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NOT AN OFFICIAL DOCUMENT

GINA FIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-048429
1:58 PM 2021 Jul 21

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Jennifer A. Lackey, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Theodore Lackey died
(without leaving a will) (~~leaving a will~~) on October 24,
20 20 at Munster, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

HILLTOP SMALL FARMS E. 1/2 & W. 1/2 L. 2. BL. 1

FILED

JUL 21 2021

Commonly known as: 2303 Roosevelt Pl. Gary, IN 46404
Parcel No. 45-08-17-252-002.000-004

JOHN E. PETALAS
LAKE COUNTY AUDITOR

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further Affiant sayeth not.

Jennifer A. Lackey
Jennifer A. Lackey

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CASH
TS

Subscribed and sworn to before me, a Notary Public, this 7TH day of July
20 21.

Daryl James
Notary Public



My Commission Expires: 2-12-2026

County of Residence: LAKE

This Instrument prepared by Jessica A. Lee

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CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:

Jeffrey Tucker
Witness Signature

Jeffrey Tucker
Witness Name (must be typed / printed)

PROOF:

STATE OF INDIANA
COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, on 7-20-2021 personally appeared the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows Grantor / Signor / Principal Name to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Grantor / Signor / Principal Name execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.

Daryl James
NOTARY PUBLIC

NOTARY SEAL:



Notary Public - State of INDIANA
My Commission Expires: 2-12-2026
Commission No. _____

Property Address: 2303 Roosevelt Place, Gary, IN 46404

Grantees Address and Tax Mailing Address: (if applicable)

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.

Daryl James
Preparer's Name

Instrument prepared by: Daryl James
Preparer's contact information: 219-730-5818



NOT AN OFFICIAL STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracing ID: 258338

Local No 005204

EDR No 00000823553

State No 069098

1. Decedent's Legal Name (First, Middle, Last) THEODORE LACKEY		1a. Maiden Name: (if female)		2. Sex MALE	3. Time of Death 13:05	4. Date of Death (Month/Day/Year) 10/24/2020	
5. Social Security Number 65		6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 04/05/1955
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility		8. Birthplace (City and State and Foreign Country) GARY, IN	
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J RILEY RESIDENCE		12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		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 JENNIFER A LACKEY		15a. Last Name Before First Marriage TUCKER		16. Decedent's Usual Occupation ROLLER		17. Kind Of Business/Industry US STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 2303 ROOSEVELT PLACE	18d. Apt. No.
18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC	
21. Decedent's Race Black or African American		22. Parent's Name (First, Middle, Last) THEODORE JAMES LACKEY JR		23. Parent's Name (First, Middle, Last) BARBARA JEAN LACKEY		23a. Parent's Last Name Before First Marriage MOSLEY	
24. Informant's Name JENNIFER A LACKEY		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2303 ROOSEVELT PLACE, GARY, IN 46404		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN CEMETERY	
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition		25c. Location - City, Town, And State HOBART, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27b. Signature Of Indiana Funeral Service Licensee SYLVESTER DUNN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD09200053		27a. Funeral Home License Number FH10500021		27d. License Number (Of Licensee)	
Cause Of Death (See Instructions And Examples)							
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. <u>MALIGNANT NEOPLASM OF BRAIN WITH CEREBRAL EDEMA AND ANEMIA</u> 13 MONTHS							
B. _____							
C. _____							
D. _____							
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							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year <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)		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 <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Other		41. Signature, Of Person Certifying Cause Of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321		44. License Number 01031582A		45. Date Certified 12/08/2020		46. Additional Funeral Services Provider	
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): DEC 08 2020		47. NOT VALID UNLESS		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							
LAKE COUNTY HEALTH OFFICER							

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

DEC 08 2020

RAISED SEAL AFFIXED