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

2020 Dec 4

4:04 PM

PLEASE SEND ALL TAX BILLS TO: 1540 West 45th Avenue, Gary, IN 46409 PARCEL NO.: 45-08-28-354-020.000-004

STATE OF INDIANA	)
	) ss
COUNTY OF LAKE	)

Document is SURVIVORSHIP AFFIDAVIT NOT OF FICIAL!

On this 1st day of December 2020 before me personally appeared Sharon D. Hill, who being duly sworn upon her oath states.

- 1. Affiant resides at the address given below the affiant's signature;
- 2. Affiant is the surviving daughter of William Hill, the surviving owner of the real estate described below.
  - 3. Said premises are described below as follows:

FILED

DEC 04 2020

JOHN E. PETALAS LAKE COUNTY AUDITOR THE WEST 15 FEET OF LOT 26 AND ALL OF LOTS 27 AND 28 IN BLOCK 10 IN GLENDALE SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED AUGUST 19, 1913, IN PLAT

BOOK 11, PAGE 7, IN THE DEFICE OF THE RECORDER OF LAKE

COUNTY, INDIANA

Commonly known as: 1540 West 45th Avenue, Gary, Indiana 46409

- 4. Said premises were formerly owned as tenants by the entireties by William A. Hill and Novella J. Hill, husband and wife;
- 5. Novella J. Hill predeceased her husband, William J. Hill, and died on December 4, 2009; (A copy of Novella Hill's Death Certificate is attached hereto).
- 6. William A. Hill died on May 10, 2019; (A Copy of William Hill's Death Certificate is attached hereto, confirming that he survived his wife, Novella J. Hill.)

3542 AR

- 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 11
  - 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 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
Lake County
My Commission Expires
April 3, 2022

locary Public

Lake County Resident

My Commission Expires:

Witness to signature of Sharon D. Hill:

Beth Best

Prepared by:

Geoffrey G. Giorgi, GIORGI & BEBEKOSKI, LLC 1401 East Greenwood Avenue, Suite 100 Crown Point, IN 46307 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.

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S		J. 542	oooani,		·		•	<b>-</b>		<del> </del>		
		9. Ever	in U.S. An	med Force	38?	90. 10. lf	Deat	Months th Occurre	d in A Hos	Days pital:		
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		11. Fac	ility Name	(if Not In:	stitutio	n, Give		t and Nun	nber)	<u> </u>		
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		34. Dat	e Of Injury	(Month/Da	sy/Yea	n			Not Pregn 35. Time (		ent 43 De	ys 10
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## INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

