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2020-089711

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

2020 Dec 8 11:00 AM

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Frederick F. Jones, being duly sworn upon his oath deposes and says:

1. That he is the father of Jonathan Jones.

2. That Frederick F. Jones and Jonathan Jones held the following property as joint tenants:

Lot 8, Moon Light Oaks, addition to Lake County, as shown in Plat Book 80, Page 63 , in the Office of the Recorder of Lake County, Indiana.
Commonly known as: 11610 143rd St. Cedar Lake, IN 46303
Tax Key # 45-15-32-201-012.000-013

3. That Jonathan Jones passed away on November 3, 2020 in Lake County, Indiana. (copy of death certificate attached).

4. That upon the passing of Jonathan Jones the title to the above said property passed solely to Frederick F. Jones.

Frederick F Jones
FREDERICK F. JONES

CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached.

Milena Obradovic
Witness's Signature

Milena Obradovic
Witness's Printed Name

PROOF:
State of Indiana, County of Lake, ss

Before me, a Notary Public in and for said County and State, Dated on 11-27-2020 personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS Milena Obradovic to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S) Frederick F Jones execute the same: and the said WITNESS at same time subscribed his/her as a witness thereto

NOTARY PUBLIC SIGNATURE
Nick Perko III, Notary Public – State of Indiana
(Seal)

Nick Perko III
NOTARY PRINTED NAME

NICK PERKO III
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Jul 11, 2023

My Commission Expires: 7-11-23
Commission No: NP0668756

This instrument was prepared by Nick A. Perko, 3037 45th Ave. Highland, IN at the specific request of owner or representatives and is based solely on information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The parties accept this disclaimer by owner's execution of this document.
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.

NICK A. PERKO

FILED
DEC 07 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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5347
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 004677 EDR No 000000815056 State No 061730

1. Decedent's Legal Name (First, Middle, Last): JONATHON F JONES
1a. Maiden Name (If female):
2. Sex: MALE
3. Time Of Death: 07:19 PM
4. Date Of Death (Month/Day/Year): 11/03/2020
5. Social Security Number: [redacted]
6a. Age - Yrs: 47
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): 11/19/1972
8. Birthplace (City and State or Foreign Country): EAST CHICAGO, IN
9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown
10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long Term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street and Number): FRANCISCAN HEALTH - DYER
12. City Or Town, State, And Zip Code: DYER, IN, 46311
13. County Of Death: LAKE
14. Marital Status At Time Of Death: ☒ Married ☐ Married But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name: ANGIE JONES
15a. Last Name Before First Marriage: MCBAIN
16. Decedent's Usual Occupation: GARY POLICE
17. Kind Of Business/Industry: LAW ENFORCEMENT
18. Residence - State: INDIANA
18a. County: LAKE
18b. City Or Town: LOWELL
18c. Street And Number: 876 MEADOW BROOK AVENUE
18d. Apt. No.:
18e. Zip Code: 46356
18f. Inside City Limits: ☒ Yes ☐ No
19. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin: NOT HISPANIC
21. Decedent's Race: White
22. Parent's Name (First, Middle, Last): FRED JONES
23. Parent's Name (First, Middle, Last): JAN JONES
23a. Parent's Last Name Before First Marriage: GILL
24. Informant's Name: ANGIE JONES
24a. Relationship To Decedent: SPOUSE
24b. Mailing Address (Street And Number, City, State, Zip Code): 876 MEADOW BROOK AVENUE, LOWELL, IN 46356
25. Place Of Disposition
25a. Method Of Disposition: ☐ Burial ☐ Cremation ☐ Donation ☒ Entombment ☐ Removal From State ☐ Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): CALUMET PARK CEMETERY
25c. Location - City, Town, And State: MERRILLVILLE, IN
26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: HILLSIDE FUNERAL HOME & CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322
27a. Funeral Home License Number: FH11700005
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS A. KUIPER, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01014511

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.

		Approximate Interval - Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. MYOCARDIAL INFARCTION	HOURS
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. HYPERTENSION	YEARS
	C.	
	D.	

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I: FAMILY HISTORY OF CORONARY DISEASE
29. Was An Autopsy Performed? Yes
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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?
38. Location Of Injury: State
38a. City Or Town
39. Describe How Injury Occurred
41. Signature Of Person Certifying Cause Of Death: JOSEPH ANTHONY DEJOAN, BY ELECTRONIC SIGNATURE
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOSEPH ANTHONY DEJOAN, 7845 GRAND BLVD, HOBART, IN 46342
46. Additional Funeral Service Provider
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

[redacted]

THIS IS A TRUE COPY OF THE RECORD ON FILE
LAKE COUNTY HEALTH DEPARTMENT
NOV 1 2020
LAKE COUNTY HEALTH OFFICER

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary

RAISED SEAL AFFIXED