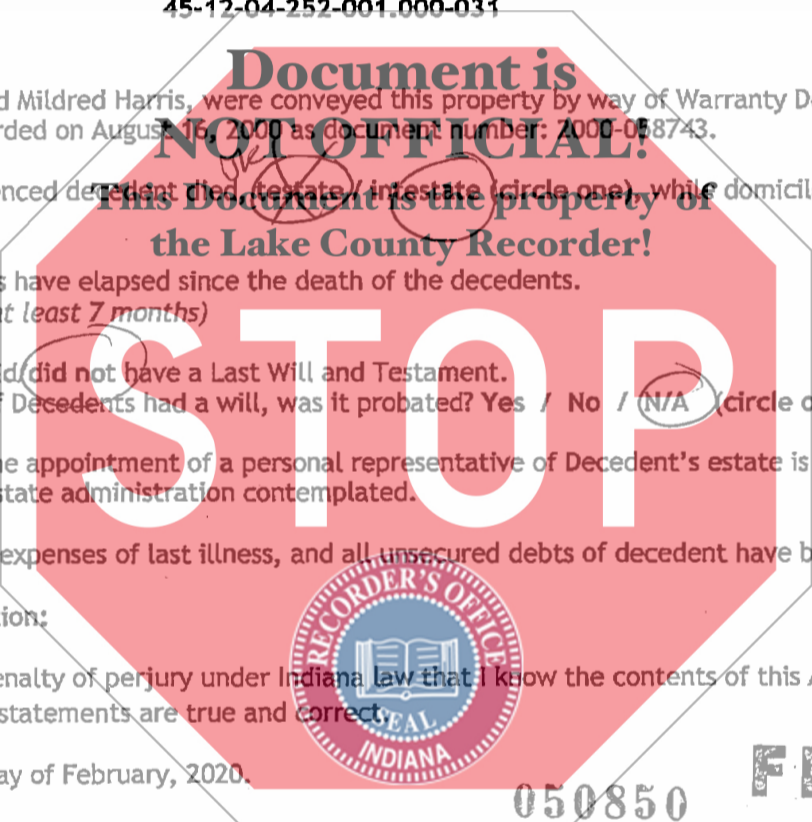
DENNIS W. SULLIVAN
Notary Public, State of Indiana
Resident of Warrick County, IN
My Commission Expires: January 15, 2027
Commission Number NP0717912

Dennis W. Sullivan

Print: Dennis W. Sullivan

Resident of Warrick County, Indiana

My commission expires: 1-15-2027



050850

FILED

FEB 13 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

① NWI20000060

Ch 591000 878

Qm #25

Redaction 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. Jaimie Kasper

Prepared by: Janice Shei, Attorney at Law, #25092-46, 15446 S 300 W, Hanna, IN 46340, 219-363-3499

Grantee's & Mail tax bills to: 1674 Cass Street, Evansville, IN 47715

Liberty Title & Escrow File: NWI20000060



CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001807

EDR No 000000465837

State No 041063

1 Decedent's Legal Name (First, Middle, Last) SAMUEL HARRIS SR	1a Maiden Name (if female)	2 Sex MALE	3 Time Of Death 01:26 AM	4 Date Of Death (Month/Day/Year) 08/26/2015
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5 Social Security Number [REDACTED]	6a Age - Yrs 86	6b Under 1 Year Months: [REDACTED] Days: [REDACTED] Hours: [REDACTED] Minutes: [REDACTED]	6c Under 1 Month Days: [REDACTED] Hours: [REDACTED] Minutes: [REDACTED]	6d Under 1 Day Hours: [REDACTED] Minutes: [REDACTED]	6e Under 1 Hour Minutes: [REDACTED]	7 Date of Birth (Month/Day/Year) 04/21/1929	8 Birthplace (City and State or Foreign Country) MILLER CITY, IL
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9 Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	10a If Death Occurred Somewhere Other Than A Hospital <input checked="" type="checkbox"/> Hospice Facility <input 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) ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC	12 City Or Town, State, And Zip Code EVANSVILLE, IN, 47750	13 County Of Death VANDERBURGH	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 MILDRED HARRIS	15a (If Wife) Give Maiden Last Name WATSON	16 Decedent's Usual Occupation UNKNOWN	17 Kind Of Business/Industry UNKNOWN
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18 Residence - State INDIANA	18a County VANDERBURGH	18b City Or Town EVANSVILLE
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18c Street And Number 717 BONNIEVIEWW DRIVE	18d Apt. No.	18e Zip Code 47714	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19 Decedent's Education UNKNOWN	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) WILLIAM HARRIS	23 Mother's Name (First, Middle, Last) MARIE HARRIS	23a Mother's Maiden Last Name GIBSON
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24 Informant's Name MILDRED HARRIS	24a Relationship To Decedent WIFE	24b Mailing Address (Street And Number, City, State, Zip Code) 717 BONNIEVIEWW DRIVE, EVANSVILLE, IN 47714
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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) EVANSVILLE CREMATORY	25c Location - City, Town, And State EVANSVILLE, 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 OSBORNE FUNERAL HOME, 702 GUM STREET, EVANSVILLE, IN 47714	27a Funeral Home License Number FH10700011
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27b Signature Of Indiana Funeral Service Licensee STAGIA OSBORNE CHRISTIAN, BY ELECTRONIC SIGNATURE	27c License Number (Of Licensee) FD29600033
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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 Approximate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A SUDDEN CARDIAC DEATH	Approximate Interval Onset To Death FFWWFEKS
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28 Part II 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 METASTATIC COLON ADENOCARCINOMA TO THE BONE	
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29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30 Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32 If Female <input type="checkbox"/> Not Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant At Time Of Death (1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th)	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 checked="" 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 JOHN WY, BY ELECTRONIC SIGNATURE	42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	44 License Number 01064117A	45 Date Certified 08/28/2015
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43 Name, Address And Zip Code Of Person Certifying Cause Of Death JOHN WY, 3700 WASHINGTON AVENUE, EVANSVILLE, IN 47750	47 *Axis
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46 Address Of Funeral Home Provider	49 For Registrar Only - Date Filed (Month/Day/Year) SEP 01 2015
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48 Signature Of Local Health Officer ROBERT KENNETH SPEAR, VIA ELECTRONIC SIGNATURE	AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)
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VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

ATTENTION: STATE This Special Security Seal is being implemented by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal. ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN HELD UP TO LIGHT. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WITH PHOTO COPY!