

NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-006687

8:31 AM 2022 Feb 23

SURVIVOR'S AFFIDAVIT

Kimberlyn Williams, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with REGINALD NEWELL and HELEN NEWELL, at the time of death, the decedents were two of the owners of property in Joint Tenancy, by virtue of a properly recorded Special Warranty Deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 8 IN DEL-MAR TERRACE, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 34, PAGE 29, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No: 45-08-34-179-015.000-004

**Address: 410 East 48th Place
Gary, IN 46409-2550**

That the decedents had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent's were married to each other at the time they acquired title and remained married to each other to the time of the decedent's death;

That the decedent, REGINALD NEWELL, died on December 2, 2019, per attached Death Certificate, leaving no Last Will and Testament;

That the decedent, HELEN NEWELL, died on June 11, 2021, per attached Death Certificate, leaving a Last Will and Testament dated May 3, 2021;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The Affiant states no more.

Kimberlyn Williams

Subscribed and sworn to before me
this 11th day of February, 2022.

Notary Public

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 - MICHAEL W. BRADY.

PREPARED BY, RECORD AND RETURN TO:

Michael W. Brady, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

FILED

FEB 22 2022

JEFFREY B. BRADY
LAKE COUNTY AUDITOR

025.00
OK# 4/15/7
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NOT AN OFFICIAL DOCUMENT

Local No 600237

EDR No 00000746052

State No

1. Decedent's Legal Name (First, Middle, Last) REGINALD J NEWELL		2. Maiden Name (If Female)		3. Sex MALE	4. Time Of Death 03:13 PM	5. Date Of Death (Month/Day/Year) 12/02/2019
6. Social Security Number	7a. Age - Yrs 67	7b. Under 1 Year Months	7c. Under 1 Month Days	7d. Under 1 Day Hours	7e. Under 1 Hour Minutes	8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
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 checked="" 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) REGENCY HOSPITAL OF NORTHWEST INDIANA, LLC						12. City Of Town, State, And Zip Code
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 HELEN NEWELL		15a. Last Name Before First Marriage HAILEY		16. Decedent's Usual Occupation FURNACE OPERATOR		17. Kind Of Business/Industry INLAND STEEL
18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 410 EAST 48TH PLACE	18d. Apt. No.	18e. Zip Code 46409
18f. Inmate City/County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)				
20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American				
22. Parent's Name (First, Middle, Last) JESSE L NEWELL SR		23. Parent's Name (First, Middle, Last) KATHERINE NEWELL		23a. Parent's Last Name Before First Marriage HOUSE		
24. Informant's Name HELEN NEWELL		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 410 EAST 48TH PLACE, GARY, IN 46409		
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN MEMORIAL PARK		25c. Location - City, Town, And State HOBART, IN		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312		27a. Funeral Home License Number: FHB3001520		
27b. Signature of Indiana Funeral Service Licensee TRACY CHERI WILLIAMS - BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD08600238				
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. CONGESTIVE HEART FAILURE 01a 10 (D) As X (Sequence 05)						
B. CARDIOGENIC SHOCK 01a 10 (D) As X (Sequence 05)						
C. PNEUMONIA 01a 10 (D) As X (Sequence 05)						
D.						
29. Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 If Pregnant Within The Past Year		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"/> 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				
41. Signature Of Person Certifying Cause Of Death: WASSIM ATASSI - BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI - 9696 GORDON DR., HIGHLAND, IN 46322		
44. License Number: 01068803A		45. Date Certified: 12/04/2019		46. Additional Funeral Service Provider:		
47. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE		48. For Registrar Only - Date Filed (Month/Day/Year): DEC 05 2019				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53365 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.
ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

WARNING:

Local No. 002422

EDR No. 00001118318

State No. 2021-032422

1. Decedent's Legal Name (First, Middle, Last) Heleen L. Newell		3. Maiden Name (If female) Hailey		2. Gender Female		5. Time Of Death 03:07 PM		4. Date Of Death (Month, Day, Year) 06/11/2021	
8. Social Security Number 88		10. Under 1 Year Months: _____ Days: _____		11. Under 1 Month Weeks: _____ Days: _____		12. Under 1 Day Hours: _____ Minutes: _____		9. Date of Birth (Month/Day/Year) 06/09/1953	
13. City or Town, State, and Zip Code Hammond, Indiana 46340		14. Mailing Address (Street and Number) 1127 Lydrie Street		15. County of Death Lake		16. Decedent's Usual Occupation Nurse Coordinator		17. Kind of Residence (Facility) Hospital	
18. Burial/Spouse's Name		19. Last Name Before First Marriage		20. Decedent's Usual Occupation		21. Kind of Residence (Facility)		22. Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
23. Residence - State IN		24. County Lake		25. City or Town Gary		26. Decedent's Usual Occupation		27. Kind of Residence (Facility)	
28. Street and Number 410 E 46th Place		29. Apt. No.		30. Zip Code 46409		31. Home Telephone No.		32. Yes <input type="checkbox"/> No <input type="checkbox"/>	
33. Decedent's Education High School graduate or GED completed		34. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		35. Decedent's Race Black or African American		36. Parent's Name (First, Middle, Last) Arta Hailey Sr.		37. Parent's Last Name Before First Marriage Smith	
38. Relationship To Decedent Niece		39. Mailing Address (Street and Number, City, State, Zip Code) 4930 Ash Avenue, Hammond, IN, 46327		40. Place Of Disposition Evergreen Memorial Park		41. Location - City, Town, and State Hobart, IN		42. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)	
43. Name And Complete Address Of Funeral Home Hinton & Williams Funeral Home, Inc. (Lake) 4859 Alexander Ave. East Chicago, Indiana, 46312		44. Funeral Home License Number FD89004840		45. Signature of Indiana Funeral/Service Licensee Tracy Clark Williams		46. Electronically Signed		47. License Number (Of Licensee) FD06600238	
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. UTERINE LEIOMYOSARCOMA METASTATIC TO LEFT ADRENAL 6 YEARS B. RIGHT LUNG, RIGHT ILIAC WING AND LEFT HEMIPELVIS 8 YEARS C. _____ D. _____									
29. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Event Resulting In Death). Last									
30. What An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
32. (For Tobacco Use Contributing To Death) <input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input type="checkbox"/> No <input type="checkbox"/> Unknown									
33. (For Alcohol Use Contributing To Death) <input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input type="checkbox"/> No <input type="checkbox"/> Unknown									
34. Date Of Injury (Month/Day/Year) JUN 16 2021									
35. Location Of Injury - State IN									
36. City Or Town Lake County Health Department									
37. Street & Number 392 34th St									
38. Zip Code 46404									
39. Describe How Injury Occurred TRAFFIC UNLESS									
40. Signature, Of Person Certifying Cause Of Death Lyle R Munn 800 Superior Avenue, Muncie, IN 47317 Electronically Signed									
41. Name, Address And Zip Code Of Person Certifying Cause Of Death Lake County Health Officer									
42. Additional Funeral Service Provider									
43. Signature of Local Health Officer Charmaine Winkler Electronically Signed									
44. For Registrar Only									

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 50396 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and is not required.

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