Property Number: 45-08-18-302-011.000-003
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Tax Mailing Address:
4305 W. 24th Place
Gary, IN 46404-3667

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2:58 PM
2021 Jul 21
2021-048438

SURVIVORSHIP AFFIDAVIT

Maria Muhammad, being duly sworn upon her oath, states that:

1. Maria Muhammad is an adult residing at 6501 Independence Parkway, Apt. # 3103, Plano, TX 75023 and has personal knowledge of the facts stated in this Survivorship Affidavit as a daughter of Charles Avant and Evelyn Avant, husband and wife.

2. Charles Avant and Evelyn Avant, husband and wife, as tenants by the entireties, held title to the following described real estate:

Lot (50) Second Addition to Oak Meadow.
Commonly known as 4429 W. 25th APPR Pl., Gary, IN.
Property No.: 45-08-18-302-011.000-003.

3. Charles Avant, also known as Charles Avant Jr. and Charlie Avant Jr., and Evelyn Avant, also known as Evelyn Bundy and Evelyn Bundy Avant, were never divorced.

4. Charles Avant died on August 24, 2004. Attached hereto is a certified copy of the decedent's death certificate.

5. As a result of Charles Avant's death, Evelyn Avant, as his surviving spouse, became the sole owner of said real estate.

6. There is no Federal or State inheritance tax liability by reason of the death of said decedent.

7. The purpose of this Survivorship Affidavit is to file with the Lake County Auditor's Office and record with the Lake County Recorder's Office evidence of the death of Charles Avant and show that Evelyn Avant, as the surviving spouse, is the sole owner of said real estate.

Date: 7/21/21

Signed: Maria Muhammad
Maria Muhammad

FILED
JUL 21 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

State of Indiana)
County of Lake)

Before me, a Notary Public in and for Porter County, State of Indiana, personally appeared Maria Muhammad who acknowledged the execution of the foregoing affidavit and who, having been duly sworn upon her oath, states that the representations therein contained are true.

Witness my hand and Notarial Seal this 21st day of July 2021.

Notary Signature: Lenore Heaphey
Notary Printed Name: LENORE HEAPHEY

My County of Residence Porter
My Commission Expires:: 1/21/2023

LENORE HEAPHEY
Notary Public - Seal
Porter County - State of Indiana
Commission Number 662979
My Commission Expires Jan. 21, 2023

This instrument was prepared by: Lenore L. Heaphey, Attorney at Law, 363 S. Lake St., Gary, IN 46403.
I affirm, under the penalty of perjury, that I have taken reasonable care to redact each Social Security Number in the document, unless required by law: LLH

25
CASH
D

ATTENTION / NOTE: The Social Security # is being requested by the state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 04 0517

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Charles Avant Jr. AKA Charlie Avant Jr
2. SEX: Male
3a. TIME OF DEATH: 10:58a M
3b. DATE OF DEATH (Month, Day, Yr.): August 24, 2004
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr.): August 31 1923
7. BIRTHPLACE (City and State or Foreign Country): Charleston, Mississippi
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient; ER/Outpatient; DOA. OTHER: Nursing Home; Residence; Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Northlake Methodist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Evelyn Bundy
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mason Helper
12b. KIND OF BUSINESS/INDUSTRY: Steel Mill
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 4305W25th Place
13e. ZIP CODE: 46404
13f. INSIDE CITY LIMITS? [ ] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [ ] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10th; College (1-4 or 5 +)
13g. ON A FARM? [X] No [ ] Yes

PARENTS

18. FATHER'S NAME (First, Middle, Last): Charley Avant Sr
19. MOTHER'S NAME (First, Middle, Maiden Surname): Willie Mae Moore

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Evelyn Bundy Avant
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4305 W.25th Place Gary, Indiana 46404
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) [ ] Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 31,2004 Abraham Lincoln National Cemetery
21c. LOCATION—City or Town, State: Elwood ,Illnois
22a. EMBALMER'S NAME: Leon Coleman Jr.
22b. EMBALMER'S LICENSE NO.: 4523
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Leon Coleman
24b. LICENSE NUMBER (of Licensee): 104-5231
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Powell-Coleman Funeral Home 1901 Washington St. Gary, IN 46407-2434

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. CEREBRAL VASCULAR ACCIDENT
DUE TO (OR AS A CONSEQUENCE OF)
b. ACUTE SUBDURAL HEMATOMA
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a. CERTIFIER (Check only one)
[ ] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER
29c. MEDICAL LICENSE NO: 01041856
29d. DATE SIGNED (Month, Day, Year): 09/07/04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Paul O Kolocha 2054 Grant St

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE
32. DATE FILED (Month, Day, Year): SEP 07 2004

33. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide [ ] Pending Investigation
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.