

5. That the Affiant states that the decedent, Ruth N. Heard, passed away on September 11, 2018, as confirmed by a certified copy of a death certificate, issued by the State of Indiana, a copy of which is attached hereto as part of this Affidavit.

Further, Affiant sayeth not.

Dated this 30th day of October, 2020 Henry J. Heard
HENRY J. HEARD

STATE OF INDIANA)
COUNTY OF LAKE)
) SS:
)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Henry J. Heard and on 10/30/20, who acknowledged the execution of this Affidavit.

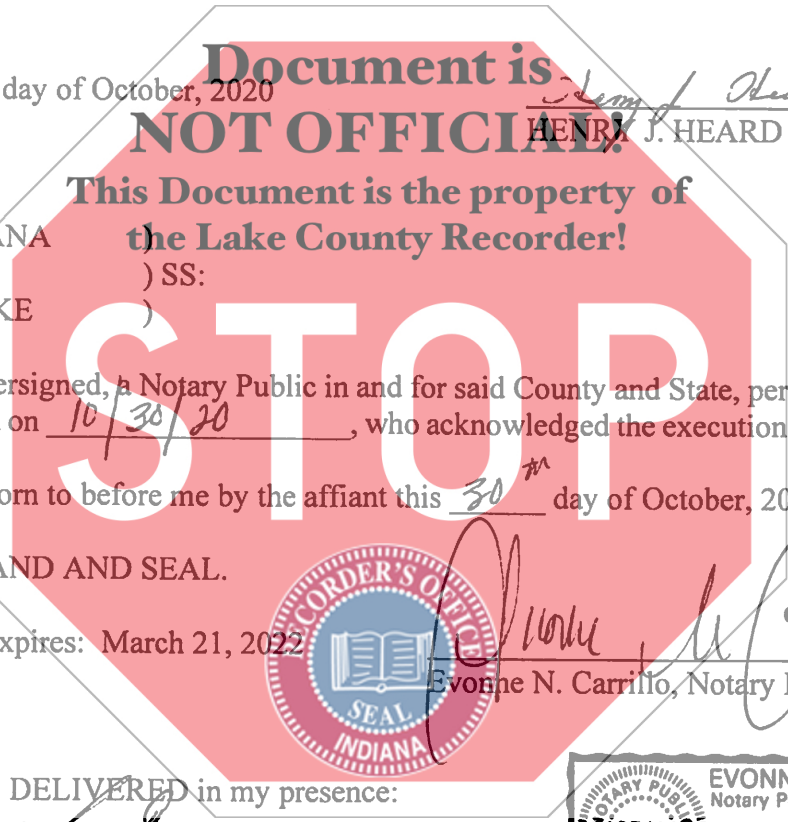
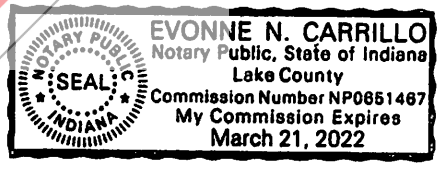
Subscribed and sworn to before me by the affiant this 30th day of October, 2020.

WITNESS MY HAND AND SEAL.

My Commission Expires: March 21, 2022 Evonne N. Carrillo
Evonne N. Carrillo, Notary Public

EXECUTED AND DELIVERED in my presence:

Alta Chavez
Witness Signature
ALTA Chavez
Witness Printed Name



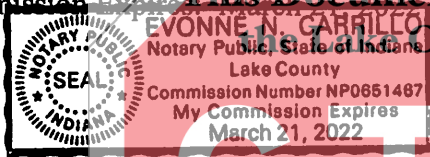
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, this witness personally appeared and on 10/30/20, who acknowledged the execution of this Affidavit.

Subscribed and sworn to before me by the affiant this 30th day of October, 2020.

WITNESS MY HAND AND SEAL.

My Commission Expires March 21, 2022 *Evonne N. Carrillo*
This Document is the property of _____
Evonne N. Carrillo, Notary Public



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.