Local N  1. Decedent's Legal Name (First,	% 80C	243	E	DR No 00			14			02729	
WILLIAM A HILL	Middle, Lasty		. 15	Ta. Mage	n Name (If fe	arnate)		2. Sex MALE	1	Of Death 4	Date Of Death (Month/Day/Year) 05/10/2019
	Age - Yrs	6b. Under 1 Year	6c. Under 1 Mon	oth 6d. Under 1 [	Day 6e.	Under 1 Hour	7. Date o	Birth (Month/Da			d State or Foreign Country)
9. Ever in U.S. Armed Forces?	90.	Months	Days	Hours	Minu			12/22/1928	N	MEMPHIS, TI	٧
☐ Yes ☑ No ☐ Unknown	1	h Occurred In A Hosp nt		ent Dead on A	ا 🗆 ا	. If Death Occur Hospice Facility Other (Specify)		where Other Than cedent's Home		Home/Long-term C	are Facility
11. Facility Name (If Not Institution 1540 WEST 45TH AVE		t and Number)					===	<u> </u>	——————————————————————————————————————		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
12. City Or Town, State, And Zip (		3.4				13. County 0	of Death	<del></del>	<u> </u>	14: Marital Status	and the second s
GARY, IN, 46408	17%					LAKE	- ₹,52		ニン	Married M	arried, But Separated Divorced Never Married Unknown
15. Surviving Spouse's Name			1:	5a. Last Name Be	fore First Ma	rriage	1	16. Decedents (	AND DRÛ	G S	7. Kind Of Business/Industry UBSTANCE ABUSE
18. Residence - State		18a.	County		11	8b. City Or Tov		ABUSE CO		<u> </u>	OUNSELING
INDIANA		LAKE	<u> </u>		G	ARY			11111		-
18c. Street And Number	Start		/				_	18d	. Apt. No.	18e. Zip Cod	
1540 WEST 45TH AVE	ENUE	20.	Decedent Of His	enic Orioin	11100	O 40 21-10	ocadeni's F	Raca	-	4640	B Yes □ No
BACHELOR'S DEGRE	:Ε/RΔ Δ	-	OT HISPANI				19				
22. Parent's Name (First, Middle, L	Last)	<u>, 53)   140</u>		TO	7 23. P	arent's Name (		an America	n sa sa	23a. Parer	nt's Last Name Before First Marriage
WILLIAM A HILL II		70	his Da		ABF	REN BILLI	E HILL			MASON	N
24. Informant's Name	e		24a. Relationship					d Number, City,			
CATHERINE SPANN	Tale g		DAUGHTE		OU154  5. Place Of D		5THAN	ZENUE, GA	RY, IN 4	6408	\$65 B1
25a. Method Of Disposition  Burial Cremation Don Removal From State Other (Specify):	nation   Ent	ombment	ONAL CREM	Name Of Cemeter	ry, Crematory	y, Other Place)		STER, IN	n, And State		
26. Was Coroner Contacted?	27.	Name And Complete					INIOIA	STEIN, IN		2	7a. Funeral Home License Number:
☑ Yes ☐ No	RIE	GELAWN FU	NERAL HO	ME, INC., 4	201 W. I	RIDGE RO	AD, G	ARY, IN 464	408	F	H10200007
27b. Signature Of Indiana Funeral RONALD DUANE COC			NIC SIGNAT	URE		10			100051	(Of Licensee):	
28. Part I. Enter The <u>Chain Of</u> Such As Cardiac Arrest, Resp A Line. Add Additional Lines I	iratory Arres	<ol> <li>Or Ventricular Fib</li> </ol>	Complications -	Cause Of Death That Directly Ca Showing The Etic	used The D	eath. Do Not F	nter Tem	inal Events One Cause On			Approximate Interval: Onset To Death
Immediate Cause (Final Disea	ase Or Condi	tion Resulting In De	eath) A.	RENAL FAILU	RE) ER'S	O.	Due to (Or As	A Consequence Of):	1		11.0
Sequentially List Conditions,	lf Anv. Leadi	na To The Cause L	isted On B.								
Line A. Enter The Underlying The Events Resulting In Death	Cause (Dise			2		E	Due to (Or As	A Consequence Of):		ů.	altijoj, s <sup>e d</sup>
	21.11			E &	SEAL		Due to (Or As	A Consequence Q#:			# <u>#11</u>
Part II. Enter Other Significant Con-	ditions Contri	buting to Death But N	D. lot Resulting In The	e Underlying Caus	e Given in P	ER LULY	29. Was /	An Autopsy Perfor	rmed?		
legi de					· ·	Ш	30. Were			omplete The Caus	
31. Did Tobacco Use Contribute T		32. If Femal Not Pregna	6: int Within Past Year	Pregnant At Time Of E	Death Not	Pregnant, But Pregn	ent Within 42 Da		. Manner Of ( Natural		dent Pending Investigation
34. Date Of Injury (Month/Day/Yes		35. Time O	nt, But Pregnant 43 Days			nown if Pregnant Wit jury (E.G., Dece		er  ne, Construction S		Could Not Be Deten	mined 37. Injury At Work?
	1	, 52.	<u> </u>		`#"	- 1				<u> </u>	☐ Yes ☐ No
38. Location Of Injury - State	,	38a: City Or	Town	38	3b. Street & I	Number		4		38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred			223					40	. If Transports Drives/Operator	ation Injury, Specify Pessenger Pedest	rian Other (Specify)
41. Signature, Of Person Certifyin	ng Cause Of C	Defith:				<del></del>			(Check Only C		
CHERYL ANTHONY-V 43. Name, Address And Zip Code				IUKE		<del>- ,</del>		□ Certifying	Physician 44. Licens	Coroner e Number	Health Officer 45. Date Certified
CHERYL ANTHONY-V		919 MAIN ST	REET, SUIT	TE 102, DYE	ER, IN 46	6311			010484	05A	05/31/2019
48. Additional Funeral Service Pro			777						47. *Akas	:	
48. Signature of Local Health Office REUBEN C. RUTLAND	2 50	ECTRONIC S			EICATE OF	DEATH (PIPE			ar Only - Date	Filed (Month/Day JUN 05 201	1 to
			ARENUM	ENT TO CERTIF	FIGATE OF	JENIN (ENI	NT UK U	ugiral)			
Latination and the second seco										1 di	

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: 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 RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

