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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-017472

8:49 AM 2021 Feb 26



2303918-1753-0

AFFIDAVIT OF SURVIVORSHIP

Property Address: 1735 West 62nd Avenue, Merrillville, IN 46410
Property County: Lake

Henry Boone, of adult age, being first duly sworn, upon deposes and says:

That **Henry Boone**, is the Husband of Diann Boone, deceased, who died on October 2, 2009 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Rahul Somani and Aruna Somani, Husband and Wife recorded June 30, 2000 as Document No. 2000-46437 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **Henry Boone**, surviving spouse of the decedent.

Further, Affiant sayeth not.

MTC File No.: 21-1836 (AOS)

FILED

FEB 24 2021

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

HOLD FOR MERIDIAN TITLE CORP

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7609

25-RM

NOT AN OFFICIAL DOCUMENT


Henry Boone

Property of Lake County Recorder

MTC File No.: 21-1836 (AOS)

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NOT AN OFFICIAL DOCUMENT

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Henry Boone** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 19th day of February, 2021.

1-21-22
My Commission Expires:

050421
Commission No.

Porter IN
Notary Public County and State of Residence

This instrument was prepared by:
Andrew R. Drake, Attorney-at-Law
11711 N. Pennsylvania St., Suite 110, Carmel, IN 46032

Property Address:
1735 West 62nd Avenue
Merrillville, IN 46410

Annette Martinez
Signature of Notary Public

Annette Martinez
Printed Name of Notary



Grantee's Address and Mail Tax Statements To:

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. Andrew R. Drake

Property of Lake County Recorder

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LEGAL DESCRIPTION

Lot 51 in Meadow Brook, as per plat thereof, recorded in Plat Book 25, page 34, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
State ID Number Only 45-12-08-229-001.000-030

Property of Lake County Recorder

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CERTIFICATE OF PROOF

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

PPB

Witness Signature

Paula Bamich

Witness Name (must be typed / printed)

PROOF:

State of Indiana, County of Lake ss:

Before me, a Notary Public in and for said County and State, personally appeared, the above named WITNESS to the foregoing instrument, who, being known or proved to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by **Henry Boone** (Name of person signing document) in the foregoing subscribing witness' presence.

WITNESS, my hand and Seal this 19 day of February, 2021

1-21-21

Annette Martinez

My Commission Expires:

650421

Signature of Notary Public

Annette Martinez

Commission No.

Porter IN

Printed Name of Notary

Notary Public County and State of Residence



Porter County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 3462-09

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Diann Boone Chambliss		3. Maiden Last Name (If Female) Chambliss		2. Sex Female	1. Time of Death 2:10 PM	4. Date of Death (Month/Day/Year) October 2, 2009
5. Social Security Number XXXXXXXXXX	6a. Age - Yrs 60	6b. Under 1 Year Months _____ Days _____	6c. Under 1 Month Hours _____ Minutes _____	7. Date of Birth (Month/Day/Year) July 29, 1949	8. Birthplace (City And State Or Foreign Country) Columbia, Mississippi	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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 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) 1735 West 62nd Ave						
12. City Or Town, State, And Zip Code Merrillville, Indiana 46410			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 Boone		15a. (If Widowed) Maiden Last Name _____		16. Decedent's Usual Occupation C.N.A.		17. Kind Of Business/Industry Methodist Northlake
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Merrillville		
19a. Street And Number 1735 West 62nd Ave.		19b. Apt. No.		19c. Zip Code 46410	19d. 10988a CEN LICENSE Driver <input type="checkbox"/> No	
20. Highest Schooling High School Graduate / GED		20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race African American		
22. Father's Name (First, Middle, Last) Posey Chambliss		23. Mother's Name (First, Middle, Last) Johnnie Mae		23a. Mother's Maiden Last Name Robinson		
24. Relationship To Decedent Husband		24a. Mailing Address (Street, Apt. No., Box, Zip Code) 1735 West 62nd Ave. Merrillville, Indiana 46410				
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, Indiana 46342		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26a. Name, Address And City Of Funeral Home Smith, Beckell & Warner Funeral Home 4209 Grant Street, Gary, Indiana 46408		27a. Funeral Home License Number FI10500021		
27b. Signature of Indiana Funeral Service Licensee <i>[Signature]</i>		27c. License Number (Of Licensee) FD29700057				
28. Part I. Enter The Cause 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 Line A. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC STOMACH CANCER B. _____ C. _____ 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: A. _____ 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 Illness Preexisting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Was Illness Preexisting Acute? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probable <input checked="" type="checkbox"/> No		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 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Past Year		33. Date of Injury (Month/Day/Year) 10/08/2009		33. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. Location Of Injury - State		34a. City Or Town		34b. Street & Number		34c. Apt. No.
35. Describe How Injury Occurred		36. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
37. Signature of Person Certifying Cause Of Death <i>[Signature]</i>		38. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		39. License Number		40. Date Certified 10/16/2009
41. Name, Address And Zip Code Of Person Certifying Cause Of Death AUGUSTA 1244 N.D. 5837 GOWDUNITY, MERRILLVILLE IN 46410		42. "Attest" October 8, 2009				
43. Additional Funeral Service Provider		44. For Registrar Only - Date Filed (Month/Day/Year)				
45. Signature of Local Health Officer <i>[Signature]</i>		46. For Registrar Only - Date Filed (Month/Day/Year)				

State Form 10110 (07/07) ATTENTION: This is a public document. The State Seal is being retained by this state agency in order to preserve its privacy responsibility. Decedent's name and date of death will be reported for public health purposes. The records in this document are confidential per IC 16-3-1-10