STATE OF INDIANA)
)ss:
COUNTY OF LAKE)

AFFIDAVIT OF DEATH OF RAYMOND SMITH

PHYLLIS A. SMITH, being first duly sworn, upon oath deposes and states as follows:

- Affiant resides at 5290 Hanley Lane, Crown Point, Indiana 46307.
- 2. Affiant, Phyllis A. Smith, is the spouse of the decedent, Raymond Smith. This Affidavit is to establish the death of Raymond Smith, who died a resident of Lake County, Indiana, on March 31, 2020. A certified copy of the Death Certificate is attached.
- 3. At the time of death, Raymond Smith owned the following parcel of real estate located in Lake County, Indiana, to wit as husband and wife, tenancy by the entirety, with Phyllis A. Smith: Legal Description:

Lot 3 in Pine Island Ridge - Unit 16, as per plat thereof, recorded in plat book 46, page 74, in the Office of the Recorder of Lake County, Indiana Document is

Commonly known as: 5290 Hanley Dar Tax I.D. No.:

This Document is the property of

- 4. Affiant states that there never was an estate probated concerning the death of Raymond Smith; there were no claims filed as a result of the death of Raymond Smith; and the funeral expenses and all expenses of illness were paid at the time of his death. No estate is anticipated to be commenced.
- 5. There were no Federal Estate taxes of Indiana Inheritance taxes due as a result of his death.
- 6. The statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, and to induce the Auditor of Lake County, Indiana to transfer ownership of the real estate described above to Phyllis A. Smith, fee simple.

FURTHER YOUR ARFIANT SAYETH NAUG

2020-081142

LAKE COUNTY FILED FOR RECORD

MICHAEL B BROWN RECORDER

STATE OF INDIANA

Date: Nov. H, 2020

EXECUTED AND DELIVERED in my presence:

Witness:

Printed:

FILED

NOV 0 6 2020

JOHN E. PETALAS LAKE COUNTY AUDITOR

a	
State of Indiana))ss:
County of Lake)
Before me, a Notary Pu execution of the forego	ablic in and for said County and State, personally appeared Phyllis A. Smith who acknowledged the ing instrument.
Witness my hand and N	Notarial Seal this Wednesday, November 4, 2020
Notary Public. Porter SEAL Commission Nur My Commis	Signature Printed Printed Resident of
Prepared by: Jessica	L. McPheeters, Esq., Weiss, Schmidgall and Hires, P.C., 6 West 73rd. Ave., Merrillville, IN 46410.
Return To: Phyllis	A. Smith: 5290 Hanley Lane, Crown Point, Indiana 46307
	for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by ade as to any time after this instrument was delivered or given to our client. This Document was delivered or given to our client. This Document was delivered or given to our client. This Document was delivered or given to our client. CERTIFICATE OF PROOF
WITNESS to the	he signature(s) on the foregoing instrument to which this Proof is attached:
Witness Signature	ante
Sara Berr Witness Name (must be	e typed/printed)
PROOF:	MININ MOIANA THE THE PARTY OF T
STATE OF INDIANA	
COUNTY OF LAKE)
the above named WITI	ablic in and for said County and State, personally appeared \(\)

instrument was executed and delivered by Phyllis A. Smith in the foregoing subscribing witness' presence.

Witness my hand and Notarial Seal this Wednesday, November 4, 2020

My commission expires: MYRIA SAUNDERS
Notary Public, State of Indiana
Porter County
SEAL
Commission Number NP0727858
My Commission Expires
July 21, 2028 Signature Printed Resident of

