NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA I AKE COUNTY FILED FOR RECORD

2022-006687

2022 Feb 23 8:31 AM

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 Garv. 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.

Subscribed and sworn to before me

day of February, 2022.

Notary Public

MONICA FRITZ NOTARY PUBLIC

Kimberlyn Williams

SEAL STATE OF INDIANA MY COMMISSION EXPIRES APRIL 19, 2029 COMMISSION NUMBER NP0733157

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

L:\PROBATE\Newell. Helen L. (IN)\Survivor's Affidavit (Indiana).wod

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LAKE GOOD TO RUDITOR

| | [10. h | 000000746052 Malder Name (If female) | 2. Sex | . Time Of Death | Date Of Death (Month/Day/Ye | |
|--|---|---|--|--|---|--|
| GINALD J NEWELL | o Under 1 Year 1 Sc. Under 1 Month 6d. Und | der 1 Day Se. Under 1 Hour 7. Di | MALE | 03:13 PM | 12/02/2019 State or Foreign Country) | |
| | onths Days Hours | der 1 Day 6e. Under 1 Hour 7. Di | 06/21/1952 | EAST CHICA | • | |
| | ocurred in A Hospital: | 10s, If Death Occurred Sc | mewhere Other Than A Ho | spital Yursing Home/Long-term Ca | 3509 | |
| Yes 🛭 No 🔲 Unknown 🗵 Inpetent (| Emergency Department Outpatient 🔲 Dea | id on Arrival Other (Specify) | Oversell III | vursing Home/Long-lerin Ca | | |
| Fedity Name (If Not Institution, Give Street an GENCY HOSPITAL OF NORT | HWEST INDIANA, LLC | ąk i | 33% | 30% | | |
| City Or Town, State, And Jip Code | | 13. County Of Death | | 14. Marital Status At Time Of Death Married Married, But Separated Dispose Widowed Never Married Dispose | | |
| ST CHICAGO, IN, 46312 Sunviving Spouse's Name | 15s. Last Nar | LAKE me Before First Marriage | 16. Decedent's Usual | | Never Married Univrow Note: Married | |
| TI MATERIAL I | HAILEY | | FURNACE OPE | RATOR IN | LAND STEEL | |
| Residence - State | 18a. County | 18b. City Or Town | | 28,16 | | |
| DIANA S Street And Number | LAKE | GARY | 18d. Apt. | No. 18e. Zip Cod | 18/ Janua Chy Linux | |
| 0 EAST 48TH PLACE | | | | 46409 | SE YOU I NO | |
| Decedent's Education | 20. Decedent Of Hispanic Origin | 21. Decede | nt's Race | 1 40401 | 92.18 | |
| CHELOR'S DEGREE (BA, AB, Parents Name (First, Middle, Last) | BS) NOT HISPANIC | Black or A | African American | 23g Paran | r's Last Name Before First Mam | |
| SSE L NEWELL SR | 45 1 | KATHERINE NEV | | | - 20% | |
| Informant's Name | 24a. Relationship To Decede | RATHERINE NEV ent 24b. Mailing Address (Sire | et And Number, City, State, | Zip Code) | A. P. Carlot | |
| ELEN NEWELL | WIFE | 1410 EAST 40111 F DACE, GART, 114 40409 | | | | |
| i. Method Of Disposition Buriet* C. Gramaton Donation Disposition | 25b. Place Of Disposition (Name Of Galaborant | emetery, Crematory, Other Place) 256 | Location - City, Town, An | State | 384 | |
| Burief | EVERGREEN MEMORIA | I DADK | BART. IN | 100 | | |
| Will Coroner Contacted? 27, Na | me And Complete Address Of Funeral Facility | V.2 | | 7 | 7a. Funeral Home Ucense Num | |
| SIGHIC | ON & WILLIAMS FUNERAL HO AGO, IN 46312 | JME, INC. (LAKE), 4859 A | | F | H83001520 | |
| Signature Of Indiana Funeral Service Ucanaa ACY CHERI WILLIAMS, BY E | | 26 | FD08600 | Number (Of Licensee): | 96 | |
| Breat I. Enter The Chain Of Events - Dise | Cause Of D leses, Injuries, Or Complications - That Direc Or Ventricular Fibrillation Williout Showing Tr | Death (See Instructions And Examp thy Caused The Death, Do Not Enter | res) Terminal Events | | Approximate Interval: Onse To Death | |
| Line. Add Additional Lines if Necessary. | 23.72 | | Only One Cause On | W. | 10 Death | |
| mmediate Cause (Final Disease Or Condition | | - 100 Fe | (Or As A Consequence OI): | | 5 6 | |
| equentially List Conditions, If Any, Leading Ine A. Enter The Underlying Cause (Diseas he Events Resulting in Death)-Last | To The Cause Listed On B. CARDIC | OGENIC SHOCK | (Or As A Consequence Of): | | | |
| 75% | C. PNEUM | ONIA Dale | (Dr As A Consequence Of): | Vie | | |
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| | 24g. Relationship To | Decedent 2 | 4b. Maling Address (Stre | | | |
| perlyn Williams | Niece | | 4930 Ash Avenue | Hammond, IN: 4 | 6327 | |
| Method Of Disposition | 26b. Place Of Disposition (Nam | ne Of Cemetery, Crem | Of Disposition alony, Other Place) 25 | c. Location - City, Town. | And State | |
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| Signature Of Indiana Funeral Service Licenses by Ofiers Williams | | i e | ectronically Slane | d 27c. Lice | rise Number (Of Disersee): | FD08600238 |
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| Describe How Injury Occurred Signature, Of Person Certifying Cause Of Design (P. Matter) Name, Address And 2p Code Of Person Cert | - 6 | | lectronically Signi | in certain | THE PARTY OF THE P | |

Black Form 50.505 ATTENTON ESTATE The Social Separative is a being required by this state agency in order to pursue responsibility. Claricators is voluntary in PRAINTED SERVICED