

- 5. Keri Lynn DeVries was formerly known as Kelly Lynn Hall. Her name changed because of her marriage to Nicholas B. DeVries.
- 6. Keri Lynn DeVries is one and the same as the Kelly Lynn Hall who obtained title to said real estate.
- 7. Nicholas B. DeVries was also known as Nicholas Brandon DeVries.
- 8. Nicholas B. DeVries died on May 21, 2019, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.
- 9. There were no Federal Estate taxes due by reason of Nicholas B. DeVries's death.
- 10. As a result of the death of Nicholas B. DeVries, Keri Lynn DeVries, formerly known as Keri Lynn Hall, as the surviving joint tenant, became the sole owner of said real estate.
- 11. The purpose of this Survivorship Affidavit is to place of record with the Lake County Auditor's and Recorder's Offices evidence of the death of Nicholas B. DeVries and that Keri Lynn DeVries, formerly known as Keri Lynn Hall, as the surviving joint tenant of Nicholas B. DeVries, became the sole owner of said real estate as a result of the death of Nicholas B. DeVries.

Further Affiant saith not.

Keri Lynn DeVries, formerly known as Keri Lynn Hall
 Keri Lynn DeVries, formerly known as Keri Lynn Hall

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by Keri Lynn DeVries, formerly known as Keri Lynn Hall, the Affiant, on this 11th day of June, 2022.



Notary's Signature: *Carol Lynn Donovan*
 Notary's Printed Name: Carol Lynn Donovan

Notary's County of Residence: Porter
 Notary's Commission Expires: 04.14.2022

After recording return to and Mailing Address of Affiant:

Keri Lynn DeVries
17351 HAYES ST
LOWELL IN 46356-7121

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company Commitment no. IN011879.

(Survivorship Affidavit – GITC File No. IN011879 - page 3 of 3)

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-1430, I



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 200477

Local No 901864

EDR No 00000711692

State No 025315

1. Decedent's Legal Name (First, Middle, Last) NICHOLAS BRANDON DEVRIES		3a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 05:30 AM	4. Date Of Death (Month/Day/Year) 05/21/2019
5. Social Security Number [REDACTED]		6a. Age - Yrs 32	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes
11. Facility Name (If Not Institution, Give Street and Number) 12200 WICKER AVENUE		12. City Or Town, State, And Zip Code INDIANA LAKE		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 KERI LYNN DEVRIES		15a. Last Name Before First Marriage HALL		16. Decedent's Usual Occupation ROUTE DRIVER		17. Kind Of Business/Industry VENDING SERVICE
18. Street And Number 17351 HAYES STREET		19a. County INDIANA LAKE		19b. City Or Town LOWELL		19c. Apt. No. 46356
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Inmate City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Parent's Name (First, Middle, Last) TIMOTHY JOHN DEVRIES		23. Parent's Name (First, Middle, Last) CONNIE RENAY DEVRIES		23a. Parent's Last Name Before First Marriage BRISTER		
24. Relationship To Decedent WIFE		24a. Mailing Address (Street And Number, City, State, Zip Code) 17351 HAYES STREET, LOWELL, IN 46356		24b. Mailing Address (Street And Number, City, State, Zip Code) 17351 HAYES STREET, LOWELL, IN 46356		
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Homeless <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS		25c. Location - City, Town, And State CROWN POINT, IN		
26. Was Cancer Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., CROWN POINT, IN 46307		27a. Funeral Home License Number FH19900051		
27b. Signature Of Ordained Funeral Service Licensee SHERYL L PRESSLEY, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee FD20700074				
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. MULTIPLE INJURIES See 29a (N/A) <input checked="" type="checkbox"/> IMMEDIATE						
B. MOTOR VEHICLE ACCIDENT See 29b (N/A) <input checked="" type="checkbox"/> INTERMEDIATE						
C. See 29c (N/A) <input checked="" type="checkbox"/>						
D. See 29d (N/A) <input checked="" type="checkbox"/>						
Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I.						
34. Did Resuscitation Commence To Breathe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Unknown		35. Time Of Injury 05:21:00		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Vacation Place) NORTHBOUND WICKER AVE		37. Injury At Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Date Of Injury (Month/Day/Year) 05/21/2019		38a. City Or Town INDIANA CEDAR LAKE		38b. Street & Number 12200 NORTH WICKER AVENUE		38c. Apt. No. 46303
39. Decedent's Working Condition		39a. City Or Town		39b. Street & Number		39c. Apt. No.
40. Signature of Licensed Health Officer MERRILEE D. FREY, BY ELECTRONIC SIGNATURE		40a. Name, Address And Zip Code Of Person Certifying Cause Of Death MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307		40b. License Number 46303		40c. Date Certified 08/25/2019
41. Signature of Licensed Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		41a. Name, Address And Zip Code Of Person Certifying Cause Of Death MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307		41b. License Number 46303		41c. Date Certified 08/25/2019
42. For Registrar Only - Date Filed (Month/Day/Year) JUN 25 2019						
43. For Registrar Only - Date Filed (Month/Day/Year) JUN 25 2019						
44. For Registrar Only - Date Filed (Month/Day/Year) JUN 25 2019						

RAISED SEAL AFFIXED