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 229174

Local No 001357 1. Decedent's Legal Name (First, Middle, Last)			000770487		te No 0185	
RAYMOND SMITH	经产品的	1a: Maiden Na	me (ii remate)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
5 Social Security Number 8a: Age - Yrs 8b. Unde	r 1 Year 6c. Under 1 i	Month 6d. Under 1 Day	6e. Under 1 Hour 7.	Date of Birth (Month/Day/Yea		- 03/31/2020 ty and State or Foreign Country)
9. Ever in U.S. Armed Forces? 10. If Death Occurred	Days	Hours	Minutes 10a. If Death Occurred	11/19/1943 I Somewhere Other Than A Ho	WEST POI	NT, MS
☐ Yes ☒ No ☐ Urtknown: ☒ Inpatient ☐ Em	and the state of t	patient Dead on Arriva	☐ Vocales Cooles	Decedent's Home	Nursing Home/Long-ten	m Care Facility
METHODIST HOSPITAL SOUTHLAK	E MERRILLVILL	<u>.E</u>				
MERRILLVILLE, IN, 46410-7099 15. Surviving Spouse's Name			13. County Of De		Married [Wdowed	
		15a. Last Namo Before i	First Marriage	16. Decedent's Usual	Occupation	17. Kind Of Business/Industry
PHYLLIS A SMITH 18. Residence - State	18a. County	MCCLAIN	18b. City Or Town	RETIRED		RETIRED
INDIANA	LAKE		CROWN POIN			
18c. Street And Number				18d Apt	No. 18e, Zip	
5290 HANLEY LANE 19. Decedent's Education	20. Decedent Of F	Hispanie Origin CU	ment.i	dent's Race	46	307 ⊠ Yes □ No
HIGH SCHOOL GRADUATE OR GED COMPLETED 22. Parent's Name (First, Middle, Last)	NOT HISPA	OTO	Black or	r African American	1.20 6	
CLIFF SMITH 24. Informants Name	This I	Document	toexsmithe	operty of	FAR	Parent's Last Name Before First Marriage MER
PHYLLIS A SMITH	WIFE	ship To Decedent Co	5290 HANLEY L	Street And Number, City, State, OTGET! ANE, CROWN POIL	Zip Code) NT, IN 46307	
25a. Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify):	25b. Place Of Disposition TWIN PINES CF Complete Address of Full	on (Name Of Cemetery, Cr		25c. Location - City, Town, And	I State	
☐ Yes ☑ No GEISEN F	The state of the s	MATION & RECE	PTION CENTRE,	606 EAST 113TH A	VENUE.	27a. Funeral Homo License Number: FH10700031
27b. Signature Of Indiana Funeral Service Licensee: TAYLOR R. WISE, BY ELECTRONIC	11-14 1			FD21400	Number (Of Licensee): 0038	
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Ir Such As Cardiac Arrest, Respiratory Arrest, Or Vent A Line. Add Additional Lines If Necessary.	ricular Fibrillation Withou	ns - That Directly Caused out Showing The Etiology	y, Do Not Abbreviate, Entr	er Terminal Events der Only One Cause On		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Result Sequentially List Conditions, If Any, Leading To The		RUPTURED THOSE HYPERTENSION		YSM s to (Or As A Consequence Of)		MINUTES FEW YEARS
Line A. Enter The Underlying Cause (Disease Or Inj The Events Resulting In Death) Last	Canae Fister Oil	c EU		e to (Or As A Consequence Or).		
		D. FIRM	MEAD Due	e te (Or As A Consequence Of);		
Part II. Enter Other Significant Conditions Contributing to De	eath But Not Resulting to	The Underlying Cause Give		. Was An Autopsy Performed?	L Tes	⊠ No
GOUT, IRRITABLE BOWEL SYNDROME, DEGENER 31. Did Tobacco Use Contribute To Death?	ATIVE JOINT DISEASE	KNEES	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		nner Of Death:	LI Yes, LI No
☐ Yes ☐ Probably ☐ No 23 Unknown	Not Pregnant Within Past Year Not Pregnant, But Pregnant 43 (Not Pregnant, But Pregnant W		ural Homicide ide Could Not Be D	Accident Pending Investigation
34. Date Of Injury (Month/Day/Year) 35	5. Time Of Injury	36, Plac	ce Of Injury (E.G., Deceden	nt's Home, Construction Site, R		
38. Location Of Injury - State 38	a. City Or Town	38b. S	Street & Number		38c. Apt. 1	and the second second
39. Describe How Injury Occurred				40. If Tr	ransportation Injury, Spoperator Passano	VALID UNLESS
41: Signature, Of Person Certifying Cause Of Death: ZAFAR ULLAH KHALID, BY ELECTR	ONIC SIGNATU	RAFE IS A TRUE C	ODV OF	A? Codifier (Chan		GERRORES CONTRACTOR
43. Name, Address And Zip Code Of Person Certifying Car ZAFAR ULLAH KHALID , 8550 BROA	use Of De th: THE	RECORD ON FILI	E WITH THE		License Number 11	
48. Additional Funeral Service Provider. ELEGY CREMATION AND MEMORIA		400.44		4	7. Akos	
48. Signature of Local Health Officer. CHANDANA VAVILALA, VIA ELECTRO	ONIC SIGNATU	RE:	2020	49. For Registrar Onl	ly Date Fled Worth	Pavican H
	The second secon	(R	TE OF DEATH (ENTRY	OR ORIGINAL)	V 1 Constant	
	LAKE	E COUNTY HEALT	H OFFICER			