

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-50423, I

2021-504235  
04/14/2021 01:33 PM  
Total Fees: 25.00  
By: JS  
Pg #: 2

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

Auditor Stamp

**FILED**

Apr 08 2021 LM  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

STATE OF INDIANA            )  
  ) SS:  
COUNTY OF LAKE            )

## AFFIDAVIT OF SURVIVORSHIP

Wendy Witherspoon, being first duly sworn upon her oath, deposes and says:

1. That she is the daughter of **Alston Witherspoon and Juanita Witherspoon**, and that they were married on the date that they acquired title as husband and wife as tenants by the entireties to certain Real Estate in Lake County, Indiana, to-wit:

**Lots 26 and 27, Block 1, Highland Park Addition to Gary, as shown in Plat Book 8, page 13, Lake County, Indiana. Commonly known as 4169 Van Buren Street, Gary, IN 46408**

2. The marital relationship which existed between **Alston Witherspoon and Juanita Witherspoon** continued unbroken from the time they so acquired title to said real estate by virtue of **Warranty Deed dated 11/17/1978 and recorded 12/21/1978 as Document No. 1978-508230**, until the death of **Alston Witherspoon** on 7/4/2012, at which time **Juanita Witherspoon** acquired title as surviving tenant by the entireties.

3. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his/her records.

AFFIANT FURTHER SAYETH NOT

  
Wendy Witherspoon

I, Jennifer Waters, a Notary Public for the County of Lake and State of Indiana, do hereby certify that **Wendy Witherspoon** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this 10th day of April, 2021.

Notary Public: Jennifer Waters  
My Commission Expires: September 20, 2025



MAIL TAX BILLS TO: Wendy Witherspoon  
10416 Virginia St Merrillville, IN 46410

TAX KEY NO(S): 45-08-28-402-005000-004

THIS INSTRUMENT PREPARED BY: Douglas R. Kvachkoff, Attorney at Law,  
325 N. Main Street, Crown Point, IN 46307. 219-662-2977. File No. IN-21-64381-02  
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. Angela Anderson

LAKE COUNTY, INDIANA, 821-6425, FAX

FROM: MT. MORIAH BAPTIST CHURCH

PHONE NO.: 219 882 1444

Mar. 22 2021 13:19AM PST



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **000250**

EDR No **000000268770**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>ALSTON WITHERSPOON</b>		13. Maiden Name (If Applicable)		2. Sex <b>MALE</b>		3. Time of Death <b>11:01 PM</b>		4. Date of Death (Month/Day/Year) <b>07/04/2012</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>85</b>		6b. Under 1 Year Months <b>None</b>		6c. Under 1 Month Days <b>None</b>		6d. Under 1 Day Hours <b>None</b>	
7. Date of Birth (Month/Day/Year) <b>06/08/1926</b>		8. Birthplace (City and State of Birth) (Country) <b>TUPELO, MS</b>		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Ever Discharged or a Reservist: <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		11. Facility Name (If Not Institution, Give Street and Number) <b>METHODIST HOSPITAL NORTHLAKE</b>	
12. City of Issue, State, and Zip Code <b>GARY, IN 46402</b>		13. County of Death <b>LAKE</b>		14. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, Div Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Burial/Disposition's Name <b>JUANITA WITHERSPOON</b>		16. Decedent's Usual Occupation <b>US STEEL</b>	
17. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City or Town <b>GARY</b>		19a. Apt. No. <b>4160 VAN BUREN STREET</b>		19b. Zip Code <b>46405</b>	
19c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. Decedent of Record Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>		22. Father's Name (First, Middle, Last) <b>SAMUEL WITHERSPOON</b>		23. Mother's Maiden Last Name <b>SMITH</b>	
24. Informant's Name <b>JUANITA WITHERSPOON</b>		25. Relationship to Decedent <b>WIFE</b>		26. Mailing Address (Street and Number, City, State, Zip Code) <b>4189 VAN BUREN STREET, GARY, IN 46408</b>		27. License Number (If Licensed) <b>FD29700070</b>		28. Place of Disposition <b>EVERGREEN MEMORIAL PARK</b>	
29. Place of Disposition (Name of Cemetery, Crematory, Other Place) <b>EVERGREEN MEMORIAL PARK</b>		30. Location - City, Town, and State <b>HOBART, IN</b>		31. Funeral Home License Number <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2958 WEST 11TH AVENUE, GARY, IN 46404</b>		32. Funeral Home License Number <b>FH83007704</b>		33. Signature of Indiana Funeral Service Licensee <b>CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE</b>	
34. Signature of Indiana Funeral Service Licensee <b>ALBERT REYNOLDS, BY ELECTRONIC SIGNATURE</b>		35. License Number (If Licensed) <b>FD29700070</b>		36. Cause of Death (See Instructions and Examples) <b>CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY</b>		37. Underlying Cause of Death (Do Not Enter Terminal Event(s) Such As Cirrhosis, Arteriosclerosis, Or Venous Aneurysm, Unless It Is the Underlying Cause of Death. Do Not Enter Multiple Causes of Death. Enter Only One Cause On A Line. Add Additional Lines if Necessary.) <b>CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY</b>		38. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY</b>	
39. Underlying Cause (Final Disease Or Condition Resulting In Death) <b>CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY</b>		40. Contributing Cause (Final Disease Or Condition Resulting In Death) <b>CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY</b>		41. Other Cause (Final Disease Or Condition Resulting In Death) <b>CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY</b>		42. Other Cause (Final Disease Or Condition Resulting In Death) <b>CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY</b>		43. Other Cause (Final Disease Or Condition Resulting In Death) <b>CONGESTIVE HEART FAILURE, DILATED CARDIOMYOPATHY</b>	
44. Date of Injury (Month/Day/Year)		45. Time of Injury		46. Place of Injury (e.g., Decedent's Home, Construction Site, Restaurant, Worked Area)		47. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		48. Location of Injury - State <b>INDIANA</b>	
49. Location of Injury - Street		50. City or Town		51. Street & Number		52. Apt. No.		53. Zip Code	
54. Describe How Injury Occurred		55. If Transportation Injury: <input type="checkbox"/> Motorist <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver <input type="checkbox"/> Other		56. If Transportation Injury: <input type="checkbox"/> Motorist <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver <input type="checkbox"/> Other		57. Cause of Injury (Check Only One) <input type="checkbox"/> Falling <input type="checkbox"/> Poisoning <input type="checkbox"/> Drowning <input type="checkbox"/> Other		58. Date of Death <b>07/18/2012</b>	
59. Signature of Person Certifying Cause of Death <b>ALBERT REYNOLDS, BY ELECTRONIC SIGNATURE</b>		60. Name, Address and Zip Code of Person Certifying Cause of Death <b>ALBERT REYNOLDS, 600 W GRANT ST, GARY, IN 46402</b>		61. License Number <b>01051188A</b>		62. Date of Death <b>07/18/2012</b>		63. Signature of Local Health Officer <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>	
64. Signature of Local Health Officer <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>		65. Date of Death <b>JUL 18 2012</b>		66. Date of Death <b>JUL 18 2012</b>		67. Date of Death <b>JUL 18 2012</b>		68. For Registrar Only - Date Filed (Month/Day/Year) <b>JUL 18 2012</b>	

1000 Form 5330S ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Decedent is voluntary and there will be no penalty for refusal.