

NOT AN OFFICIAL DOCUMENT

DULY ENTERED FOR TAXATION
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

2021-543608
12/20/2021 01:45 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

Dec 20 2021 cR

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Property Number:
45-08-27-353-021.000-004

Tax Mailing Address:

2304 Ray Ave
Caldwell ID
83605

SURVIVORSHIP AFFIDAVIT

State of Indiana)
) SS:
County of Lake)

Comes now Peter B. Smith, the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

1. Peter B. Smith is an adult residing at the following address:

2304 Ray Ave
Caldwell, ID 83605

in the County of Canyon, State of Idaho, and has personal knowledge of the facts stated in this Survivorship Affidavit as the son of Donnell L. Smith and Beverly B. Smith, husband and wife.

2. Donnell L. Smith and Beverly B. Smith, husband and wife, held title to the following described real estate:

Lots 35 and 36, Block 1, Kelwood Addition to Gary, as per plat thereof, recorded in Plat Book 13, page 14, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4352 PENNSYLVANIA ST
GARY IN 46409

Property Number: 45-08-27-353-021.000-004

(Survivorship Affidavit – GITC File No. IN013549 – Page 1 of 3)

IND13549

Greater Indiana Title Company

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3. Donnell L. Smith and Beverly B. Smith, husband and wife, obtained title to said real estate by the Warranty Deed dated January 18, 1985, and recorded January 24, 1985, as Document Number 789147, in the Office of the Recorder of Lake County, Indiana, made by Roy Povrzenic, Jr., to Donnell L. Smith and Beverly B. Smith, husband and wife.

4. Beverly B. Smith was also known as Beverly Ann Smith.


5. Beverly B. Smith died on December 16, 2020, 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.

6. There were no Federal Estate taxes due by reason of Beverly B. Smith's death.

7. As a result of Beverly B. Smith's death, Donnell L. Smith, as the surviving spouse, became the sole owner of said real estate.

8. The purposes of this Survivorship Affidavit are to file with the Lake County Auditor's Office and record with the Lake County Recorder's Office evidence of the death of Beverly B. Smith and that Donnell L. Smith, as the surviving spouse of Beverly B. Smith, became the sole owner of said real estate as a result of the death of Beverly B. Smith.

Further Affiant saith not.

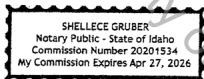


Peter B. Smith

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State of Idaho)
County of Canyon) SS:

Subscribed and sworn to before me, the undersigned Notary Public in and for said
County and State, by Peter B. Smith, the Affiant, on this 30th day of
November, 2021.



Notary's Signature: [Handwritten Signature]
Notary's Printed Name: Shellece Gruber

Notary's County of Residence: Canyon
Notary's Commission Expires: 4-27-2026

After recording return to and mailing address of Affiant: Peter B. Smith

2304 Ray Ave
Caldwell, ID 83605

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. IN013549.

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CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No 000769

EDR No 00011040212

State No 2020-078154

1. Decedent's Legal Name (First, Middle, Last) BEVERLY ANN SMITH		1a. Maiden Name (If female) BLANTON		2. Gender Female		3. Time of Death 07:45 PM		4. Date of Death (Month/Day/Year) 12/16/2020	
5. Social Security Number 79		6a. Under 1 Year Months 0		6b. Under 1 Month Days 0		6c. Under 1 Day Hours 0		6d. Under 1 Hour Minutes 0	
7. Date of Birth (Month/Day/Year) 05/09/1941		8. Birthplace (City and State or Foreign Country) Gary, Indiana							
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"/> Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice Facility <input checked="" 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) 4352 PENNSYLVANIA Street									
12. City or Town, State, and Zip Code Gary, Indiana, 46409				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 DONNELL L SMITH			16a. Last Name Before First Marriage			16b. Decedent's Usual Occupation TEACHER		17. Kind of Business/Industry MIZPAH 7TH DAY ADVENT	
18. Residence - Size IN		18a. County Lake		18b. City or Town Gary		18c. Apt. No.		18d. Zip Code 46409	
19c. Street and Number 4352 PENNSYLVANIA Street									
19. Decedent's Education Master's Degree (e.g., MA, MS, MEng, MS)			20. Decedent of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) PAUL L BLANTON			23. Father's Name (First, Middle, Last) RUBY BLANTON			24. Father's Last Name Before First Marriage WATSON			
25. Interests Name DONNELL L SMITH			26. Relationship to Decedent Husband			27. Mailing Address (Street and Number, City, State, Zip Code) 4352 PENNSYLVANIA Street, Gary, IN, 46409			
28a. Member of Decedent <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Homeless/From Sea <input type="checkbox"/> Other (Specify)		28b. Place of Disposition (Name of Cemetery, Crematory, Other Place) OAK HILL CEMETERY		28c. Location - City, Town, and State Gary, IN		29. Funeral Home License Number FH83007704			
30. Signature of Indiana Funeral Service Licensee CAROLYN W. GIBSON		31. Signature of Decedent (If Available) Electronically Signed			32. License Number (If Licensee) FD29700070				
33. Part I. Enter the Cause of Death - 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 Line A. Add Additional Lines if Necessary. Immediate Cause (Final Disease or Condition Resulting in Death) A. WALDENSTROMS MACROGLIOMULINEMIA WITH PULMONARY NODULES									
33. Part II. Under the Cause of Death - 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 Line A. Add Additional Lines if Necessary. Underlying Cause (Disease or Injury That Initiated the Events Resulting in Death) B. ABDOMINAL AND SUBCUTANEOUS NODULES CONSISTENT WITH END YEARS									
34. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
35. Were Autopsy Finding Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
36. 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"/> Could Not Be Determined		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. Date of Injury (Month/Day/Year)		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"/> Overboard <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> One (Specify)					41. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
42. Signature of Person Certifying Cause of Death LYLE K MUNN					43. License Number 01031582A				
44. Street Address and Zip Code of Person Certifying Cause of Death LYLE K MUNN 600 SUPERIOR AVENUE, Munster, IN 46321					45. Date Certified 12/29/2020				
46. Signature of Local Health Officer Wendy White									
47. For Registrar Only - Date Filed (Month/Day/Year) 02/10/2021									

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

STATE OF INDIANA