09 0598

1. Decedent's Legal Name (Fi	rst, Middle, Last)		•••••	1a. Maiden Last N	lame (If Fe	emale)		2. Sex 3.	State No	4 Date Of Death (Month/Day/Year)		
Novella						1			December 4, 2009			
5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Mon	_		der 1 Hour	1			City And State Or Foreign Country)		
	68	Months	Days	Hours	Minute	3		-	1.71	Paducah, Kentucky		
9. Ever in U.S. Armed Forces	ospital:					r Than A Hospital:						
☐ Yes ☐ No Unknown ☐ ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Tourr Care Facility ☐ Other (Specify) ☐ In Facility Name (If Not Institution, Give Street And Number)												
1545 West 45th Avenue												
12. City Or Town, State, And Zip Code 13. County Of Doath 14. Marital Status At Tune Of Death												
Gary, Indiana Lake Married Married But Separated Divorced												
Widowed   Never Married   Unknown   15. Surviving Spouse's Name   15a. (If Wide)Give Maiden Last Name   16. Predictive Property Rehab   17. Kind Of Business/Industry   17. Kind Of Business/Industry   18. Predictive Property												
William Bil	l Hill			Program					Salv	ation Army		
18. Residence - State			18a. County		18	b. City Or Town						
Indiana			Lake		G	Sary						
18c. Street And Number				Doct	111	ent	16	18d. Apt. No.	18e. Z	ip Code 18f. Inside City Limits?		
1540 West 4				Duci			13		46	408 To Yes 116		
Bachelow's	Degree		20. Decedent Of R			21. Dec	edent's Race					
20 5-16-2-11	dla Lasti		Non-His		Ido	A		merican		a. Mother's Maiden Last Name		
22. Father's Name (First, Midd			This I	ocumer	1							
Ross Joyne 24. Informant's Name	·r		the the	Lake Co	our	TW Re	Corde Number	r, City, State, Zip Code		Johnson		
William Bil	l Hill		Husbar			40 West				na 46408		
				25. P		Disposition						
25a. Method Of Disposition.		1	ice Of Disposition (Nam	e Of Cemetery, Cremator	y, Other P	lace)	25c. Location -	City, Town, And State				
☐ Burial ☐ Cremation ☐ I ☐ Removal From State ☐ Other (Specify)	Donation 🔲 Enlow		t Hill Cr	ematory			4450 H	arrison S	treet G	ary,Indiana 46408		
26. Was Coroner Contacted?	Šm	TUAN CETE	Zedolo s Offende	fiër Funera	1 Hor	ne l				27a. Funeral Home License Number:		
☐ Yes  ☐ No	42	09 Grant	Street, Ga	ry,Indiana	4640	98				FH10500021		
27b. Signature Of Indiana Fur	neral Service Licens	see:	2/1					27c. License Numb	er (Of Licensee):			
		1//	DIVIF		CONTRACT OF THE PARTY OF THE PA	THE STATE OF THE S		FD297000	057			
28. Part I. Enter The <u>Ch</u>	ain Of Events-	Diseases Injurie	C Or Complications	ause Of Death (Se —That Directly Caus	ed The C	uctions And leath. Do Not	<b>Examples)</b> Enter Termina	Events		Approximate .		
Such As Cardiac Arrest, I A Line. Add Additional Li	Respiratory Arre	st, Or Ventricùlar	Fibrillation Without	Showing The Etiolog	y. Do N	ot Abbreviate.	Enter Only On	e Cause On		Interval: Onset To Death		
Immediate Cause (Final I			n Death	A. <u>SC/Zu-</u>	ا ع	disor	1C-	wantener Ob				
Sequentially List Condition	ns. If Anv. Lead	ing To The Caus		B. <u>astu</u>								
Line A. Enter The Under The Events Resulting In I	lying Cause (Dis		hat Initiated	c Mulah	DOL	MA Lyling	CANC	nsequente OI)				
	,,					ALCO O	Due To (Dr As A Co	nsequence Of)				
Part II. Enter Other Significan	t Conditions Contrib	outing To Death But	Not Resulting In The U	nderlying Cause Given In	Part I	1	29. Was An Aut		□Yes <b>Z</b>			
							30. Were Autop	sy Findings Available To	Complete The Car	use Of Death?  ☐ Yes  ☐ No		
31. Did Tobacco Use Contribu		32 If Fe		Dramani At T O. D "		nord Red Dear	Whin 42 Davis Of P	33. Manner O		D Postdon In redicate		
Yes Probably 10 16 Un		☐ f lot Pr	egnant, But Pregnant 43 Da		Unknown	If Prognant Within Th	e Past Year		ould flot Be Determine	Pending Investigation d   37. Injury At Work?		
34. Date Of Injury (Month/Day	yı rear)	35. Tim	e Of Injury	36. P	nace Of IR	puly (E.G., Decede	an s morne, cons	aratuur ole, resiatran	, Frouda Alca)	Yes 180		
38. Location Of Injury - State		38a. Cit	y Or Town	38ь.	Street & N	lumber			38c. Apt.			
39 Describe How Injury Occu	ten		· · · · · · · · · · · · · · · · · · ·					40. If Trans	portation Injury, Sp	ecity:		
To the state of th			· 1					☐ Driver/Ope	rator Passenger	☐ Pedestrian ☐ Other (Specify)		
41. Signature, Of Person Co	rtifying Cause Of D	eath:	.: <u>-</u>				1	Certifier (Check Only O				
Ch of 5	ans	-woi	<u> چيد</u>					Certifying Physician  44. Lic	Coroner Hea	45. Date Certified		
43 Na CHERYÉ	arthon	Y-WORK	M.D. 9	19 MArw	.5.	r Dye	- Fact	ra~ 010	1440	SB 12/10/09		
46. Additional Funeral Service	e Provider:							47. *Ai	25			
48. Signature of Local Health	Officer	71	( )				49.	For Registrar Only - 1	ate Filed (Month/D	lay/Year)		
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