

# NOT AN OFFICIAL DOCUMENT

**FILED**

Feb 14 2022 VH  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

2022-506873  
02/14/2022 02:58 PM  
TOTAL FEES: 25.00  
BY: KK  
PG #: 3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

**SEND TAX BILLS TO:**

Clara M. Lindsey  
4820 Wegg Avenue  
East Chicago, IN 46312

**RECORDED DOCUMENT TO:**

Attorney Lisa A. Kmak  
1022 - 119<sup>th</sup> Street  
Whiting, IN 46394

## SURVIVORSHIP AFFIDAVIT

Clara M. Lindsey, an interested person herein, being duly sworn, says:

1. That **Kenneth E. Lindsey** died on the 19<sup>th</sup> day of May, 2008.
2. That **Kenneth E. Lindsey** and **Clara M. Lindsey**, held fee simple title, as **husband and wife (tenants by the entireties)**, pursuant to a Warranty Deed recorded on the 28<sup>th</sup> day of June, 1965, as document No. 622341, in the property commonly known as **4820 Wegg Avenue, East Chicago, Indiana 46312**, and further described as follows:

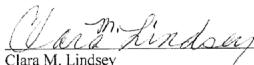
Lot Ten (10), Block Twenty-four (24), Subdivision of Part of the West 3/7ths of the Southwest Quarter of Section 29, Township 37 North, Range 9 West of the Second Principal Meridian, in the City of East Chicago, as shown in Plat Book 2, page 41, in Lake County, Indiana.

**Parcel Number: 45-03-29-356-037.000-024**

3. That the marital relationship which existed between them remained in effect and unbroken until the date of the death of **Kenneth E. Lindsey**.
4. That due to the death of **Kenneth E. Lindsey**, fee simple title in the above-described real estate now vests solely in **Clara M. Lindsey**.
5. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Clara M. Lindsey, 4820 Wegg Avenue, East Chicago, Indiana 46312**.

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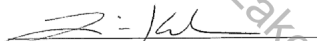
Further your affiant sayeth not. on 2/12/2022.

  
Clara M. Lindsey

STATE OF INDIANA     )  
  ) SS  
COUNTY OF LAKE     )

Before me, a Notary Public in and for said county and state, personally appeared Clara M. Lindsey, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing Survivorship Affidavit are true.

February 12, 2022.

  
Lisa A. Kmak, Notary Public  
Resident of Lake County  
My Commission #705935 Expires: 11/7/2025



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law. - Lisa A. Kmak

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No.

1835-08

State No.

1. Decedent's Legal Name (First, Middle, Last) <b>KENNETH LINDSEY</b>				2. Sex <b>MALE</b>		3. Time of Death <b>8:25 AM</b>		4. Date of Death (Month/Day/Year) <b>MAY 19, 2008</b>	
5. Social Security Number <b>82</b>		6. Age - Yrs Mo: _____ Da: _____ Yrs: _____		7. Date of Birth (Month/Day/Year) <b>NOV 16, 1925</b>		8. Birthplace (City And State Or Foreign Country) <b>BENTON IL</b>			
9. Ever in U.S. Armed Forces? <input 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify): _____									
11. Facility Name (If Not Institution, Give Street Address and Number) <b>WM. J. RILEY HOSPICE RESIDENCE</b>									
17. City Or Town, State, And Zip Code <b>MUNSTER IN 46321</b>				13. County of Death <b>LAKE</b>		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. Surviving Spouse's Name <b>CLARA LINDSEY</b>		15a. If of Wife/Or-Husband Last Name <b>SIMPSON</b>		15. Decedent's Usual Occupation <b>MAINTENANCE</b>		17. Kind Of Business/Industry <b>CONCRETE PRODUCTS</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>EAST CHICAGO</b>		18c. Apt No.		18d. Zip Code <b>46312</b>	
18e. Street And Number <b>4820 WEGG AVE</b>		18f. WGSN City/County <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>12</b>		20. Decedent Of Hispanic Origin <b>NO</b>		21. Decedent's Race <b>WHITE</b>	
23. Father's Name (First, Middle, Last) <b>TAYLOR LINDSEY</b>		22. Mother's Name (First, Middle, Last) <b>OLLIE LINDSEY</b>		23a. Mother's Maiden Surname <b>SACRA</b>		24. Marital Address (Before And After Death, City, State, Zip Code) <b>4820 WEGG AVE EAST CHICAGO, IN 46312</b>			
24a. Marital Address (Before And After Death, City, State, Zip Code) <b>CLARA LINDSEY</b>		24b. Relationship To Decedent <b>WIFE</b>		25. Place Of Disposition <b>REGIONAL CREMATION</b>		25a. Location - City, Town, And State <b>MUNSTER IN</b>		26. License Number (Of Licensee) <b>FD01005491</b>	
26a. Method Of Disposition <input 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): _____		26b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>REGIONAL CREMATION</b>		26c. Location - City, Town, And State <b>MUNSTER IN</b>		27a. Funeral Home License Number <b>FH83001601</b>		27b. License Number (Of Licensee) <b>FD01005491</b>	
27a. Funeral Home License Number <b>FH83001601</b>		27b. License Number (Of Licensee) <b>FD01005491</b>		27c. License Number (Of Licensee) <b>FD01005491</b>		27d. License Number (Of Licensee) <b>FD01005491</b>			
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 Each Line. Add Additional Lines If Necessary. <b>GLIOBLASTOMA MULTIFORME</b>									
28. Part II. Enter the Immediate Cause (Final Disease Or Condition Resulting In Death) <b>GLIOBLASTOMA MULTIFORME</b>									
29. Part III. Enter the Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last <b>GLIOBLASTOMA MULTIFORME</b>									
30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Was An Autopsy Performed Reasonable To Complete The Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
32. If Tobacco Use Contributed 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		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		33. Cause Of Death <input type="checkbox"/> Injury <input type="checkbox"/> Poison <input type="checkbox"/> Sudden Death <input type="checkbox"/> Other (Specify): _____		33. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Year 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 type="checkbox"/> No		38. Date Of Injury (Month/Day/Year)	
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"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____									
41. Signature Of Person Certifying Cause of Death <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address, and Zip Code of Person Certifying Cause of Death <b>L. MUNN MD 4321 FIR ST EAST CHICAGO, IN 46312</b>						44. License Number <b>01031582</b>		45. Date Certified <b>5/21/08</b>	
46. Additional Funeral Service Provider						47. Year		48. Signature of Local Health Officer <i>[Signature]</i>	
48. Signature of Local Health Officer <i>[Signature]</i>						49. Year Registered Only - Date of Registration <i>[Signature]</i>			