

NOT AN OFFICIAL DOCUMENT

4

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-017778

2:42 PM 2021 Feb 28

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 26 day of February, 2021, before me personally appeared Debra Kay Kerr, who being duly sworn on her oath states the following:

1. That your Affiant is the daughter and joint tenant of Bertha I. Sandridge owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

7907 HARRISON PLACE IN BUILDING 3 IN WHITE PINES, A HORIZONTAL PROPERTY REGIME, THE DECLARAION FOR WHICH WAS RECORDED OCTOBER 11, 2002 AS DOCUMENT NUMBER 2002-091714 AND ALL SUBSEQUENT AMENDMENTS THERETO, TOGETHER WITH AN UNDIVIDED INTEREST APPURTENTANT TO SAID UNIT AS SET FORTH.

Commonly Known As: 7907 Harrison Pl. Merrillville, IN 46410

Parcel Number: 45-12-21-179-008.000-030

- 2. That said premises was owned by Bertha I. Sandridge and Debra Kay Kerr, as joint tenants with rights of survivorship.
- 3. That said Bertha I. Sandridge died on January 23, 2021, a resident of Lake County, Indiana.

FURTHER AFFIANT SAITH NOT.


Debra Kay Kerr

NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100

FILED

FEB 26 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25
#3910
TJ

AMOUNT \$ 25

CASH _____ CHARGE _____

CHECK # _____

OVERAGE _____

COPY _____

NON-COM _____

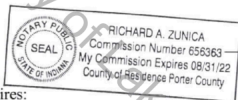
CLERK _____

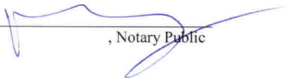
NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared RENATA LITTEAL 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 Debra Kay Kerr in the foregoing subscribing witness' presence.

Witness my hand and Notarial Seal this 26th day of February, 2021.




_____, Notary Public

Commission Expires:
Resident of _____ County

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.

RICHARD ZUNICA

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law, 162 Washington Street, Lowell IN 46356, File No. 21-9762

Porter County Recorder

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No 000190

EDR No 000011054548

State No 2021-005734

1. Decedent's Legal Name (First, Middle, Last) Bertha I. Sandridge		14. Maiden Name, (if female) Female		2. Date of Death 09:30 AM	3. Date of Death (Month/Day/Year) 01/23/2021
5. Social Security Number 64-24-1844	6a. Age - Year 84	6b. Under 1 Year Months Days	6c. Under 1 Month Weeks Days	7. Date of Birth (Month/Day/Year) 05/24/1936	8. Birthplace (City and State or Foreign Country) Princeton, Alabama
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred at a Hospital <input checked="" type="checkbox"/> Hospital <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/Low Level Care Facility <input type="checkbox"/> Other (Specify)	
11. Facility Name, (if not institution, Give Street and House) St. Mary Medical Center Hobart					
12. City or Town, State, and Zip Code Hobart, Indiana, 46342			13. County of Death Lake		14. Marital Status At Time of Death <input type="checkbox"/> Single <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		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation House Cleaner	
17. Kind of Business/Industry Domestic		18. Residence - State IN		18a. County Lake	
18b. City or Town Merrillville		18c. Apt. No.		15a. Zip Code 46410	
15b. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 8th grade or less		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino	
21. Decedent's Race White		22. Parent's Name (First, Middle, Last) Ruby Steele		23. Parent's Last Name Before First Marriage Dubois	
24. Informant's Name John Sandridge		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 7451 Hendricks Street, Merrillville, IN, 46410	
25a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Human Remains <input type="checkbox"/> Other (Specify)		25b. Place of Disposition Calumet Wilbur Crematory		25c. Location - City, Town, And State Calumet Township, IN	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Pruzin Brothers-Merrillville 6390 Broadway, Merrillville, Indiana, 46410		28. License Number (Of License) FD1008993	
29. Signature of Indiana Funeral Service Licensee (Funeral Director)		Electronically Signed		30. Cause of Death (See Instructions And Examples) A. Cardiopulmonary arrest B. hypotension C. liver cirrhosis D.	
31. Part II. 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 Venous Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary. A. Cardiopulmonary arrest B. hypotension C. liver cirrhosis D.		32. Approximate Interval - Onset To Death 1 day 2 day 1 week		33. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Were Autopsy Findings Available To Complete The Causes of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. 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		36. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Date of Injury (Month/Day/Year)		38. Work Of Injury (I.C.D. Decedent's Name, Occupation, Age, Relationship, Wooded Area)		39. Street & Number 394. Ave No. 394. Ave No.	
39. Location of Injury - State		39a. City Or Town		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
41. Signature, Of Person Carrying Cause of Death Syed Najeeb		42. Signature (Check Only One) Physician		43. Local Address 01076308A	
43. Name, Address And Zip Code Of Person Carrying Cause of Death Syed Najeeb, 1500 S Lake Park Avenue, Hobart, IN 46342		44. Local Address 01076308A		45. Date of Death 01/23/2021	
46. Additional Funeral Service Provider: Pruzin Brothers-Merrillville		47. Date of Death 01/23/2021		48. For Registrar Only - Date Filed (Month/Day/Year) 02/09/2021	
49. Signature of Health Officer Candace Vardakis		Electronically Signed		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	
50. Signature of Health Officer Candace Vardakis		Lake County Health Officer		Lake County Health Officer	

Stalls Form 1339S - 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.

RAISED SEAL AFFIXED