

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-048388

9:03 AM 2021 Jul 21

AFFIDAVIT OF SURVIVORSHIP

Comes now DELPHINE L. SULLIVAN, being duly sworn upon her oath, and states as follows:

That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots numbered Thirty-seven (37) and Thirty-eight (38) in Block No. Seven (7) as marked and laid down on the recorded plat of a subdivision of part of the Northwest quarter of Section 33, Township 37 North, Range 9 West of the 2nd P.M., in the City of East Chicago, Lake County, Indiana, as the same appears of record in Plat Book 4, page 4, in the Recorder's Office of Lake County, Indiana.

Commonly known as 5015 Melville Avenue, East Chicago, Indiana 46312

Key number 45-03-33-132-007.000-024

That the affiant and the decedent John L. Sullivan were married on the 9th day of May, 1963. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated the 18th day of August, 1971, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of John L. Sullivan on the 4th day of August, 2018, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

FILED

JUL 21 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25.00
CK# 10758
KK

NOT AN OFFICIAL DOCUMENT

That the gross value of the estate of the decedent, John L. Sullivan, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.

Delphine L. Sullivan
DELPHINE L. SULLIVAN, Affiant

Before me, the undersigned, a Notary Public in and for said County and State, this 25th day of June, 2021, came DELPHINE L. SULLIVAN, and acknowledge the execution of the foregoing document.

Witness my hand and official seal.

Maribel Briano
MARIBEL BRIANO, Notary Public
Residing in Lake County, Indiana

My commission expires:
February 15, 2025

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.

Lonnie M. Randolph
#11, No. 905-45.

Prepared by: Lonnie M. Randolph, Randolph & Randolph, P.C.
1919 E. Columbus Drive, East Chicago, IN 46312



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 600169

EDR No 00000658215

State No

1. Decedent's Legal Name (Last, Middle, First)				1a. Sex (If Female)		2. Sex		3. Time of Death		4. Date of Death (Month/Day/Year)	
JOHN L SULLIVAN				MALE		MALE		08:30 PM		08/04/2018	
5. Social Security Number		6a. Age - Yrs		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		7. Date of Birth (Month/Day/Year)	
[REDACTED]		76		Months		Days		Hours		Minutes	
8. Ever in U.S. Armed Forces?				10. If Death Occurred in A Hospital:				11. If Death Occurred Somewhere Other Than A Hospital:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				<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)			
9. Facility Name (If Institution, Give Street and Number)										13. County Of Death	
5015 MEVILLE AVENUE										LAKE	
12. City Or Town, State, And Zip Code										14. Marital Status At Time Of Death	
EAST CHICAGO, IN, 46312										<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <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		17. Kind Of Business/Industry	
DELPHINE SULLIVAN				JOHNSON				FILLER		PRAX AIR	
18c. Street And Number		18a. County		18b. City Or Town		18c. Apt. No.		18a. Zip Code		18. Was City/County In U.S. At Time Of Death?	
5015 MEVILLE AVENUE		LAKE		EAST CHICAGO				46312		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education		20. Decedent Of Hispanic Origin		21. Decedent's Race		22. Parent's Name (First, Middle, Last)		23a. Parent's Last Name Before First Marriage		23b. Parent's Last Name Before First Marriage	
HIGH SCHOOL GRADUATE OR GED COMPLETED		NOT HISPANIC		Black or African American		ALICE SULLIVAN		BRITTON			
24. Informant's Name				24a. Relationship To Decedent				24b. Mailing Address (Street And Number, City, State, Zip Code)			
DELPHINE SULLIVAN				WIFE				5015 MEVILLE AVENUE, EAST CHICAGO, IN 46312			
25a. Method Of Disposition				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)				25c. Location - City, Town, And State			
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment				FERN OAKS CEMETERY				GRIFFITH, IN			
26. Was Coroner Contacted?				27. Name And Complete Address Of General Facility				27a. Funeral Home License Number			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				LINTON & WILLIAMS FUNERAL HOME, INC. (LAKE) 4805 ALEXANDER AVE, EAST CHICAGO, IN 46312				FH83001520			
27b. Signature of Indiana Funeral Service Provider:						27c. License Number (Of Licensee):					
TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE						FD08600238					
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 Unless 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. MALIGNANT NEOPLASM OF THE APPENDIX											
B. PULMONARY EMBOLISM											
C.											
D.											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Was An Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death?				32. If Female:				33. Manner Of Death:			
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Determined				<input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant In The Past Year Within 42 Days Of Death <input type="checkbox"/> Pregnant In The Past Year Within 42 Days 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. Time Of Injury				36. Place Of Injury (e.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)			
[REDACTED]				[REDACTED]				[REDACTED]			
37. Location Of Injury - State				38a. City Or Town				38b. Street & Number			
[REDACTED]				[REDACTED]				[REDACTED]			
39. Describe How Injury Occurred				40. If Transportation Injury, Specify:				41. Signature, Of Person Certifying Cause Of Death:			
[REDACTED]				<input type="checkbox"/> Overhead <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				FADI ISSA ALZEIDAN, BY ELECTRONIC SIGNATURE			
42. Certifier (Check Only One)				43. Name, Address And Zip Code Of Person Certifying Cause Of Death:				44. License Number:			
<input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				FADI ISSA ALZEIDAN, 311 E. 89TH AVE, MERRILLVILLE, IN 46410				01053003A			
45. Date Certified:				46. Additional Funeral Service Provider:				47. For Registrar Only - Date Filed (Month/Day/Year):			
08/06/2018				[REDACTED]				AUG 10 2018			
48. Signature of Local Health Officer:											
GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE											
AMENDMENT TO CERTIFICATE OF DEATH (BY COPY OR ORIGINAL)											

State Form 533995 ATTENTION: ESTABLISHING Social Security Is Being Requested by this state agency in order to provide responsibility. Disclosure is mandatory and there will be no penalty for releasing ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENTS ARE VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.