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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-025260

2:24 PM 2021 Mar 19

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Note to Recorder: Please index this instrument to the following, previously recorded instrument:
Corporate Deed, recorded on July 21, 2004, as Instrument Number 2004-061377, in the office of the Recorder of Lake County, Indiana (the "Vesting Deed").

Affiant, Artis Macon, being first duly sworn upon an oath, deposes and says as follows:

1. Affiant is the surviving spouse of Brookesey Gater Macon, deceased.
2. Artis Macon (hereafter, "Artis") and Brookesey Gater Macon (hereafter, "Brookesey"), were husband and wife when they acquired title by Warranty Deed recorded July 21, 2004, as Instrument Number 2004-061377, to the following described real estate situated in Lake County, Indiana, to wit:

THE NORTH 40 FEET OF LOT 3 IN BLOCK 1 SECOND SUBDIVISION TO OAKINGTON PARK IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 11, PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Common Address: 4140 Pierce Street, Gary, IN 46408
PIN 45-08-28-304-019.000-004

(the "Real Estate")

3. Brookesey died July 25, 2020, evidenced by the Indiana State Department of Health Certificate of Death, recorded herewith.
4. Brookesey predeceased Artis, leaving Artis as her surviving spouse.
5. Brookesey and Artis were never divorced subsequent to their acquisition by the Vesting Deed of the Real Estate as tenants by the entirety; consequently, by operation of law, title to the Real Estate immediately vested in Artis upon Brookesey's death.

FILED
MAR 19 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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NOT AN OFFICIAL DOCUMENT

6. This affidavit is made for the purpose of establishing the facts herein contained and to record Artis's survivorship upon the Lake County Auditor's real estate transfer records.

FURTHER AFFIANT SAYETH NOT.

Dated: March 17, 2021

Artis Macon

Artis Macon

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 17th day of March, 2021, personally appeared Artis Macon who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Affidavit of Survivorship to be her free and voluntary act and deed.

Stephanie Naumoff

Notary Public

My Commission Expires:

March 27, 2021

My County of Residence:

LAKE

My Commission No.:

1906042484



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in the document, unless required by law. Daniel W. Granquist

This instrument prepared by:

Daniel W. Granquist, Attorney at Law, 1070 S. Calumet Road, Unit 892, Chesterton, IN 46304.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003186

EDR No 000002267269

State No 2020-041768

1. Decedent's Legal Name (First, Middle, Last) BROOKESKEY MACON		14. Maiden Name (if female) SNEED		2. Gender Female		3. Time of Death 04:10 AM		4. Date of Death (Month/Day/Year) 07/25/2020	
5. Social Security Number 76		6a. Age - Yrs 76		6b. Under 1 Year Months 0		6c. Under 1 Month Days 0		6d. Under 1 Day Hours 0	
7. Date of Birth (Month/Day/Year) 12/09/1943		8. Birthplace (City and State or Foreign Country) NEW MADRID COUNTY, Missouri							
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient		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		10b. 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		10c. Other (Specify)	
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE									
12. City Or Town, State, And Zip Code Merrillville, Indiana, 464107099					13. Location 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 ARTIS MACON			15a. Last Name Before First Marriage MACON			16. Decedent's Usual Occupation COOK		17. Kind Of Business/Industry HEALTH CARE	
18. Residence - State IN		18a. County Lake		18b. City Or Town Gary		18d. Apt. No.		18e. Zip Code 46408	
18c. Street And Number 4132 PIERCE Street		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 9th-12th grade, No Diploma		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Spanish/Hispanic/Latino		21. Decedent's Race Black or African American	
22. Parent's Name (First, Middle, Last) HEURIA SNEED			23. Parent's Name (First, Middle, Last) ELIZABETH SNEED			23a. Parent's Last Name Before First Marriage PRICE			
24. Relationship To Decedent ARTIS MACON Husband		24a. Mailing Address (Street And Number, City, State, Zip Code) 4132 PIERCE Street, Gary, IN, 46408							
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) QAK HILL CEMETERY		25c. Location - City, Town, And State Gary, IN		25d. License Number (Of Licensee) FD09200053			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell Warner Funeral Home 4209 GRANT ST, Gary, Indiana, 46408		27a. Funeral Home License Number FH10500021		27b. Signature Of Indiana Funeral Service Licensee SUZANNE DUNN			
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE RENAL FAILURE, CAUSE UNKNOWN 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. CAUSE UNKNOWN C. CAUSE UNKNOWN D. CAUSE UNKNOWN									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given In Part I. DIABETES MELLITUS TYPE 2									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before 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. Date Of Injury (Month/Day/Year)		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.		38d. Zip Code		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: J. Timothy AMES							
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: J. Timothy AMES 3176 LANCER ST., Portage, IN 46368		43. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01035322A				45. Date Certified 08/01/2020	
46. Additional Funeral Service Provider		47. "AME"		48. Signature of Local Health Officer: CHRISTINA MIVILICIA		49. For Registrar Only - Date Filed (Month/Day/Year): 08/03/2020			

THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT

MAR 16 2021

LAKE COUNTY HEALTH OFFICER