

# NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-010086

8:34 AM 2022 Mar 18

### SURVIVOR'S AFFIDAVIT

Glenn Scot Downs, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with Robert Downs, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy Deed, said property located in Lake County, State of Indiana, and legally described as follows:

**LOTS 24 AND 25, BLOCK 5, LASALLE ADDITION TO HAMMOND AS SHOWN IN PLAT BOOK 14, PAGE 28, IN LAKE COUNTY, INDIANA.**

**PARCEL NO.: 45-03-31-226-034.000-023**

**ADDRESS: 4935 Chestnut Avenue  
Hammond, IN 46327-1712**

That the decedent 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 died on May 13, 2010, per attached Death Certificate, leaving no Last Will and Testament;

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  
this 3<sup>rd</sup> day of March, 2022.

  
Notary Public

  
GLENN SCOT DOWNS



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 - PETER B. CANALIA.

### PREPARED BY, RECORD AND RETURN TO:

Peter B. Canalia, Esq.  
Canalia & Clark, LLC  
8840 Calumet Avenue, Suite 205  
Munster, IN 46321-2546



DULY ENTERED FOR TAXATION SUBJECT  
TO FINAL ACCEPTANCE FOR TRANSFER

MAR 15 2022

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

25-  
4173  
AM  
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# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 1494-10

1. Decedent's Legal Name (First, Middle, Last) <b>ROBERT DOWNS</b>				1a. Maiden Last Name (If Female) <b>N/A</b>		2. Sex <b>MALE</b>		3. Time of Death <b>10:08 AM</b>		4. Date of Death (Month/Day/Year) <b>MAY 13, 2010</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>56</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) <b>MAY 11, 1954</b>	
8. Birthplace (City And State Or Foreign Country) <b>CHICAGO, ILLINOIS</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 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) <b>4935 CHESTNUT AVENUE</b>											
12. City Or Town, State, And Zip Code <b>HAMMOND, INDIANA 46327</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		
15. Surviving Spouse's Name <b>MARYANN DOWNS</b>				15a. (If Widowed) Maiden Last Name <b>WARTSBAUGH</b>				16. Decedent's Usual Occupation <b>MANAGER</b>		17. Kind Of Business/Industry <b>RETAIL</b>	
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18c. Zip Code <b>46327</b>		18d. Other City/State <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18e. Street And Number <b>4935 CHESTNUT AVENUE</b>				18f. Apt. No. <b>N/A</b>		18g. Zip Code <b>46327</b>		18h. Other City/State <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>ASSOCIATE DEGREE</b>				20. Decedent Of Hispanic Origin <b>NO</b>				21. Decedent's Race <b>WHITE</b>			
22. Father's Name (First, Middle, Last) <b>WILLIAM J. DOWNS</b>				23. Mother's Name (First, Middle, Last) <b>BERNICE DOWNS</b>				23a. Mother's Maiden Last Name <b>MCCORMACK</b>			
24. Mother's Name <b>MARYANN DOWNS</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4935 CHESTNUT AVENUE, HAMMOND, INDIANA 46327</b>							
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" 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)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>MAY 18, 2010 CHAPEL LAWN MEMORIAL GARDENS</b>						25c. Location - City, Town, And State <b>SCHERERVILLE, INDIANA</b>		
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ANTHONY &amp; DZIADOWICZ FUNERAL HOME HAMMOND, INDIANA 46327</b>				27a. Funeral Home License Number <b>83002835</b>		27b. Funeral Home License Number			
27c. Signature Of Indiana Funeral Service Licensee <i>Kurt D. Anthony</i>						27d. License Number (Of Licensee) <b>01011911</b>					
<b>Cause Of Death (See Instructions And Explanations)</b>											
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. <u>lung cancer</u> <span style="float: right;">2 yrs + month.</span>											
B. _____											
C. _____											
D. _____											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
<u>COPD</u>											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input checked="" 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 42 Days To 1 Year Before Death											
33. Manner Of Death: <input 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, Convent, etc.) <b>THIS CERTIFIES THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>											
37. Injury At Work?											
38. Location Of Injury - State											
38a. City Or Town											
38b. Street & Number											
39. Describe How Injury Occurred											
40. If Transported, Specify: <input type="checkbox"/> In Vehicle <input type="checkbox"/> In Boat <input type="checkbox"/> In Aircraft <input type="checkbox"/> In Other (Specify)											
41. Signature Of Person Certifying Cause Of Death <i>[Signature]</i>											
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 <b>B. KERALAVARMA MD 10110 DONALD POWERS DR., MUNSTER, INDIANA 46321</b>											
44. Additional Funeral Service Provider											
45. Date Certified <b>MAY 13, 2010</b>											
46. Signature Of Local Health Officer <i>Susan W. Best, D.O.</i>											
47. "Area": <b>May 14, 2010</b>											

Property of Lake County Health Department