

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2021-045764
10:22 AM 2021 Jul 8

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
COUNTY OF Lake)

SS:

Judy Patterson, being first duly sworn upon oath, deposes and says:

1. That Windell Patterson died on April 4 '17 at Munster, Indiana (City/Town)
2. That Windell Patterson and Judy Patterson were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot 32 and the north half of Lot 33, Block 2, Franklin Addition to the City of Hammond, AS shown in Plat Book 4, Page 16, in Lake County Indiana 45-00-01-404-006-000-003
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 includable 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.

Judy Patterson
Affiant Signature
Judy Patterson

STATE OF IN)
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Judy Patterson who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 8 day of July, 2021.

Resident of Lake County, Indiana. Signature Donna Wyrobek
My Commission Expires: 5-2-2027 Printed Donna Wyrobek

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.

This instrument prepared by Tanda Kitchens (Name)

7/6/21
Middle Initial
applied
Parcel #
Applied

2021-048444
3:38 PM 2021 Jul 21

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

JUL 21 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED
JUL 08 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

DONNA LOUISE WYROBEK
NOTARY PUBLIC - SEAL
STATE OF INDIANA
COMMISSION NUMBER NP0720101
MY COMMISSION EXPIRES MAY 02, 2027

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NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 120176



Local No 001263

EDR No 00000570518

State No 017708

1. Decedent's Legal Name (First, Middle, Last) WINDLE R PATTERSON SR		1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 01:00 AM	4. Date Of Death (Month/Day/Year) 04/04/2017		
5. Social Security Number [REDACTED]	6a. Age - Yrs 62	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 12/18/1954	8. Birthplace (City and State or Foreign Country) FORT PAYNE, AL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) FRANCISCAN HOSPITAL (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		
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321		15a. Last Name Before First Marriage BROWN		15. Decedent's Usual Occupation FORK LIFT DRIVER		17. Kind Of Business/Industry AUTOMOTIVE		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND				
18c. Street And Number 6133 GARFIELD AVENUE		18d. Apt. No.		18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Parent's Name (First, Middle, Last) J.S. PATTERSON		23. Parent's Name (First, Middle, Last) THELMA PATTERSON		23a. Parent's Last Name Before First Marriage CLINES				
24. Informant's Name JUDY PATTERSON		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 6133 GARFIELD AVENUE, HAMMOND, IN 46324				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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 (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATORY		25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321		27a. Funeral Home License Number FH83004968				
27b. Signature Of Indiana Funeral Service Licenses: BRIAN T. BURNS , BY ELECTRONIC SIGNATURE		27c. License Number (Of Licenses): FD08601763						
Cause Of Death (See Instructions And Examples)							Approximate Interval: Onset To Death	
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. MASSIVE RETROPERITONEAL HEMORRHAGE <small>See (If As A Cause) On:</small>							MINUTES	
B. RUPTURED ABDOMINAL AORTIC DISSECTION <small>See (If As A Cause) On:</small>							MINUTES	
C. SEVERE ARTERIOSCLEROSIS OF AORTA <small>See (If As A Cause) On:</small>							UNKNOWN	
D.								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I								
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Where Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
HIGH BLOOD PRESSURE; MORBID OBESITY 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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 type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown Or Pregnant Within 42 Days		33. Manner 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"/> Cause Not Determined		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (Specify Street, Intersection, Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT		38. Apt. No.		36d. Zip Code
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number APR 10 2017		38c. Apt. No.		36d. Zip Code
39. Describe How Injury Occurred		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifier <input type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01048374A		45. Date Certified 10/04/07/2017		
41. Signature, Of Person Certifying Cause Of Death: JAMES BRYANT , BY ELECTRONIC SIGNATURE		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JAMES BRYANT , 333 N. MICHIGAN AVE. SUITE 3400, CHICAGO, IL 60601		46. For Registrar Only - Date Filed (Month/Day/Year): APR 10 2017				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		48. For Registrar Only - Date Filed (Month/Day/Year): APR 10 2017						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								