

7. Where this Affiant relates to a tenancy by the entireties, it is also confirmed that the parties were never divorced and that Novella J. Hill died while married to William Hill;

8. That upon the death of Novella J. Hill, her interest in the property passed to her surviving spouse, ~~William A. Hill~~.

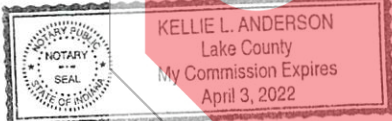
9. Affiant's relationship to the decedent is that she is his adult daughter.

This Document is the property of the Lake County Recorder!

Sharon D. Hill

Sharon D. Hill
1540 West 45th Avenue
Gary, Indiana 46409

Subscribed and sworn before me by Sharon D. Hill, who personally appeared and upon her oath executed this document before me this 1st day of December 2020.



Kellie L. Anderson

Notary Public

Lake County Resident
My Commission Expires: 4-3-2022

Witness to signature of Sharon D. Hill: *Beth Best*

Beth Best

<p>Prepared by: Geoffrey G. Giorgi, GIORGI & BEBEKOSKI, LLC 1401 East Greenwood Avenue, Suite 100 Crown Point, IN 46307</p>	<p>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.</p> <p><i>[Signature]</i></p>
--	---

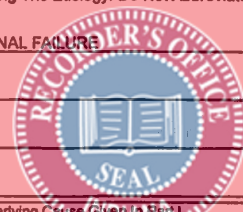


Local No 800243

EDR No 00000709414

State No 027299

1. Decedent's Legal Name (First, Middle, Last) WILLIAM A HILL				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:05 AM	4. Date Of Death (Month/Day/Year) 05/10/2019	
5. Social Security Number		6a. Age - Yrs 90	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) 12/22/1928		8. Birthplace (City and State or Foreign Country) MEMPHIS, TN
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 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 checked="" 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) 1540 WEST 45TH AVENUE						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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
12. City Or Town, State, And Zip Code GARY, IN, 46408			15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation ALCOHOL AND DRUG ABUSE COUNSELOR		17. Kind Of Business/Industry SUBSTANCE ABUSE COUNSELING
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 1540 WEST 45TH AVENUE		19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American			
22. Parent's Name (First, Middle, Last) WILLIAM A HILL II			23. Parent's Name (First, Middle, Last) ABREN BILLIE HILL			23a. Parent's Last Name Before First Marriage MASON			
24. Informant's Name CATHERINE SPANN		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1540 WEST 45TH AVENUE, GARY, IN 46408					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) REGIONAL CREMATION			25c. Location - City, Town, And State MUNSTER, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408						27a. Funeral Home License Number: FH10200007	
27b. Signature Of Indiana Funeral Service Licensee: RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21100051			
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. RENAL FAILURE Due to (Or As A Consequence Of): B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence Of):								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.						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 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: CHERYL ANTHONY-WORIX, 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: CHERYL ANTHONY-WORIX, 919 MAIN STREET, SUITE 102, DYER, IN 46311						44. License Number 01048405A		45. Date Certified 05/31/2019	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 05 2019			



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

09 0598

Local No.....

State No.....

Form containing fields for decedent's name (Novella J. Hill Joyner), sex (Female), date of death (December 4, 2009), birth date (December 16, 1949), birthplace (Paducah, Kentucky), residence (Gary, Indiana), and cause of death (sudden cardiac death).

