

NOT AN OFFICIAL DOCUMENT

5. The most recent recorded instrument in the Property's chain of title is the same Warranty Deed dated March 27, 1997, and recorded on July 7, 1997, as Document No.97043871 wherein Decedent acquired title and his interest to the Real Estate.

6. Title to the Real Estate was immediately vested in the Distributees (as described below) as tenants in common immediately upon Decedent's death by operation of the law in accordance with IC 29-1-7-23.

7. That at least seven months have elapsed since the Decedent's death.

8. That no letters testamentary or letters of administration have been issued to a court appointed person representative for the Decedent.

9. That no Court has issued findings or an order preventing the devolution of the Real Estate as specified in IC 29-1-7-15.1.

10. That the names of each Distributee known to the affiant are as follows:

Name	Relationship	Address	Percentage
Sharon D. Hill	Adult daughter	1540 West 45 th Avenue Gary, Indiana 46408	Undivided 1/3 interest
Stephen G. Hill	Adult Son	1540 West 45 th Avenue Gary, Indiana 46408	Undivided 1/3 interest
Catherine M. Spann	Adult daughter	1819 N. Arbogast, 1F Griffith, Indiana 46319	Undivided 1/3 interest

11. That the Distributees are the adult children of the Decedent, who take as tenants in common each to an undivided 1/3 interest of the Real Estate in accordance with the intestacy statute as specified in IC 29-1-2-1.

12. That this affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor to transfer the Real Estate to the names of Sharon D. Hill, Stephen G. Hill, and Catherine M. Spann, as tenants in common each to an undivided 1/3 interest upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **800243**

EDR No **000000709414**

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 [REDACTED]	6a. Age - Yrs 90	6b. Under 1 Year Months 0	6c. Under 1 Month Days 0	6d. Under 1 Day Hours 0	6e. Under 1 Hour Minutes 12/22/1928	7. Date of Birth (Month/Day/Year) MEMPHIS, TN	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10a. If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10b. 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 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		
12. City Or Town, State, And Zip Code GARY, IN, 46408			15. Last Name Before First Marriage LAKE			16. Decedent's Usual Occupation ALCOHOL AND DRUG ABUSE COUNSELOR		
17. Kind Of Business/Industry SUBSTANCE ABUSE COUNSELING			18. Residence - State INDIANA			19a. City Or Town GARY		

18c. Street And Number 1540 WEST 45TH AVENUE			18d. Apt. No.	18e. Zip Code 46408	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 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			

Cause Of Death (See Instructions And Examples)

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. RENAL FAILURE
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. _____
	C. _____
	D. _____

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	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. If Fracture: <input type="checkbox"/> Not Fracture Within Past Year <input type="checkbox"/> Fracture At Time Of Death <input type="checkbox"/> Not Fracture, But Fracture Within 42 Days Of Death <input type="checkbox"/> Not Fracture, But Fracture Within 42 Days Of Death		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 checked="" type="checkbox"/> No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.
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. *Aax*	
48. Signature of Local Health Officer REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) JUN 05 2019	

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

VOID IF ALTERED OR ERASED