Shelice R. Tolbert
Shelice R. Tolbert



NOTE: This instrument prepared by Attorney Shelice R. Tolbert, 1085 Broadway, Suite B, Gary, Indiana 46402; (219) 427-0094

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 800496

EDR No 00000665055

State No

1. Decedent's Legal Name (First, Middle, Last) RUTH N HEARD				1a. Maiden Name (if female) MCDANIEL		2. Sex FEMALE	3. Time Of Death 04:44 PM	4. Date Of Death (Month/Day/Year) 09/11/2018		
5. Social Security Number	6a. Age - Yrs 73	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/10/1945		8. Birthplace (City and State or Foreign Country) PRATTVILLE, AL		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITALS INC.										
12. City Or Town, State, And Zip Code GARY, IN, 46402				13. County Of Death LAKE			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			
15. Surviving Spouse's Name HENRY J HEARD			15a. Last Name Before First Marriage LAKE			16. Decedent's Usual Occupation DOMESTIC ENGINEER		17. Kind Of Business/Industry HOME		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 3773 PIERCE STREET	18d. Apt. No.	18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American						
22. Parent's Name (First, Middle, Last) JOHN L MCDANIEL			23. Parent's Name (First, Middle, Last) EARTHIE LEE MCDANIEL			23a. Parent's Last Name Before First Marriage LEONARD				
24. Informant's Name HENRY J HEARD		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 3773 PIERCE STREET, GARY, IN 46408						
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) EVERGREEN MEMORIAL PARK			25c. Location - City, Town, And State HOBART, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number: FH83007704			
27b. Signature Of Indiana Funeral Service Licensee: PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700298				
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 Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>DIABETES TYPE II</u> B. <u>HYPERTENSION</u> C. <u>SLEEP APNEA</u> D. _____ 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								Approximate Interval: Onset To Death		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown						32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				
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			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 type="checkbox"/> No
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code			
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)				
41. Signature, Of Person Certifying Cause Of Death: SURESH D REDDY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SURESH D REDDY, 8777 BROADWAY STE A, MERRILLVILLE, IN 46410						44. License Number 01038650A		45. Date Certified 09/26/2018		
46. Additional Funeral Service Provider:						47. *Aliases: RUTHIE HEARD				
48. Signature of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 27 2018				



823013

Warranty Deed

LAWYERS TITLE INS. CORP
7895 BROADWAY
MERRILLVILLE, IND. 46410

THIS INDENTURE WITNESSETH, That Charles Bernard Miller

of Lake County, in the State of Indiana Convey and Warrant
to Henry J. Heard and Ruth N. Heard, husband and wife, as tenants by the
entireties with right of survivorship,

of Lake County, in the State of Indiana, for and in consideration of the sum of
Ten (\$10.00) Dollars and other value consideration

the receipt whereof is hereby acknowledged, the following described Real Estate in Lake County,
in the State of Indiana, to-wit:

Lots 37 and 39, Block 1, Red Oak Addition to Tolleston,
in the City of Gary, as shown in Plat Book 2, Page 58,
in Lake County, Indiana

Commonly known as 3773 Pierce, Gary, Indiana 46408.

Key #46-393-39

This deed is subject to the mortgage dated March 11, 1977,
and recorded March 15, 1977, as Document No. 397457 made by
Charles Bernard Miller, an unmarried adult male, to National
Homes Acceptance Corporation, an Indiana corporation, n/k/a
Lomas & Nettleton Co., to secure one note for \$31,900.00,
payable as provided therein, and the covenants, conditions
and agreements therein contained. Grantor warrants that the
unpaid balance of said mortgage, including interest, is \$28,818.07,
and Grantee hereby assumes and agrees to pay the unpaid balance on
the existing mortgage, the debt secured thereby and also hereby
assumes the obligations of Charles Bernard Miller, under the terms of
the Instruments creating the loan to indemnify the Veteran's
Administration to the extent of any claim payment arising from the
guaranty or assurance of the indebtedness of the above mentioned.

DULY ENTERED
FOR TAXATION

OCT 3 1985

Lyle O. Priddy
AUDITOR LAKE COUNTY



Oct 1 8 55 AM '85
RUDOLPH CLAY
RECORDER
LAKE COUNTY
FILED IN FRONT

In Witness Whereof, The said Charles Bernard Miller

has hereunto set his hand and seal, this 1st day of October 19 85

(Seal) *Charles Bernard Miller* (Seal)
Charles Bernard Miller
(Seal) _____ (Seal)
(Seal) _____ (Seal)

STATE OF INDIANA, LAKE COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County, this
1st day of October 19 85, came
Charles Bernard Miller

, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission expires 10-5-87

Francis J. Geopfert
Francis J. Geopfert, Notary Public
Residence: Lake County 109

Instrument prepared by: Charles B. Miller, Attorney at Law

